

# CONFERENCE PROCEEDINGS EBOOK



## 43<sup>RD</sup> BIENNIAL CONVENTION

7-11 November 2015  
Las Vegas, Nevada, USA  
Aria Resort and Casino



Sigma Theta Tau International  
Honor Society of Nursing®

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# **43<sup>rd</sup> Biennial Convention**

## **Conference Proceedings**

**Enhanced Abstracts of Oral and  
Poster Presentations**

**Held 7-11 November 2015  
Las Vegas, Nevada, USA**



**Sigma Theta Tau International  
Honor Society of Nursing®**

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# Glossary

A **plenary session** is a session in which an invited speaker, usually with a significant subject matter, presents their work or viewpoint. All attendees attend these general sessions as they usually begin and end a program of events. Plenary sessions vary in length from one (1) hour to one and a half (1½) hours and can be accompanied by PowerPoint presentations, audio and/or video files and other visual aids.

An **oral presentation** is a brief 15-20 minute individual presentation time moderated by a volunteer. An effective oral presentation should have an introduction, main body and conclusion like a short paper and should utilize visual aids such as a PowerPoint presentation. Oral presentations are divided into different categories based on the program presented. Categories can include: clinical, leadership, scientific, evidence-based practice, or research.

A **poster presentation** is the presentation of research information by an individual or representatives of research teams at a conference with an academic or professional focus. The work is peer-reviewed and presented on a large, usually printed placard, bill or announcement, often illustrated, that is posted to publicize. Exceptions to peer-reviewed posters include Rising Stars student posters and Sigma Theta Tau International's Leadership Institute participant posters.

A **symposium** is a presentation coordinated by an organizer similar to a panel discussion and contains at least three (3) presentations concerning a common topic of interest. Each symposium session is scheduled for 45-75 minutes and allows for questions at the end of the session. Symposia provide an opportunity to present research on one topic, often from multiple perspectives, providing a coherent set of papers for discussion.

A **peer-reviewed paper** is simply an individual abstract that has been reviewed by at least three (3) peer-reviewers to determine the eligibility of the submission to be presented during a program. The determination is made by the peer-reviewer answering a series of regarding the substance of the abstract and the materials submitted. Scores from each reviewer are compiled. The average score must be 3.00 on a 5-point Likert scale in order to qualify for presentation. Sigma Theta Tau International enforces a blind peer-review process, which means that the reviewers do not see the name or institution of the authors submitting the work. All submissions, with the exception of special sessions and invited posters are peer-reviewed.

An **invited** or **special session** is similar to a symposium in the length of time allotted for presentation, but is not peer-reviewed. These sessions focus on a specific area, but are conducted by individuals invited to present the work.

# Introduction

The Honor Society of Nursing, Sigma Theta Tau International (STTI) conducted its 43rd Biennial Convention in Las Vegas, Nevada, USA from 7-11 November 2015. More than 2,000 nurses from around the world gathered at the convention, which had as its theme “Serve Locally, Transform Regionally, Lead Globally.”

Program objectives of the 43rd Biennial Convention include:

- Identify strategies that promote collaboration in interprofessional initiatives
- Enrich the achievement of knowledge, leadership, and professional service to promote and sustain collaboration amongst diverse communities
- Explore innovative strategies to promote excellence in global nursing
- Enhance clinical, patient, and educational outcomes through transformative nursing practice

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These conference proceedings are a collection of abstracts submitted by the authors and presented at the convention. To promptly disseminate the information and ideas, participants submitted descriptive information and abstracts of at least 300, but no more than 1,500 words. Each oral and poster presentation abstract was peer-reviewed in a double-blind process in which three scholars used specific scoring criteria to judge the abstracts in accordance with the requirements of STTI's Guidelines for Electronic Abstract Submission.

Finally, the opinions, advice, and information contained in this publication do not necessarily reflect the views or policies of STTI or its members. The enhanced abstracts provided in these proceedings were taken directly from authors' submissions, without alteration. While all due care was taken in the compilation of these proceedings, STTI does not warrant that the information is free from errors or omission, or accept any liability in relation to the quality, accuracy, and currency of the information.

# Format for Citing Papers

Author. (Year). Title of paper. In *Title of conference proceedings* (page numbers). Place of publication: Publisher.

Example:

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# Table of Contents

Plenary Sessions .....	84
OPEN PLEN - OPENING PLENARY: Sigma Theta Tau International as Edge Runner Through Serving Locally, Transforming Regionally and Leading Globally .....	85
PLEN 2 - PLENARY SESSION 2: Claiming an Area of Knowledge as Nursing Science to Improve the Health of Marginalized Populations.....	86
PLEN 3 - PLENARY SESSION 3: In the Quest for Excellence: The Role of Nurse Leaders in the Post-MDG Era.....	87
Pre-Convention Workshops .....	88
WKSP - WORKSHOP: New Roles for Nurses in a Changing Health Care System...	89
CENE - Sigma Theta Tau International/Chamberlain College of Nursing Center for Excellence in Nursing Education (CENE) Pre-Conference.....	90
CENE PLEN - Engaging Students to Clinically Think: Preparing Practice-Ready Nurses ..	90
CENE - Sigma Theta Tau International/Chamberlain College of Nursing Center for Excellence in Nursing Education (CENE) Pre-Conference .....	92
CENE 01 - Challenges and Tips for the Novice Grant Writer .....	92
CENE - Sigma Theta Tau International/Chamberlain College of Nursing Center for Excellence in Nursing Education (CENE) Pre-Conference .....	93
CENE 02 - Mentoring Millennials .....	93
CENE - Sigma Theta Tau International/Chamberlain College of Nursing Center for Excellence in Nursing Education (CENE) Pre-Conference .....	94
CENE 03 - Challenges and Tips for Experienced Grantwriters: Movement into Nursing Education Research .....	94
CENE - Sigma Theta Tau International/Chamberlain College of Nursing Center for Excellence in Nursing Education (CENE) Pre-Conference .....	96
CENE 04 - Situated Coaching: A Response to the Urgent Call for Transformation in Education .....	96
CENE - Sigma Theta Tau International/Chamberlain College of Nursing Center for Excellence in Nursing Education (CENE) Pre-Conference .....	97
CENE 05 - TIPS (Thoughts, Ideas and Possible Strategies) for Implementation of a Funded Grant.....	97
CENE - Sigma Theta Tau International/Chamberlain College of Nursing Center for Excellence in Nursing Education (CENE) Pre-Conference .....	98

CENE 06 - Fostering Healthy Work Environments: Powered by Civility, Collegiality, and Teamwork .....	98
--	----

**Special Sessions .....** 99

A 21 - SPECIAL SESSION: Experienced Nurse Faculty Leadership Academy (ENFLA).....	100
A 22 - SPECIAL SESSION: The Maternal-Child Health Nurse Leadership Academy: Taking Clinical Leadership to the Next Level.....	101
B 21 - SPECIAL SESSION: Save Stan Turns Five: A Large-Scale Interprofessional Practice and Academe Innovation .....	102
B 22 - SPECIAL SESSION: How to Build a Successful Mentoring Relationship .....	105
B 29 - SPECIAL SESSION: Global Advisory Panel on the Future of Nursing (GAPFON): Recommendations, Strategies and Outcomes .....	106
C 21 - SPECIAL SESSION: Innovation: The Bridge of Industry and Research to Advance Professional Nursing Scholarship.....	108
C 29 - SPECIAL SESSION: Developing Nursing Education Leaders through Intentional Behavior Change and Expanded Scope of Influence.....	109
D 21 - SPECIAL SESSION: Research Abstracts, Proposals and Grant Writing: Basics from Start to Finish .....	110
D 22 - SPECIAL SESSION: Getting Published in Nursing Journals: Strategies for Success.....	111
D 29 - SPECIAL SESSION: Outcomes Impacting Care of Older Adults: Geriatric Nursing Leadership Academy Fellowships .....	112
E 21 - SPECIAL SESSION: Everyday Ethics in the 21st Century: Creating and Sustaining a Culture of Ethical Practice.....	113
E 22 - SPECIAL SESSION: Becoming an Author: Books, Courses, e-Prints .....	114
E 29 - SPECIAL SESSION: Replication of the Maternal-Child Health Nurse Leadership Academy in Africa .....	115
F 22 - SPECIAL SESSION: A Digital Destination for All Your Work: The Virginia Henderson Global Nursing e-Repository .....	116
F 29 - SPECIAL SESSION: EuroVision 2020: Collaboration for Transformation of the European Region.....	118
G 14 - SPECIAL SESSION: Publishing Roles: A Career Road for You.....	120
G 21 - SPECIAL SESSION: Is Leadership in STTI in Your Future? A Dialogue with the Leadership Succession Committee .....	121
G 22 - SPECIAL SESSION: Sigma Theta Tau International, the United Nations and Global Initiatives .....	122
H 22 - SPECIAL SESSION: Preparing Future Nurses for Practice: Becoming a Teacher-Scholar .....	123



H 29 - SPECIAL SESSION: Wartime Nurse Heroes Recognition.....	124
<b>Chapter Leader Sessions .....</b>	<b>126</b>
A 23 – CHAPTER LEADER SESSION: Understanding STTI’s Membership Eligibility Criteria .....	127
B 23 – CHAPTER LEADER SESSION: Cultivating Future Leaders .....	128
C 23 – CHAPTER LEADER SESSION: Creating a Unified Board.....	129
D 23 – CHAPTER LEADER SESSION: Five Tips to Develop Dynamic Events .....	130
E 23 – CHAPTER LEADER SESSION: Attract and Assess: Building a Successful Recruitment Plan .....	131
F 23 – CHAPTER LEADER SESSION: Financial Stewardship through Policies and Procedures .....	132
<b>Clinical Oral Presentations.....</b>	<b>133</b>
A 01 - Cardiovascular Issues: Engaging Risk and Care .....	134
Cardiovascular Risk Factors among College Students: Knowledge, Perception and Risk Assessment.....	134
A 01 - Cardiovascular Issues: Engaging Risk and Care .....	136
Factors Influencing Well-Being among Post Myocardial Infarction Patients.....	136
A 02 - Promoting Health for Patients with Diabetes.....	137
Improving Glycemic Control among Incarcerated Men: A Health Promotion Model .....	137
A 02 - Promoting Health for Patients with Diabetes.....	138
Health Coaching with Peer Support to Improve Diabetes Self-Management Education...	138
A 03 - Initiatives in Advanced Practice Nursing .....	140
Subtle Signs: Assessing for Dementia Warning Signs during an Acute Episode of Grief in Recently Widowed Individuals.....	140
A 03 - Initiatives in Advanced Practice Nursing .....	141
ICU Patients' Survival and Nursing Critical Patient Severity Classification System (CPSCS) .....	141
A 03 - Initiatives in Advanced Practice Nursing .....	142
Achieving Certification for a Nurse-Run School-Based Health Center in Nevada .....	142
A 04 - Promoting Family Healthy in the Clinical Environment.....	144
A Descriptive Study of the Surgical Nurse Liaison's (SNL) Role from the Perspectives of Patients and Their Families in Alleviating Anxiety during a Surgical Procedure .....	144
A 04 - Promoting Family Healthy in the Clinical Environment.....	145
A New U.S.A.B.I.L.I.T.Y. Survey on Technology by Older Adults .....	145
A 04 - Promoting Family Healthy in the Clinical Environment.....	147

Sex Difference in the Association of Sleep Disturbances with Cognitive Function Impairment in Elderly.....	147
<b>B 01 - Promoting Psychiatric Health in the Clinical Environment.....</b>	<b>148</b>
Yrbs, 2013: Surveillance of Mental Health Services in Rural Eastern Region Middle and High Schools.....	148
<b>B 01 - Promoting Psychiatric Health in the Clinical Environment.....</b>	<b>150</b>
Social Determinants of Depression among HIV Positive Patients in Karachi, Pakistan....	150
<b>B 01 - Promoting Psychiatric Health in the Clinical Environment.....</b>	<b>152</b>
Stigma in Mental Health: A Concept Analysis.....	152
<b>B 02 - Promoting Practice in the Perinatal Patient and Family .....</b>	<b>154</b>
Parents' Experiences of Communication with Neonatal Intensive-Care Unit Staff: An Interview Study.....	154
<b>B 02 - Promoting Practice in the Perinatal Patient and Family .....</b>	<b>155</b>
Stress Beyond the NICU Discharge: Implications to Outcome.....	155
<b>B 02 - Promoting Practice in the Perinatal Patient and Family .....</b>	<b>156</b>
Evaluation of the Effectiveness of a Community-Based Behavior Change Campaign in Haiti: Newborn Umbilical Cord Care .....	156
<b>B 03 - Engaging Interprofessional Teams.....</b>	<b>159</b>
Project Empower: An Interdisciplinary Project .....	159
<b>B 03 - Engaging Interprofessional Teams.....</b>	<b>161</b>
A Global Nursing Initiative: An Interdisciplinary, Multicultural Collaboration for Nurse Practitioner Students .....	161
<b>B 03 - Engaging Interprofessional Teams.....</b>	<b>164</b>
Health Team Members' Perceptions of Strategies for Patient-Centred Care in Acute Care Settings.....	164
<b>C 01 - Clinical Education Strategies .....</b>	<b>165</b>
Mastering Clinical Dilemmas: A Newly Licensed RN Clinical Management Best Practice	165
<b>C 01 - Clinical Education Strategies .....</b>	<b>167</b>
A Process for Nurse Practitioner Students to Find Preceptors and Clinical Sites.....	167
<b>C 01 - Clinical Education Strategies .....</b>	<b>169</b>
It's a Matter of Time: Formative Feedback in Online Learning Environments .....	169
<b>C 02 - Teaching and Learning in a Virtual Environment .....</b>	<b>170</b>
Using Multi-User Virtual Environments (MUVE) in Nursing Education .....	170
<b>C 02 - Teaching and Learning in a Virtual Environment .....</b>	<b>171</b>
College of Nursing Response to the Ebola Education Crisis: The Need for a Safe, Interactive, Clinical Education Strategy .....	171
<b>C 02 - Teaching and Learning in a Virtual Environment .....</b>	<b>173</b>

An Interprofessional Web-Based Approach to Critical Care Education: Development and Financial Impact .....	173
<b>C 03 - Enhancing Clinical Education .....</b>	<b>175</b>
Evaluating and Developing Supplemental Clinical Faculty Competency .....	175
<b>C 03 - Enhancing Clinical Education .....</b>	<b>177</b>
Strategies for Developing Expert Clinicians into Clinical Faculty: Lessons Learned from a Hybrid Faculty Academy Experience .....	177
<b>C 03 - Enhancing Clinical Education .....</b>	<b>179</b>
Creating Caring Learning Environment Practice Partnerships (CLEPPs) .....	179
<b>C 04 - Improving Clinical Teaching Methods .....</b>	<b>181</b>
One School's Journey through High Fidelity Simulation Curriculum Integration .....	181
<b>C 04 - Improving Clinical Teaching Methods .....</b>	<b>183</b>
A Collaborative Project to Improve Associate Degree Nursing Students Knowledge, Skills and Attitudes about Quality Improvement .....	183
<b>C 04 - Improving Clinical Teaching Methods .....</b>	<b>185</b>
An Adapted Clinical Teaching Model: Shifting from Traditional to Targeted .....	185
<b>D 01 - The Use of Simulation in Nursing Education .....</b>	<b>187</b>
Teaching the Nursing Process through the Use of Simulation in the Lecture Hall .....	187
<b>D 01 - The Use of Simulation in Nursing Education .....</b>	<b>189</b>
A Poverty Simulation for Health Care Professions Students .....	189
<b>D 01 - The Use of Simulation in Nursing Education .....</b>	<b>191</b>
Unfolding Case Study Using Human Patient Simulation in an Advanced Practice Nursing Program .....	191
<b>D 02 - Discussions of Quality of Life in Critically Ill Patients .....</b>	<b>193</b>
Factors Predicting Quality of Life of Thai Patients with End-Stage Renal Disease Depending on Hemodialysis .....	193
<b>D 02 - Discussions of Quality of Life in Critically Ill Patients .....</b>	<b>195</b>
Patients with Advanced Lung Cancer: Quality of Life and Perception of Dyspnea .....	195
<b>D 02 - Discussions of Quality of Life in Critically Ill Patients .....</b>	<b>197</b>
Determinants of Quality of Life Among Congestive Heart Failure Persons .....	197
<b>D 03 - Preventing Disease through Promoting Healthy Food Choices in Children ..</b>	<b>198</b>
Adolescent Food Choices: A Two City Comparison Cape Town and the Bronx .....	198
<b>D 03 - Preventing Disease through Promoting Healthy Food Choices in Children ..</b>	<b>199</b>
Patterns of Body Mass Trajectory among Japanese Children and Impacts of Life Style Factors during childhood .....	199
<b>D 03 - Preventing Disease through Promoting Healthy Food Choices in Children ..</b>	<b>200</b>

Keeping the Child with Food Allergies Safe at School .....	200
<b>E 01 - Psychiatric Clinical Education: Enhancing Mental Health Knowledge.....</b>	<b>201</b>
Clinical Education Focused on Providing Care for Clients Experiencing Delirium: Enhancing Nurses' Knowledge, Self-Efficacy, and Application to Practice.....	201
<b>E 01 - Psychiatric Clinical Education: Enhancing Mental Health Knowledge.....</b>	<b>204</b>
Nursing Perspectives of an Advanced Psychiatric Mental Health Nursing Curriculum: Findings of a Qualitative Research Study .....	204
<b>E 01 - Psychiatric Clinical Education: Enhancing Mental Health Knowledge.....</b>	<b>205</b>
Enhancing Mental Health Nursing Practicum with Clinical Simulation: A Comparison of Student Outcomes.....	205
<b>E 02 - Promoting Sexual Health in the Adolescent Population .....</b>	<b>207</b>
Urban Adolescent Sexual Health Education: An Innovative, Nursing Student-Led Initiative .....	207
<b>E 02 - Promoting Sexual Health in the Adolescent Population .....</b>	<b>209</b>
Access to Information, Attitudes and Decision Making Regarding Pregnancy Prevention by Teenagers Using a Primary Health Care Clinic in Tshwane, South Africa .....	209
<b>E 02 - Promoting Sexual Health in the Adolescent Population .....</b>	<b>210</b>
Sexual Health Advice Given on Popular Web-Based Magazine Sites Targeting Adolescent Women.....	210
<b>E 03 - Evaluation of Clinically Relevant Tools and Methods.....</b>	<b>211</b>
The Efficacy and Reliability of Mobile Application as an Effective “Voice” of the Female Patients with Anorexia Nervosa (AN) in Silent Cultures, Which Regard Disordered Eating as Taboo .....	211
<b>E 03 - Evaluation of Clinically Relevant Tools and Methods.....</b>	<b>213</b>
Reflection Beyond Action: A Modified Version of Tanner's Clinical Judgment Model.....	213
<b>E 03 - Evaluation of Clinically Relevant Tools and Methods.....</b>	<b>215</b>
Construct Validity and Factor Structure of the Posttraumatic Growth Inventory (PTGI) among Korean Americans .....	215
<b>E 04 - Training Nurses in a Simulated Environment .....</b>	<b>217</b>
Transforming Nurse Residency Skills Training Using Simulation: A Deliberate Practice Approach.....	217
<b>E 04 - Training Nurses in a Simulated Environment .....</b>	<b>220</b>
Nurses' Reactions of an Emergent Pediatric Educational Simulation.....	220
<b>E 04 - Training Nurses in a Simulated Environment .....</b>	<b>222</b>
Navigating a Disaster: A Capstone Simulation Integrating Leadership Skills, Ethical Principles, and Clinical Reasoning .....	222
<b>F 01 - Health Promotion in the Oncology Patient.....</b>	<b>224</b>

Indigenous Peoples' Perspectives and Experiences of Cancer Screening Services in Southwestern Ontario, Canada .....	224
<b>F 01 - Health Promotion in the Oncology Patient.....</b>	<b>226</b>
Exploring Cervical Cancer Treatments, Coping and Women's Sexual Self-Concept after Cervical Cancer.....	226
<b>F 01 - Health Promotion in the Oncology Patient.....</b>	<b>227</b>
Women's Global Health Initiative: Prevention of Cervical Cancer Using Visual Inspection with Acetic Acid and Cryotherapy .....	227
<b>F 02 - Clinical Education Topics in the Emergency Department.....</b>	<b>228</b>
The Lived Experience: How Emergency Department Nurses Resolve Emotional Pain after Patient Perpetrated Workplace Violence .....	228
<b>F 02 - Clinical Education Topics in the Emergency Department.....</b>	<b>230</b>
The Relationships between Patients' Perceptions of Nurse Caring Behaviors, Nurses' Perceptions of Nurse Caring Behaviors and Patient Satisfaction in the Emergency Department .....	230
<b>F 02 - Clinical Education Topics in the Emergency Department.....</b>	<b>232</b>
Emergency Room Nurses Transitioning from Curative to End-of-Life Care: The Rural Influence .....	232
<b>F 03 - Outcomes of Nursing Interventions .....</b>	<b>234</b>
A Retrospective Study Exploring Nursing Sensitive Interventions for Patients on a Skilled Nursing Unit in a Rural Midwest Hospital.....	234
<b>F 03 - Outcomes of Nursing Interventions .....</b>	<b>237</b>
Patients' Perceptions of Hope and Hope-Engendering Nurse Interventions .....	237
<b>F 03 - Outcomes of Nursing Interventions .....</b>	<b>239</b>
A Retrospective Study of the Impact of Educational Intervention on the Use of the Rothman Index System on Patient Outcomes .....	239
<b>F 04 - Simulation in the Clinical Education Environment .....</b>	<b>241</b>
Use of Standardized Patients to Enhance Health Assessment Skills of Undergraduate Nursing Students.....	241
<b>F 04 - Simulation in the Clinical Education Environment .....</b>	<b>243</b>
Peer Assisted Learning in a Simulated Emergency Department Experience for Undergraduate Nursing Students .....	243
<b>F 04 - Simulation in the Clinical Education Environment .....</b>	<b>245</b>
Community Mental Health Clinical Experiences Utilizing High Fidelity Simulations with Baccalaureate Nursing Students .....	245
<b>G 01 - Alternative Methods of Nursing Care .....</b>	<b>246</b>
The Implementation and Use of Mindfulness to Reduce Compassion Fatigue and Attrition Rates with Faculty/Staff in an Urban School.....	246
<b>G 01 - Alternative Methods of Nursing Care .....</b>	<b>248</b>

Using Guided Imagery to Reduce Pain and Anxiety .....	248
<b>G 01 - Alternative Methods of Nursing Care .....</b>	<b>250</b>
Effect of Ethnicity and Parental Illness Representations on Complementary and Alternative Medicine (CAM) Usage and Asthma Control in Childhood Asthma.....	250
<b>G 02 - Learning While Serving: Clinical Education Strategy .....</b>	<b>252</b>
An Innovative Collaborative Approach for Applying Public Health Principles in a Global Setting.....	252
<b>G 02 - Learning While Serving: Clinical Education Strategy .....</b>	<b>254</b>
Health Care in Global Context: Service Learning to Increase Cultural Competency in Migrant Latino Health .....	254
<b>G 02 - Learning While Serving: Clinical Education Strategy .....</b>	<b>256</b>
Nursing Students Serving, Transforming, and Leading within 5 Miles to 3000 Miles.....	256
<b>G 03 - Strategies to Transition Education into Clinical Practice .....</b>	<b>257</b>
Translating Clinical Education to Nursing Practice in Rwanda: Enhancing Maternal and Child Health.....	257
<b>G 03 - Strategies to Transition Education into Clinical Practice .....</b>	<b>260</b>
An Academic-Practice Partnership to Transition Diverse Associate Degree Nursing Graduates into Acute Care and Community Health Settings .....	260
<b>G 04 - Preparing Nursing Students for End-of-Life Care .....</b>	<b>261</b>
Virtual Life and Death: Preparing Nursing Students for End-of-Life Care.....	261
<b>G 04 - Preparing Nursing Students for End-of-Life Care .....</b>	<b>263</b>
Experiencing Loss in Simulation: A Meaningful Way to Integrate Theory into Practice ....	263
<b>G 04 - Preparing Nursing Students for End-of-Life Care .....</b>	<b>264</b>
Care for Dying Patients in a Skilled Nursing Facility: A Train-the-Trainer Program.....	264
<b>H 01 - Promoting Cardiovascular Related Education .....</b>	<b>265</b>
The Relationship between Cardiovascular Risk Factors and Knowledge of Cardiovascular Disease in African Men in the North-West Province .....	265
<b>H 01 - Promoting Cardiovascular Related Education .....</b>	<b>266</b>
Walking for Heart Health in Rural Women .....	266
<b>H 01 - Promoting Cardiovascular Related Education .....</b>	<b>267</b>
The Impact of Cardiac Education on Changes in Lifestyle Behaviors .....	267
<b>H 02 - Setting the Workplace Culture: Nursing Programs in the Clinical Setting .....</b>	<b>269</b>
An Exploratory Study on Nurse-to-Nurse Collaboration (NNC) in Baccalaureate Prepared Registered Nurses.....	269
<b>H 02 - Setting the Workplace Culture: Nursing Programs in the Clinical Setting .....</b>	<b>270</b>
Implementation of a Nurse Residency Program for Long-Term Care New Nurses in NJ .	270
<b>H 02 - Setting the Workplace Culture: Nursing Programs in the Clinical Setting .....</b>	<b>272</b>

Use of the Ethical Positioning System for Solving Ethical Dilemmas .....	272
H 03 - Can Nurses Care for Themselves? .....	273
Shift Work and Nurses' Health: Understanding the Consequences to Take Action!.....	273
H 03 - Can Nurses Care for Themselves? .....	275
Effective Use of Employee Vaccination Data to Improve Healthcare Workers' Seasonal influenza Vaccination Rates .....	275
H 03 - Can Nurses Care for Themselves? .....	276
Is Sitting Time Associated with Increased Health Risks in Nurses? .....	276
H 04 - Technology that is Transforming Nursing .....	278
Creating Innovative Educational Modalities to Transform Community Health Nursing .....	278
H 04 - Technology that is Transforming Nursing .....	280
In Their Shoes: A Poverty Simulation .....	280
H 04 - Technology that is Transforming Nursing .....	281
Peer Review in the Online Environment .....	281
<b>Evidence-Based Practice Oral Presentations.....</b>	<b>282</b>
A 07 - Competencies in Undergraduate Nursing Programs.....	283
Making the Most Out of QSEN 's Knowledge, Attitude and Skills (KAS) Competencies in an RN to BSN Program: A Three Level Education Approach .....	283
A 07 - Competencies in Undergraduate Nursing Programs.....	285
Putting It All Together: Integrating Multiple Evidence-Based Core Competencies from across the Spectrum to Redevelop Community Health Online RN-BSN Courses .....	285
A 08 - Altering Nurses' Perspectives through Evidence.....	287
Social, Cultural and Behavioural Contexts of 2014 Ebola Virus Disease (EVD) Outbreak in Nigeria: Community Perspectives and Nurses' Preparedness .....	287
A 08 - Altering Nurses' Perspectives through Evidence.....	290
Supporting Nursing Research: Mentors' Perspectives on a Research Training Program for Point-of-Care Nurses.....	290
A 08 - Altering Nurses' Perspectives through Evidence.....	292
Nurses' Perspectives on Flexible Visitation in Adult and Neonatal Critical Care Units .....	292
A 09 - Clinically Relevant Risks .....	293
Sensitivity and Specificity of Edmonson Psychiatric Fall Risk Assessment Tool in an Adult Inpatient Psychiatric Unit.....	293
A 09 - Clinically Relevant Risks .....	295
Nurses Taking the Lead in Healthcare Teams: The SBIRT Model - Integrating Evidence- Based Screening, Brief Intervention, Referral and Treatment for Persons at Risk for Substance Use and Mental Disorders .....	295
A 09 - Clinically Relevant Risks .....	296

Interprofessional Evidence-Based Care of Hospitalized Patients with and at Risk for Sleep Apnea Improves Care Quality.....	296
<b>B 07 - Nurses' Perception and Education of Evidence-Based Practice .....</b>	<b>298</b>
A Formative Program Evaluation of Electronic Clinical Tracking System Documentation to Meet National Core Competencies .....	298
<b>B 07 - Nurses' Perception and Education of Evidence-Based Practice .....</b>	<b>299</b>
A Survey of Nurses' Knowledge, Attitude, and Skills with Evidence-Based Practice in the Practice Setting .....	299
<b>B 07 - Nurses' Perception and Education of Evidence-Based Practice .....</b>	<b>300</b>
Multi-Method Critical Care Orientation Improves Critical Thinking, Skills and Confidence.....	300
<b>B 08 - Using Virtual Learning Techniques to Enhance Nursing Education .....</b>	<b>302</b>
Utilizing Case Scenarios in a Virtual Learning Environment to Assess and Refine Critical Thinking in Graduate Nursing Education Students .....	302
<b>B 08 - Using Virtual Learning Techniques to Enhance Nursing Education .....</b>	<b>304</b>
An Organizational Approach to Adoption of Technology to Enhance a Nursing Evidence-Based Practice Culture.....	304
<b>B 08 - Using Virtual Learning Techniques to Enhance Nursing Education .....</b>	<b>306</b>
Using the Tools of Technology to Increase Access to Doctoral Education: Best Practices in Distance Education .....	306
<b>B 09 - Using Teaching Strategies to Improve Student Outcomes.....</b>	<b>307</b>
If the Walls Could Talk: Student Perspectives on What Makes for a "Good" Teacher.....	307
<b>B 09 - Using Teaching Strategies to Improve Student Outcomes.....</b>	<b>308</b>
Concept-Based Assignments Used as Study Guides: Facilitating Learners Input into Education .....	308
<b>B 09 - Using Teaching Strategies to Improve Student Outcomes.....</b>	<b>310</b>
Comparison of Two Modes of Teaching Delivery in Graduate Nursing Education .....	310
<b>C 06 - Measuring Student Educational Outcomes.....</b>	<b>311</b>
Comparing Grade Point Averages and Standardized Test Scores as Predictors of Successful Completion of Undergraduate Baccalaureate Programs.....	311
<b>C 06 - Measuring Student Educational Outcomes.....</b>	<b>313</b>
Does the Use of Case Studies Impact Scores on Specialty Exams for Undergraduate Nursing Students?.....	313
<b>C 06 - Measuring Student Educational Outcomes.....</b>	<b>315</b>
Student Satisfaction to a Multimedia Approach to Engaged Learning.....	315
<b>C 07 - Promoting Health through Evidence .....</b>	<b>317</b>
Evidence-Based Nursing Implementation: An Impact Study of a Short Formative Intervention in Northern Portugal.....	317
<b>C 07 - Promoting Health through Evidence .....</b>	<b>319</b>



Health Risks for Nurses Working Night Shift.....	319
<b>C 07 - Promoting Health through Evidence .....</b>	<b>320</b>
Interprofessional Evidence-Based Solution for Alcohol Screening Using Technology.....	320
<b>C 08 - Applying Theories and Frameworks to Impact Care .....</b>	<b>322</b>
Developing a Framework and Inventory of Instruments to Measure Team-Based Primary Care .....	322
<b>C 08 - Applying Theories and Frameworks to Impact Care .....</b>	<b>324</b>
Applying Caring Theory Guided Leadership to Inspire, and Improve Quality .....	324
<b>C 08 - Applying Theories and Frameworks to Impact Care .....</b>	<b>325</b>
Aristotelian Philosophy of the Human Person, the Theory and Conceptual Framework of Imogene King Expanded to a Global Perspective.....	325
<b>D 06 - EBP Implementation for Kids .....</b>	<b>327</b>
Caring for Patients Diagnosed with Concussions at an Urban Level 1 Trauma Children's Hospital: Development and Implementation of a Standard of Care.....	327
<b>D 06 - EBP Implementation for Kids .....</b>	<b>329</b>
Are Our Babies Cold? Using Unit-Based Research to Promote Adoption of an EBP Practice Change.....	329
<b>D 07 - Measuring Success: Course and Curriculum Assessments.....</b>	<b>331</b>
Development of Curriculum Assessment Template for Targeted Student Outcomes in a BSN Program .....	331
<b>D 07 - Measuring Success: Course and Curriculum Assessments.....</b>	<b>332</b>
Use of Objective Structured Clinical Examination in a Senior Baccalaureate Nursing Course for Assessment of End-of-Program Outcomes .....	332
<b>D 07 - Measuring Success: Course and Curriculum Assessments.....</b>	<b>333</b>
Measurement of Nursing Program Outcomes: Moving Forward with Rubric Development in Portfolio Assessment.....	333
<b>D 08 - Implementing Peer Groups in Nursing Education .....</b>	<b>334</b>
Implementing Change: Social Justice as a Platform for Nursing Education .....	334
<b>D 08 - Implementing Peer Groups in Nursing Education .....</b>	<b>336</b>
Value of Online Group Reflection Following International Service Learning Experiences: I Never Thought of That! .....	336
<b>D 08 - Implementing Peer Groups in Nursing Education .....</b>	<b>338</b>
Can Group Scenario Exercises in Fundamental Nursing Using Process Oriented Guided-Inquiry Learning (POGIL) Affect National Test Scores.....	338
<b>E 06 - Pain Reduction and Management .....</b>	<b>341</b>
Quality of Life in Thai Patients with Low Back Pain Undergoing Epidural Steroid Injection .....	341
<b>E 06 - Pain Reduction and Management .....</b>	<b>342</b>

Evidence-Based Education Intervention to Improve Knowledge and Attitudes of Nurses' Postoperative Pain Management for Improved Patient Satisfaction.....	342
<b>E 06 - Pain Reduction and Management.....</b>	<b>345</b>
Evaluating the Use of a Topical Vapocoolant to Reduce Pain during Intravenous Insertions: The Patients' and Nurses' Perspectives .....	345
<b>E 07 - Evidence-Based Solutions for Vulnerable Populations .....</b>	<b>347</b>
ED Community Placement Project (EDCPP): "Right Service-Right Venue" .....	347
<b>E 07 - Evidence-Based Solutions for Vulnerable Populations .....</b>	<b>349</b>
Formulating a Best Practice Statement for Prison Parenting Programs: A Program Evaluation Project .....	349
<b>E 08 - Attitudes and Practices Regarding Emotional Health.....</b>	<b>351</b>
Know Your Tools: Improving Nurses' Use of the Confusion Assessment Method (CAM) to Detect Delirium.....	351
<b>E 08 - Attitudes and Practices Regarding Emotional Health.....</b>	<b>353</b>
Changing Registered Nurses' Attitudes Regarding Delirium Assessment in a Military Community Hospital .....	353
<b>F 06 - Evidence-Based Nursing Outcomes.....</b>	<b>355</b>
Clinical Supervision: Predicting Best Outcomes .....	355
<b>F 06 - Evidence-Based Nursing Outcomes.....</b>	<b>357</b>
An Evidence-Based Practice Outcome Measure: Analysis of Nurse Authored Hospital Policy and Procedure Documents .....	357
<b>F 06 - Evidence-Based Nursing Outcomes.....</b>	<b>359</b>
Integrating Evidence-Based Practice in a Nursing Curriculum Based on the RNAO Guidelines Using Action Research .....	359
<b>F 07 - Implementing Evidence-Based Practices .....</b>	<b>361</b>
An Evidence-Based Roadmap to Healthy Work Environments for Nurses: Closing a Gap in the Literature through Development of a Toolkit.....	361
<b>F 07 - Implementing Evidence-Based Practices .....</b>	<b>363</b>
Disaster Preparedness: A Template for Saving Lives.....	363
<b>F 07 - Implementing Evidence-Based Practices .....</b>	<b>365</b>
Using Evidence-Based Teaching to Support an Innovative Teaching Strategy in an Undergraduate Research Course: A Longitudinal Study.....	365
<b>F 08 - Supporting Family Health through Evidence .....</b>	<b>367</b>
The Lived Experiences and Support Needs of the Postpartum Primiparous Women in Tshwane, South Africa .....	367
<b>F 08 - Supporting Family Health through Evidence .....</b>	<b>368</b>
Physical Activity, Prevention of Functional Decline and Support of Mobility in Older Hospitalized Patients: A Literature Review .....	368

F 08 - Supporting Family Health through Evidence .....	370
Loneliness, Quality of Life, and Health-Related Hardiness among Older HIV+/AIDS Farmers in China.....	370
G 06 - Examples of Doctoral Education in Nursing.....	373
Teaching EBP Strategies to Students in a Doctor of Nursing Practice Program .....	373
G 06 - Examples of Doctoral Education in Nursing.....	374
Academic/Clinical Partnerships and the Team Approach to DNP Practice Improvement Projects .....	374
G 07 - How Can We Increase Patient Safety?.....	375
Driving Patient Outcomes through Clinical Decision Support Systems and Nurse-Directed Protocols .....	375
G 07 - How Can We Increase Patient Safety?.....	377
Safety Auditing as a Nursing Accountability Measure for Hospital Fall Prevention .....	377
G 07 - How Can We Increase Patient Safety?.....	378
Improving Transitions of Care with Bedside Report .....	378
G 08 - Evidence-Based Practices to Promote Quality of Life in Patients with Chronic Diseases.....	379
The Impact of Peritoneal Dialysis on the Family Life of Children with Chronic Kidney Disease .....	379
G 08 - Evidence-Based Practices to Promote Quality of Life in Patients with Chronic Diseases.....	381
Changing the Behavior of the Caribbean Immigrants in Toronto.....	381
H 06 - Educating Nurses Online .....	382
A Transformative Model of Caring and Quality in Online Nursing Education.....	382
H 06 - Educating Nurses Online .....	384
Civility 101 in the Online Classroom: De-Stress for Student Success .....	384
H 06 - Educating Nurses Online .....	386
Designing 3D Virtual Simulations in Nursing Education: The Rest of the Story.....	386
H 07 - Evidence-Based Strategies to Provide Quality Care.....	388
Continence Behavioral Rehabilitation Program .....	388
H 07 - Evidence-Based Strategies to Provide Quality Care.....	389
A State School Nurse Initiative that Could Transform Healthcare Globally .....	389
H 07 - Evidence-Based Strategies to Provide Quality Care.....	390
Searching for Clinical Guidelines, Algorithms, and Mixed Methods Studies: What's Wrong with PICO? .....	390
H 08 - Education Strategies in Undergraduate Nursing.....	392

Impact of Multicontextual Teaching/Learning on Minority BSN Student Engagement: A Qualitative Research Study .....	392
<b>H 08 - Education Strategies in Undergraduate Nursing.....</b>	<b>394</b>
A Baccalaureate Weekend Program: Teaching/Learning Strategies.....	394
<b>H 08 - Education Strategies in Undergraduate Nursing.....</b>	<b>396</b>
Teaching Undergraduate Nursing Students: An Innovative Approach to Answering Clinical Questions Utilizing Current Evidence-Based Practice .....	396
<b>H 09 - Transforming Professional Practice through Evidence .....</b>	<b>398</b>
Evaluation of an Athletics Model to Develop Values for Professional Practice.....	398
<b>H 09 - Transforming Professional Practice through Evidence .....</b>	<b>400</b>
Evidence-Based Practice Fellowship Immersion: Transforming Staff Nurse's Professional Practice .....	400
<b>Leadership Oral Presentations.....</b>	<b>402</b>
<b>A 11 - Developing Leadership Skills in New Nurses.....</b>	<b>403</b>
Transition from Student Nurse to Professional Nurse: Induction and Professional Development Support of Newly Qualified Professional Nurses.....	403
<b>A 11 - Developing Leadership Skills in New Nurses.....</b>	<b>405</b>
Life Experiences of a Newly Graduated Nurse Working Under Supervision of a Mentor..	405
<b>A 11 - Developing Leadership Skills in New Nurses.....</b>	<b>407</b>
New Graduate Nurse Perception of Competence Compared to Nurse Leadership.....	407
<b>A 12 - Unproven Nurses in the Workforce .....</b>	<b>408</b>
A Grounded Theory Study of Nurse Manager's Preferences in Hiring Newly Licensed RNs .....	408
<b>A 12 - Unproven Nurses in the Workforce .....</b>	<b>410</b>
Newly Graduated Registered Nurses' Perception of Psychiatric Nursing.....	410
<b>A 12 - Unproven Nurses in the Workforce .....</b>	<b>412</b>
A Study Examining Senior Nursing Students' Expectations of Work and the Workforce ..	412
<b>A 13 - Cultural Competency in Nursing Education.....</b>	<b>414</b>
Measuring Cultural Competency: One-Year Post Immersion Experience in Costa Rica ..	414
<b>A 13 - Cultural Competency in Nursing Education.....</b>	<b>417</b>
Nursing Education in Jordan: A Fulbright Scholar's Perspective.....	417
<b>A 13 - Cultural Competency in Nursing Education.....</b>	<b>419</b>
Understanding the Lived Experience of Nursing Practice in Haiti .....	419
<b>B 11 - Developing Nurse Leaders.....</b>	<b>420</b>
Creating Nurse Leaders through a Senior Leadership/Management Immersive Learning Capstone Experience .....	420

<b>B 11 - Developing Nurse Leaders.....</b>	<b>422</b>
Fostering the Integration of the Clinical Nurse Leader Role in Japan through a Multidisciplinary Clinical Immersion Program in the United States.....	
	422
<b>B 11 - Developing Nurse Leaders.....</b>	<b>424</b>
Promoting Inclusion of Diverse Students into Nursing Education for Leadership Development.....	
	424
<b>B 12 - Caring for the Public's Health.....</b>	<b>426</b>
Integrating Population Health into Primary Care APRN Practice to Improve the Health of the Public .....	
	426
<b>B 12 - Caring for the Public's Health.....</b>	<b>428</b>
Barriers to the Development of a Public Health Initiative with a Coalition of Community and Neighborhood Resources Using Community-Based Participation .....	
	428
<b>B 12 - Caring for the Public's Health.....</b>	<b>430</b>
Leadership in Nursing Education: The Development of a University-Based, Interprofessional, Chronic Wound Clinic Model that Provides Clinical Leadership, Evidence-Based Healthcare and Excellence in Clinical Education .....	
	430
<b>B 13 - Developing Nurse Leaders through Service Learning.....</b>	<b>431</b>
Service Learning in RN to BSN Leadership Service Learning .....	
	431
<b>B 13 - Developing Nurse Leaders through Service Learning.....</b>	<b>433</b>
A Global Health Project to Engage Nursing and Elementary School Students: Developing Future Leaders through Service-Learning .....	
	433
<b>B 14 - Discussing Nurses' Attitudes and Actions .....</b>	<b>434</b>
Attitudes of Nurses and Student Nurses toward Self-Care .....	
	434
<b>B 14 - Discussing Nurses' Attitudes and Actions .....</b>	<b>436</b>
Nurse Attitudes toward Patient Advocacy in the Long-Term Acute Care Hospital Setting.....	
	436
<b>B 14 - Discussing Nurses' Attitudes and Actions .....</b>	<b>437</b>
Gratitude in Action.....	
	437
<b>B 15 - Role Delineation of Nurse Scholars .....</b>	<b>440</b>
Creating a Culture of Clinical Inquiry: The Role of the Scholar in Residence .....	
	440
<b>B 15 - Role Delineation of Nurse Scholars .....</b>	<b>441</b>
An Analysis of Nursing Preparation to Meet the Demands of the Largest U.S. Patient Population .....	
	441
<b>C 10 - Are There Plans for the Nursing Workforce? .....</b>	<b>442</b>
Fostering Workforce Development through Meaningful Experiences: Pathways to a Nursing Degree Program.....	
	442
<b>C 10 - Are There Plans for the Nursing Workforce? .....</b>	<b>444</b>
Understanding Burnout among Oncology Nurse Practitioners.....	
	444

C 10 - Are There Plans for the Nursing Workforce? .....	446
Transformational Leadership and Intent to Stay: Moving Research Into Nurse Leaders' Practice .....	446
C 11 - Developing Online Nursing Education .....	448
Aligning Outcomes, Assignments, and Assessment in Designing an Effective Online Program .....	448
C 11 - Developing Online Nursing Education .....	449
Fostering Retention: A Success in Transitioning a RN-BSN Program to Online Delivery .....	449
C 11 - Developing Online Nursing Education .....	451
Collaboration between Faculty, Instructional Design and Technology Services in Development of a Course Template for Online Learning Environments.....	451
C 12 - Developing Nursing Leaders.....	453
Essence-Driven Leadership: Illuminating the Lived Experiences of Chief Nursing Officers .....	453
C 12 - Developing Nursing Leaders.....	455
Authentic Work Experiences of Chief Nursing Officers: A Phenomenological Inquiry .....	455
C 12 - Developing Nursing Leaders.....	457
Voice Behavior of Clinical Nurses and Leadership Behavior: Finding the Connection .....	457
C 13 - Exploring Strategies to Promote Leadership Growth .....	459
Could Critical Thinking Help Create Nurse Managers Who are Transformational Leaders? .....	459
C 13 - Exploring Strategies to Promote Leadership Growth .....	461
The Role of Ethnic Nursing Organizations in Developing Future Nurse Leaders .....	461
C 13 - Exploring Strategies to Promote Leadership Growth .....	463
The Role of Coaching in the Development of Nurse Managers .....	463
C 14 - Nursing Education Leadership Competencies .....	466
Nurse Educator Leadership Competencies: Instrument Development and Testing.....	466
C 14 - Nursing Education Leadership Competencies .....	468
Preferred Educational Methods of RN's With More Than Ten Years of Inactive Patient Care .....	468
C 14 - Nursing Education Leadership Competencies .....	470
Informatics Competencies: Transition from Classroom to Bedside .....	470
D 10 - Developing Shared Governance: Does It Have an Impact?.....	472
Measuring Shared Governance in Acute Care Hospital Settings Using the Index of Professional Nursing Governance (IPNG) .....	472
D 10 - Developing Shared Governance: Does It Have an Impact?.....	474
An Academic Shared Governance Model for Leadership in an Academic Setting .....	474

D 10 - Developing Shared Governance: Does It Have an Impact?.....	476
To a Greater Influence of Nurses: Development and Implementation of a Professional Practice Model in the Netherlands.....	476
D 11 - Encouraging Faculty Success through Mentoring.....	479
Nursing Faculty Development: A System Change to Foster Mentoring and Training .....	479
D 11 - Encouraging Faculty Success through Mentoring.....	481
A Faculty-Based Mentorship Circle: Positioning New Faculty for Success .....	481
D 11 - Encouraging Faculty Success through Mentoring.....	482
Mentorship and Novice Nursing Faculty: Working Together for Successful Role Transitioning.....	482
D 12 - Nursing Professional Development.....	484
Transformational Dialogue and Theory U: The Leaders Role in Guiding Emerging Change .....	484
D 12 - Nursing Professional Development.....	485
Transforming Your World: One Opportunity at a Time .....	485
D 12 - Nursing Professional Development.....	486
Using the Journey to Empowerment Professional Development Seminar to Enhance Nurses' Sense of Empowerment .....	486
D 13 - Leading Doctoral Education in Nursing.....	487
Development and Evaluation of a Scholarly Writing Course in the Doctor of Nursing Practice Program.....	487
D 13 - Leading Doctoral Education in Nursing.....	489
Doctoral Programme in Nursing Science: Systematic Education for Future Researchers and Experts.....	489
D 13 - Leading Doctoral Education in Nursing.....	491
The Doctoral Journey: Exploring the Relationship between Workplace Empowerment of Nurse Educators and Successful Completion of a Doctoral Degree .....	491
E 10 - Being Aware of Cultural Differences in the Clinical Setting.....	492
Changing Hospital Culture: Collaborative Response to Emergency Cesarean Sections..	492
E 10 - Being Aware of Cultural Differences in the Clinical Setting.....	494
A Tale of Two Countries: Comparing the Heart Failure Patient Journey in the United States and France.....	494
E 10 - Being Aware of Cultural Differences in the Clinical Setting.....	496
Intent of Hispanic/Latino Adolescents toward Tissue and Organ Donation: A Pilot Study of a Culturally Sensitive Educational Intervention .....	496
E 11 - Enhancing Learning through Online Education.....	497
A Leader's Challenge: Using E-Learning/Flipped Classroom Instructional Techniques to Build Graduate Nursing Student Leadership Skills .....	497

E 11 - Enhancing Learning through Online Education.....	500
Teaching Undergraduate Research in an Online Environment .....	500
E 11 - Enhancing Learning through Online Education.....	501
Learning Without Boundaries: Strategies for Engaging and Active Online Learning .....	501
E 12 - Promoting the RN to BSN Transition.....	502
Closing the Leadership Gap: Mentoring the RN to BSN Student for Success.....	502
E 12 - Promoting the RN to BSN Transition.....	505
Partnership with a Community Hospital Nurse Residency Program: An Innovative Approach to Increase BSN Prepared RNs in a Rural Area .....	505
E 12 - Promoting the RN to BSN Transition.....	507
The RN to BSN Transition: A Qualitative Systematic Review .....	507
E 13 - Global Leadership Perspectives .....	509
Sacred Valley Health: A Global Organization with a Local Impact .....	509
E 13 - Global Leadership Perspectives .....	511
The Clinical Research Nurse: A Global Perspective on Role, Value and Leadership.....	511
F 10 - How Theory Can Guide Education and Practice .....	513
Effectiveness of Integrating Test-Enhanced Learning into a BSN Foundations of Nursing Class: A Pilot Project.....	513
F 10 - How Theory Can Guide Education and Practice .....	514
Applicability of Social Cognitive Career Theory for Future Nursing Faculty Workforce Recruiting.....	514
F 10 - How Theory Can Guide Education and Practice .....	516
Case-Based Nursing Peer Review Using Just Culture Principles .....	516
F 11 - Building Relationships to Develop Future Leaders.....	517
Developing Future Leaders: The L.O.V.E. Approach.....	517
F 11 - Building Relationships to Develop Future Leaders.....	519
Leadership: Based on Relationships .....	519
F 11 - Building Relationships to Develop Future Leaders.....	521
Transforming the Chapter through Servant Leadership .....	521
F 12 - Issues Regarding Maternal-Child Health Around the World.....	524
Effects of an Educational Intervention on Baccalaureate Nursing Students' Knowledge and Attitude in Providing Breastfeeding Support.....	524
F 12 - Issues Regarding Maternal-Child Health Around the World.....	526
An Evaluation of Midwives for Haiti Programs: Can they Reduce Infant and Maternal Mortality in Haiti?.....	526
F 12 - Issues Regarding Maternal-Child Health Around the World.....	528



U.S. Health System Reform, Children's Health Care and Nursing: An Integrative Policy Analysis.....	528
<b>F 13 - Developing and Strengthening Mentorship Opportunities .....</b>	<b>530</b>
Developing Faculty-Student Mentor-Mentee Relationships in a DNP Program.....	530
<b>F 13 - Developing and Strengthening Mentorship Opportunities .....</b>	<b>532</b>
Introducing a Global Leadership Mentoring STTI Online Community.....	532
<b>G 10 - Creating Leaders through Faculty Mentoring.....</b>	<b>534</b>
Academic Mentoring and Job Satisfaction of Baccalaureate Nursing Faculty .....	534
<b>G 10 - Creating Leaders through Faculty Mentoring.....</b>	<b>535</b>
It Takes a Village and a Plan: Leadership Development of Novice Faculty through a Team Project.....	535
<b>G 10 - Creating Leaders through Faculty Mentoring.....</b>	<b>536</b>
Targeted Strategies to Promote Nursing Faculty Individual and Collective Scholarly Excellence.....	536
<b>G 11 - Partnering to Educate Future Leaders.....</b>	<b>538</b>
Building a Baccalaureate Workforce Using an Academic/Rural Health System Partnership .....	538
<b>G 11 - Partnering to Educate Future Leaders.....</b>	<b>540</b>
Establishing a Global Institution Partnership for Nursing Education.....	540
<b>G 11 - Partnering to Educate Future Leaders.....</b>	<b>541</b>
The Power of Partnership: Educator Collaboration with Procedural Area Nurses Improving Professional Development.....	541
<b>G 12 - Transforming Nursing Leadership Practice.....</b>	<b>543</b>
An Innovative Strategy to Lead Clinical Practice Change to Achieve Quality Outcomes..	543
<b>G 12 - Transforming Nursing Leadership Practice.....</b>	<b>545</b>
Leading Environmental Health Awareness to Transform Nursing Practice .....	545
<b>G 12 - Transforming Nursing Leadership Practice.....</b>	<b>547</b>
Creating a Nursing Scholarship Strategic Vision to Transform Nursing Practice.....	547
<b>G 13 - Social Networking: Can it Influence Your Professional Presence? .....</b>	<b>550</b>
Using Social Networking and Social Media Resources for Research Recruitment.....	550
<b>G 13 - Social Networking: Can it Influence Your Professional Presence? .....</b>	<b>553</b>
Perceptions of "Good Work in Nursing" of Experienced Administrators, Educators, and Clinicians from Two STTI Circles.....	553
<b>G 13 - Social Networking: Can it Influence Your Professional Presence? .....</b>	<b>556</b>
Social Capital in Nursing: The Potential of Influential Relationships in Enhancing Patient and Organizational Outcomes .....	556
<b>H 10 - Leadership in Nursing Education .....</b>	<b>559</b>

Facilitating Scholarship Success through a Collaborative Faculty Group.....	559
<b>H 10 - Leadership in Nursing Education .....</b>	<b>561</b>
The Use of Standardized Test Score Reports to Inform Instruction Using the Deming Model .....	561
<b>H 10 - Leadership in Nursing Education .....</b>	<b>563</b>
Promoting Excellence in Nursing through North-South Partnerships .....	563
<b>H 11 - Leading Interprofessional Health Education .....</b>	<b>564</b>
Building a Center for Nursing Excellence Using a Role-Based Model for Accountability and Outcomes.....	564
<b>H 11 - Leading Interprofessional Health Education .....</b>	<b>566</b>
Interprofessional Health Education: Preparing for Collaborative Practice .....	566
<b>H 11 - Leading Interprofessional Health Education .....</b>	<b>567</b>
Interprofessional Education to Enhance Health-Related Outcomes for LGBT Clients: How One Academic Medical Center is Leading the Way .....	567
<b>H 12 - Leadership Development in Nursing Education .....</b>	<b>569</b>
An Evaluation of Emotional Intelligence in Undergraduate Nursing Student Leaders Over 4 Years.....	569
<b>H 12 - Leadership Development in Nursing Education .....</b>	<b>571</b>
Nursing Honors Programs Designed to Meet Global Healthcare Challenges.....	571
<b>H 12 - Leadership Development in Nursing Education .....</b>	<b>573</b>
Spirituality in Nursing Education: Are We Teaching Our Students to Provide Spiritual Care? .....	573
<b>Scientific Oral Presentations .....</b>	<b>574</b>
<b>A 16 - Clinical Aspects of Pediatric Care .....</b>	<b>575</b>
Pediatric Continuity of Care.....	575
<b>A 16 - Clinical Aspects of Pediatric Care .....</b>	<b>576</b>
Children with Cerebral Palsy Preferences for Adventures and Their Reasons Why.....	576
<b>A 16 - Clinical Aspects of Pediatric Care .....</b>	<b>577</b>
Spirituality and Religiosity as an Approach to Coping for Adolescents Living with Sickle Cell Disease: A Review of the Literature .....	577
<b>A 17 - Improving Nursing Care in the Clinical Environment.....</b>	<b>579</b>
Optimizing Electronic Health Record Use for Management of Type 2 Diabetes Mellitus in Primary Care.....	579
<b>A 17 - Improving Nursing Care in the Clinical Environment.....</b>	<b>582</b>
Building an Indigenous Skill-Mixed Nursing Care Model in Taiwan.....	582
<b>A 17 - Improving Nursing Care in the Clinical Environment.....</b>	<b>584</b>

Description, Application, and Evaluation of a Model to Teach Community-Based and Population Health across Diverse Clinical Experiences .....	584
<b>A 18 - Use of Simulation in Undergraduate Nursing Education .....</b>	<b>586</b>
Findings of a Knowledge Synthesis Project of Simulation Use in Pre-Licensure Nursing Education .....	586
<b>A 18 - Use of Simulation in Undergraduate Nursing Education .....</b>	<b>588</b>
The Effect of Simulation Courseware on Critical Thinking in Undergraduate Nursing Students: Multi-Site Pre-Post Study .....	588
<b>A 18 - Use of Simulation in Undergraduate Nursing Education .....</b>	<b>590</b>
Exploring Simulation Utilization and Simulation Evaluation Practices and Approaches in Undergraduate Nursing Education .....	590
<b>A 19 - Undergraduate Nursing Education Research.....</b>	<b>592</b>
Health as Expanding Consciousness: Patterns of Clinical Reasoning in Senior Baccalaureate Nursing Students .....	592
<b>A 19 - Undergraduate Nursing Education Research.....</b>	<b>593</b>
Nurturing Caring Values in Pre-Registration Nurse Education: A Qualitative Longitudinal Study.....	593
<b>A 19 - Undergraduate Nursing Education Research.....</b>	<b>595</b>
Breakthrough Thinking: A Model to Differentiate ADN and BSN Education .....	595
<b>A 24 - Changing Perceptions in Nursing Education.....</b>	<b>596</b>
The Relationship of a Dominant Teaching Perspective and Student Perception of the Classroom Learning Environment .....	596
<b>A 24 - Changing Perceptions in Nursing Education.....</b>	<b>598</b>
Nursing Students with Disabilities in the Clinical Setting: Nursing Education Leaders' Perceptions of Accommodations .....	598
<b>A 25 - Using Evidence and Technology with Encouraging Outcomes .....</b>	<b>601</b>
The Use of Electronic Alert System for Early Sepsis Identification.....	601
<b>A 25 - Using Evidence and Technology with Encouraging Outcomes .....</b>	<b>603</b>
HeartMApp: A Self-Care Mobile Telemedicine Application to Improve Heart Failure Outcomes.....	603
<b>A 26 - Discussions of Quality of Life in Children with Healthcare Issues .....</b>	<b>607</b>
Validation of an "In the Moment" Pediatric Quality of Life Scale for Hospitalized Children .....	607
<b>A 26 - Discussions of Quality of Life in Children with Healthcare Issues .....</b>	<b>609</b>
Comparison of Child and Family Health Outcomes in Families with Children with Special Health Care Needs Cared for in Home Care, Long-Term Care, and Medical Day Care Settings .....	609
<b>A 26 - Discussions of Quality of Life in Children with Healthcare Issues .....</b>	<b>611</b>

Differences in Meaning of Quality of Life and Inner Strength in Families with and without Young Adults with Spina Bifida.....	611
<b>A 27 - Does Magnet® Status Play a Part? .....</b>	<b>612</b>
From Blank Canvas to Masterwork: Creating a Professional Practice Model at a Magnet Hospital .....	612
<b>A 27 - Does Magnet® Status Play a Part? .....</b>	<b>614</b>
Employment in Magnet-Oriented Hospitals and Socialization of Students in Clinical Nurse Specialist Programs .....	614
<b>A 27 - Does Magnet® Status Play a Part? .....</b>	<b>616</b>
Promoting Evidence-Based Practice: A Study of Perceptions and Practices of Nursing Council Members in a Magnet® Organization .....	616
<b>B 17 - Ways to Use Simulation in Nursing Education .....</b>	<b>619</b>
Using the Delphi Technique to Develop a Peer-Review Debriefing Instrument for Simulation Healthcare Education.....	619
<b>B 17 - Ways to Use Simulation in Nursing Education .....</b>	<b>622</b>
The Effect of an Introductory Video on Realism in Clinical Nursing Simulation .....	622
<b>B 17 - Ways to Use Simulation in Nursing Education .....</b>	<b>623</b>
The Empathy Enigma: Does It Still Exist? Comparison of Nursing Student Self-Reported Empathy with Standardized Actor and Student Peer Evaluation of Student Empathy.....	623
<b>B 18 - Using Genetics Research to Further Practice .....</b>	<b>624</b>
Reductions in Symptom Severity of Posttraumatic Stress Disorder is Associated with Reduced Expression of Inflammatory Genes in Service Members .....	624
<b>B 18 - Using Genetics Research to Further Practice .....</b>	<b>626</b>
The Chronicle of a Nurses Journey to Translate New Science into Practice: Genetics and Genomics.....	626
<b>B 18 - Using Genetics Research to Further Practice .....</b>	<b>628</b>
Lessons Learned: Recruiting and Retaining a Diverse Population in Research.....	628
<b>B 19 - Working with Military Backgrounds .....</b>	<b>630</b>
Maximizing Resources - Strengthening Community Ties: A Military Civilian Collaboration .....	630
<b>B 19 - Working with Military Backgrounds .....</b>	<b>632</b>
Relational Certainty: A Theoretical Framework Describing the Relationship between Military Veterans and Companion Canines.....	632
<b>B 19 - Working with Military Backgrounds .....</b>	<b>634</b>
The Lived Experience of Iraqi Nurses in Communities Impacted by War or Terrorist Threat .....	634
<b>B 24 - Utilizing Technology in Nursing Education: Pitfalls and Successes .....</b>	<b>636</b>
Back to the Blackboard? Personal Technology Use and Knowledge Acquisition.....	636

<b>B 24 - Utilizing Technology in Nursing Education: Pitfalls and Successes .....</b>	<b>638</b>
Attitudes toward Plagiarism in Online RN to BSN Students .....	638
<b>B 24 - Utilizing Technology in Nursing Education: Pitfalls and Successes .....</b>	<b>640</b>
Assessing Outcomes of Learning in Virtual Learning Environments: Scoping Review .....	640
<b>B 25 - Women Affected with Cancer: Research and Practice.....</b>	<b>641</b>
The Related Factors of Receiving Pap Tests among Immigrant Women of Vietnamese Origin in Taiwan .....	641
<b>B 25 - Women Affected with Cancer: Research and Practice.....</b>	<b>642</b>
Engaging the Community to Deliver Educational Programming for Young Breast Cancer Survivors .....	642
<b>B 25 - Women Affected with Cancer: Research and Practice.....</b>	<b>644</b>
Descriptive Study of Cognitive Disturbances in Older Breast Cancer Survivors.....	644
<b>B 26 - Expanding Your Thinking: Revamping Curriculum and Cultural Interactions</b>	<b>646</b>
Lessons Learned: Nursing School Faculty Revamp Program Curriculum to Promote Student Engagement, and Systematic, Effective Validation of Student Competence throughout the Curriculum .....	646
<b>B 26 - Expanding Your Thinking: Revamping Curriculum and Cultural Interactions</b>	<b>648</b>
A Toilet or a Mobile Phone?: Exploring Interactions and Choices That Influence the Health of Mothers in Kenya Using Structural Equation Modeling .....	648
<b>B 26 - Expanding Your Thinking: Revamping Curriculum and Cultural Interactions</b>	<b>649</b>
Responding to the Research: Culture Care for a Migrant Dominican Community in the Northeastern United States .....	649
<b>B 27 - Promoting Satisfaction and Civility Within Nursing Faculty .....</b>	<b>651</b>
Incivility in the Workplace: Implications for Nursing Education.....	651
<b>B 27 - Promoting Satisfaction and Civility Within Nursing Faculty .....</b>	<b>652</b>
Workplace Stress/Role Strain, Empowerment and Faculty-to-Faculty Incivility among Nursing Educators: A Mediation Analysis .....	652
<b>B 27 - Promoting Satisfaction and Civility Within Nursing Faculty .....</b>	<b>654</b>
The Effect of a Formal Mentoring Program on Career Satisfaction and Intent to Stay in the Faculty Role for Novice Nurse Faculty.....	654
<b>C 16 - The Psychological Impact of Nursing and Nursing Care .....</b>	<b>656</b>
Amputees' Perceptions of What Nurses Should Know about Mirror Interventions .....	656
<b>C 16 - The Psychological Impact of Nursing and Nursing Care .....</b>	<b>658</b>
Career Choice and Longevity in U.S. Psychiatric-Mental Health Nurses .....	658
<b>C 16 - The Psychological Impact of Nursing and Nursing Care .....</b>	<b>659</b>
The Concept of Self-Stigma: A Clinical Investigation .....	659

C 17 - The Aftermath of Operative Procedures: Research Pertaining to Operative Outcomes .....	661
Realities of Post-Operative Pain Management in Ghana: Evidence from Method and Participant Triangulation.....	661
C 17 - The Aftermath of Operative Procedures: Research Pertaining to Operative Outcomes .....	662
An Exploration of the Incidence of and Risk Factors for Unplanned Perioperative Hypothermia (UPH) in the Ambulatory Surgical Patient.....	662
C 17 - The Aftermath of Operative Procedures: Research Pertaining to Operative Outcomes .....	664
Examining the Use of the Transdermal Scopolamine Patch in the Prevention of Postdischarge Nausea and/or Vomiting: A Secondary Analysis .....	664
C 18 - Effects of Toxic People .....	666
The Lived Experience of Incivility in Nursing Classrooms.....	666
C 18 - Effects of Toxic People .....	667
Helping Men Rebuild Their Sense of Self Following Workplace Bullying .....	667
C 18 - Effects of Toxic People .....	669
"Know What Battle to Fight and How to Fight It": Navigating the Cultural Terrain of Healthcare.....	669
C 19 - Implications and Innovations in Childhood Obesity.....	671
NAHN Miami Chapter Presents Muevete on Cinco de Mayo Day to Reduce Obesity in Children of Migrant Workers.....	671
C 19 - Implications and Innovations in Childhood Obesity.....	673
Parenting Practices and Children's Physical Activity.....	673
C 19 - Implications and Innovations in Childhood Obesity.....	675
Obesity-Related Behaviors of Korean Female Adolescents in Their Classroom-Based Peer Networks .....	675
C 24 - Noting Cultural Differences in the Arena of Mental Health.....	677
Mental Health Treatment and Media Preferences for Persons of Mexican Heritage .....	677
C 24 - Noting Cultural Differences in the Arena of Mental Health.....	678
The Experiences of Low Income Non-Resident African-American Fathers with Parenting and Depressive Symptoms.....	678
C 25 - Nursing Outcomes Based on Data.....	680
Reducing Device-Related Pressure Ulcers: Leveraging Data and Innovation to Improve Adult/Pediatrics Outcomes .....	680
C 25 - Nursing Outcomes Based on Data.....	682
Empirical Outcomes: An Autograph for Our Nursing Care .....	682
C 25 - Nursing Outcomes Based on Data.....	684

Nurse-Patient Assignments: Moving Beyond Nurse-Patient Ratios for Better Patient, Staff and Organizational Outcomes.....	684
<b>C 26 - Innovations in Healthcare Practices.....</b>	<b>686</b>
Safe Zone Implementation in Contact Isolation Rooms: Can the Simplicity of Duct Tape Improve the Patient Experience?.....	686
<b>C 26 - Innovations in Healthcare Practices.....</b>	<b>688</b>
Elements Needed for Innovation Sustainability: An Investigation of Rapid Response Teams .....	688
<b>C 27 - Effects of HIV/AIDS Around the World.....</b>	<b>690</b>
HIV-Related Stigma and Self-Care among Young People Living with HIV in Thailand ....	690
<b>C 27 - Effects of HIV/AIDS Around the World.....</b>	<b>691</b>
Nurses' Involvement in HIV Policy Formulation in Nigerian Health Care System.....	691
<b>C 27 - Effects of HIV/AIDS Around the World.....</b>	<b>692</b>
A Persistent Problem in America's Paradise: Examination of the HIV/AIDS Epidemic in the United States Virgin Islands .....	692
<b>D 16 - Nursing as a Career: Student Perspectives .....</b>	<b>694</b>
Creating a Legacy through Nursing Leadership, Innovation, and Global Connectivity .....	694
<b>D 16 - Nursing as a Career: Student Perspectives .....</b>	<b>695</b>
African-American Non-Nursing Science Majors' Perceptions of Nursing in the Context of Career Ideals.....	695
<b>D 16 - Nursing as a Career: Student Perspectives .....</b>	<b>696</b>
Recruitment and Retention of Male Nursing Students .....	696
<b>D 17 - Nursing Student Involvement in Nursing Education .....</b>	<b>697</b>
Challenging Global Health Perspectives with Nursing Internship Experiences .....	697
<b>D 17 - Nursing Student Involvement in Nursing Education .....</b>	<b>699</b>
Boosting Students' Engagement in Political Learning .....	699
<b>D 17 - Nursing Student Involvement in Nursing Education .....</b>	<b>701</b>
An Academic-Based Nurse Practitioner Fellowship Program: A Pilot Project Designed to Ease Nurse Practitioner Transition to Practice .....	701
<b>D 18 - The Use of Tools and Instruments to Advance the Profession .....</b>	<b>703</b>
Selecting an Early Child Development Assessment Tool in Rural Limpopo, South Africa	703
<b>D 18 - The Use of Tools and Instruments to Advance the Profession .....</b>	<b>704</b>
Validation of Yoon's Critical Thinking Disposition Instrument.....	704
<b>D 18 - The Use of Tools and Instruments to Advance the Profession .....</b>	<b>706</b>
Kangaroo Care: Creating a Video Teaching Tool for Parents and Neonatal Nurses .....	706
<b>D 19 - Innovations in Cancer Care and Practice.....</b>	<b>707</b>

Caregiver Activation: Cancer Communication in Home Hospice.....	707
<b>D 19 - Innovations in Cancer Care and Practice.....</b>	<b>709</b>
Colorectal Cancer Screening Practices among Texas Nurse Practitioners and Physician Assistants.....	709
<b>D 19 - Innovations in Cancer Care and Practice.....</b>	<b>711</b>
Innovations in the Care of Cancer Survivors and their Families.....	711
<b>D 24 - The Psychological Impact of Disease and Illness of Families.....</b>	<b>713</b>
A Structured Communication Intervention to Reduce the Anxiety of Family Members Waiting for Relatives Undergoing a Surgical Procedure .....	713
<b>D 24 - The Psychological Impact of Disease and Illness of Families.....</b>	<b>715</b>
Family Caregivers' Perceptions of the Resistiveness to Care They Experience Caring for People with Dementia .....	715
<b>D 24 - The Psychological Impact of Disease and Illness of Families.....</b>	<b>716</b>
Beyond Survival: An Interpretive Phenomenological Investigation Into Being the Father of a Very Low Birth Weight Infant .....	716
<b>D 25 - Focusing on the Family.....</b>	<b>717</b>
Staff Response to Flexible Visitation in the Post-Anesthesia Care Unit (PACU) .....	717
<b>D 25 - Focusing on the Family.....</b>	<b>719</b>
Nurse Family Presence Beliefs and Decisions in Adult Intensive Care Unit.....	719
<b>D 25 - Focusing on the Family.....</b>	<b>721</b>
Perceptions of Interprofessional Collaborative Practice and the Correlation with Patient and Family Satisfaction Scores .....	721
<b>D 26 - Augmenting Academic Risk for Nursing Students.....</b>	<b>723</b>
Identifying Academic Risk Factors of BSN Students Using the College Persistence Questionnaire to Better Understand Student Attrition .....	723
<b>D 26 - Augmenting Academic Risk for Nursing Students.....</b>	<b>724</b>
Predicting Nursing Students Passing of the ATI Comprehensive Predictor Examination .	724
<b>D 26 - Augmenting Academic Risk for Nursing Students.....</b>	<b>726</b>
Motivated Strategies for Learning in Accelerated Second Degree Bachelor of Science in Nursing Students.....	726
<b>D 27 - Community Health Needs for Our Veterans.....</b>	<b>728</b>
Experiences of Homeless Vietnam Veterans in Deciding to Access or Not Access Healthcare.....	728
<b>D 27 - Community Health Needs for Our Veterans.....</b>	<b>730</b>
The Socio-Cultural Contexts of Male Iraq and Afghanistan War Veterans Help-Seeking Behavior and Healthcare Utilization: An Interpretive Phenomenological Study .....	730
<b>D 27 - Community Health Needs for Our Veterans.....</b>	<b>733</b>



Rural Women Veterans' Use and Perception of Mental Health Services .....	733
<b>E 16 - Teaching and Learning Strategies for Educating Nurses .....</b>	<b>734</b>
Transforming Assessment in Nursing Education: Virtual Simulations .....	734
<b>E 16 - Teaching and Learning Strategies for Educating Nurses .....</b>	<b>736</b>
Are Your Multiple-Choice Tests "FIT"? Using the Fairness of Items Tool (FIT) as a Component of the Test Development Process .....	736
<b>E 17 - Interprofessional Issues in Nursing Education .....</b>	<b>738</b>
Promoting Student Resiliency through Interprofessional Education Collaboration .....	738
<b>E 17 - Interprofessional Issues in Nursing Education .....</b>	<b>741</b>
Interprofessional Education in Nursing Education: A New Way of Knowing.....	741
<b>E 17 - Interprofessional Issues in Nursing Education .....</b>	<b>742</b>
Breaking Down Silos: Impact of an Interprofessional Curriculum to Teach Health Professions Students Oncology Palliative Care.....	742
<b>E 18 - Emotional Distress for those Afflicted with Cardiovascular Issues .....</b>	<b>744</b>
Associations between Emotional Distress and Coronary Heart Disease: Analysis of National Health Interview Survey 2008-2009.....	744
<b>E 18 - Emotional Distress for those Afflicted with Cardiovascular Issues .....</b>	<b>745</b>
Family in the Resuscitation Room: Polish and Finnish Nurses' Experience and Attitudes towards Family-Witnessed Cardiopulmonary Resuscitation in a Hospital Setting .....	745
<b>E 18 - Emotional Distress for those Afflicted with Cardiovascular Issues .....</b>	<b>747</b>
The Role of Stress and Inflammation in Depression in Hispanics with Chronic Heart Failure .....	747
<b>E 19 - Putting Community Health Research into Practice.....</b>	<b>748</b>
Promoting Health Promotion Practices in the Low Income Population.....	748
<b>E 19 - Putting Community Health Research into Practice.....</b>	<b>749</b>
How Self-Efficacy and Self-Regulation Influence Nutrition and Exercise Behaviors of a Community Sample of Adults .....	749
<b>E 19 - Putting Community Health Research into Practice.....</b>	<b>751</b>
Determinants of Access to Specialty Care for Community Health Clinic Patients .....	751
<b>E 24 - Engaging Students in Research and Practice .....</b>	<b>753</b>
Ebola 101 Module: An Opportunity for Students to Think Globally, Act Locally.....	753
<b>E 24 - Engaging Students in Research and Practice .....</b>	<b>755</b>
Engaging Nursing Students in Health Promotion Research and Practice .....	755
<b>E 24 - Engaging Students in Research and Practice .....</b>	<b>757</b>
Enhancing the Patient Safety Culture of ABSN Students through Instruction on Medical Error Recovery .....	757
<b>E 25 - The Psychological Welfare of Nursing Students .....</b>	<b>758</b>

Factors Influencing Australian Nursing Students' Psychological Well-Being and Suicidal Ideation .....	758
<b>E 25 - The Psychological Welfare of Nursing Students .....</b>	<b>760</b>
Influence of Rape Myth Acceptance on Responsibility to Rape Action, and Degree of Rape Trauma: Student Nurses' Perception.....	760
<b>E 25 - The Psychological Welfare of Nursing Students .....</b>	<b>761</b>
Mindfulness Interventions for Nursing Students.....	761
<b>E 26 - Research and Evidence-Based Medication Administration.....</b>	<b>763</b>
Medication Reconciliation: It's in the Bag.....	763
<b>E 26 - Research and Evidence-Based Medication Administration.....</b>	<b>765</b>
Door to Drug in Obstetrics .....	765
<b>E 26 - Research and Evidence-Based Medication Administration.....</b>	<b>767</b>
The Literacy in Professional Nursing in Peripheral Venous Catheterization Procedures: A Systematic Review .....	767
<b>E 27 - Innovative Knowledge in Graduate Studies .....</b>	<b>770</b>
A Phenomenological Exploration of International Nurse's Motivation and Experiences in Pursuing a Master's Degree in Nursing in the United States.....	770
<b>E 27 - Innovative Knowledge in Graduate Studies .....</b>	<b>771</b>
The Short-Term Effects of a Wellness On-Boarding Program with Health Sciences Students on Depression, Anxiety, Healthy Lifestyle Beliefs and Healthy Lifestyle Behaviors .....	771
<b>E 27 - Innovative Knowledge in Graduate Studies .....</b>	<b>773</b>
Evaluation of the Efficacy of Peer Assisted Learning in a Scale Development Course ....	773
<b>F 16 - Research and Improvements in Clinical Care .....</b>	<b>775</b>
The Power of 3: Empowering Patients.....	775
<b>F 16 - Research and Improvements in Clinical Care .....</b>	<b>777</b>
Healthcare Injustice Experiences or Negative Pain Coping Strategies in Patients with Sickle Cell Disease: Which Comes First? .....	777
<b>F 16 - Research and Improvements in Clinical Care .....</b>	<b>779</b>
Sleep Disturbance and Fatigue in Renal Transplant Patients: A Pilot Study .....	779
<b>F 17 - Ethical Issues in Nursing.....</b>	<b>780</b>
Conflict-Related Sexual Gender-Based Violence in DRC .....	780
<b>F 17 - Ethical Issues in Nursing.....</b>	<b>782</b>
Making the Hard Decisions: Ethical Issues Encountered By Military Nurses during Wartime .....	782
<b>F 18 - Understanding Challenges when Working with Older Adults .....</b>	<b>784</b>

Transforming Perspective on Older Adults: Conceptualizing the "Silver Tsunami" as a Cultural Paradigm Shift .....	784
<b>F 18 - Understanding Challenges when Working with Older Adults .....</b>	<b>785</b>
Cultural Relevancy of Palliative and End-of-Life Care: Conversations with Indigenous Elders.....	785
<b>F 18 - Understanding Challenges when Working with Older Adults .....</b>	<b>787</b>
The Effect of Cognitive Stimulation on Cognition and Depressive Symptomatology in Elderly Community Dwellers.....	787
<b>F 19 - Educational Research Affecting Undergraduate Students .....</b>	<b>788</b>
Motivation and Persistence among BSN Students in Northeast Ohio: A Correlational Study .....	788
<b>F 19 - Educational Research Affecting Undergraduate Students .....</b>	<b>791</b>
Health Promoting Behaviors among RN to BSN Students at Two Public Universities.....	791
<b>F 19 - Educational Research Affecting Undergraduate Students .....</b>	<b>794</b>
Empathy Development through Case Study and Simulation.....	794
<b>F 24 - Understanding Our Youth.....</b>	<b>796</b>
Teen Perceptions of Sexual Activity, Decision-Making, and the Promotion of Safe Sexual Practices: A Focus Group Study.....	796
<b>F 24 - Understanding Our Youth.....</b>	<b>797</b>
Dynamics and Identity in Families of Gender Non-Conforming Children/Youth: A Longitudinal Phenomenological Exploration .....	797
<b>F 24 - Understanding Our Youth.....</b>	<b>799</b>
Deconstructing Physical Activity Self-Efficacy: A Critical Review of the Literature .....	799
<b>F 25 - Research and Innovations from Africa .....</b>	<b>801</b>
Evaluation of Memory Book Interventions with Orphaned Children in India, Kenya and South Africa.....	801
<b>F 25 - Research and Innovations from Africa .....</b>	<b>803</b>
Does a Bachelor of Nursing Programme in the Western Cape, South Africa, Adequately Prepare Graduates for Their Professional World of Work? .....	803
<b>F 25 - Research and Innovations from Africa .....</b>	<b>805</b>
Strengthening the Preparation of Student Nurses to Participate in the Provision of Nurse Initiated and Monitored Antiretroviral in South Africa .....	805
<b>F 26 - Culturally Diverse Health Practices .....</b>	<b>807</b>
The Lived Experience of Nurses in Rural Uganda .....	807
<b>F 26 - Culturally Diverse Health Practices .....</b>	<b>808</b>
Secondary Analysis of Cultural Domains among Filipino Nursing Students .....	808
<b>F 26 - Culturally Diverse Health Practices .....</b>	<b>809</b>

Transitions of South Sudanese Refugees: Reaching for a Better Life in America .....	809
<b>F 27 - Maternal Best Practices .....</b>	<b>810</b>
Continuing Professional Development in Maternal Health Care: Barriers to Applying New Knowledge and Skills in the Hospitals of Rwanda .....	810
<b>F 27 - Maternal Best Practices .....</b>	<b>813</b>
Developing a Research Focus in Implementing Continuous Support during Labour as Best Practice .....	813
<b>F 27 - Maternal Best Practices .....</b>	<b>815</b>
The Relationship between Vitamin D Levels in Pregnancy and Blood Glucose at the Gestational Diabetes Screening .....	815
<b>G 16 - Roles of the Nurse Educator.....</b>	<b>816</b>
Teaching Nursing Leadership in Liberia .....	816
<b>G 16 - Roles of the Nurse Educator.....</b>	<b>818</b>
Facilitating Reflective Learning in Students: Understanding the Role of the Nurse Educator .....	818
<b>G 16 - Roles of the Nurse Educator.....</b>	<b>819</b>
From Bedside Care Expert to Novice Educator: Perceptions of New Nurse Educators ...	819
<b>G 17 - Keeping the Lines of Communication Open: Interprofessional Teams .....</b>	<b>821</b>
Team Communication and Collaboration: Debriefing after Acute Obstetric Clinical Events .....	821
<b>G 17 - Keeping the Lines of Communication Open: Interprofessional Teams .....</b>	<b>824</b>
Nurses Work Engagement in Medical-Surgical Services in Portugal .....	824
<b>G 18 - Culturally Diverse Health Behaviors in the Diabetic Patient.....</b>	<b>825</b>
Sugar in the Blood: The Meanings of Diabetes among Newly Arrived Filipinos in the United States.....	825
<b>G 18 - Culturally Diverse Health Behaviors in the Diabetic Patient.....</b>	<b>827</b>
Do Older Hispanic Diabetics Use the Internet for Health-Related Information? .....	827
<b>G 18 - Culturally Diverse Health Behaviors in the Diabetic Patient.....</b>	<b>829</b>
Worry, Psychological Well-Being, and Health Behaviors in Asian and Pacific Islanders with Diabetes.....	829
<b>G 19 - Perinatal Innovations in Healthcare Promotion.....</b>	<b>831</b>
Determinants of Perinatal Food Choices among African-Caribbean Immigrant Women in Canada: A Photo-Voice Study .....	831
<b>G 19 - Perinatal Innovations in Healthcare Promotion.....</b>	<b>833</b>
Exploring Symptom Experiences in Women with Peripartum Cardiomyopathy: A Mixed Method Study .....	833
<b>G 19 - Perinatal Innovations in Healthcare Promotion.....</b>	<b>834</b>

Kangaroo Mother Care Effect on Crying Time during Clustered Painful Procedures in Full Term Neonates .....	834
<b>G 23 - Supporting Nurses and Faculty.....</b>	<b>836</b>
Facilitating Organizational Socialization of Adjunct Clinical Nursing Faculty .....	836
<b>G 23 - Supporting Nurses and Faculty.....</b>	<b>838</b>
Supporting Early Career Nurses: The Key to Enhancing Professional and Personal Excellence .....	838
<b>G 23 - Supporting Nurses and Faculty.....</b>	<b>840</b>
Quality of Nursing Faculty Activities for Prevention Nursing Student's Medical Accident and Association to Their Attributes in Japan.....	840
<b>G 24 - Maternal-Child Health: Research into Practice .....</b>	<b>842</b>
The Association between Maternal Health Literacy and Assessment for Developmental Delay in Low-Income Latino Children .....	842
<b>G 24 - Maternal-Child Health: Research into Practice .....</b>	<b>844</b>
Comparing Mothers' Postpartum Concerns Over Time.....	844
<b>G 24 - Maternal-Child Health: Research into Practice .....</b>	<b>846</b>
Recognizing Ethical Issues Experienced by Maternal Nurses and Their Need for Ethics Education .....	846
<b>G 25 - Outcomes of Professional and Student Nursing Practice .....</b>	<b>847</b>
Meaningful Lifelong Learning in Nursing Education: Barriers, Facilitators, and Outcomes .....	847
<b>G 25 - Outcomes of Professional and Student Nursing Practice .....</b>	<b>848</b>
Drinking Patterns and Outcomes of Alcohol Use by LGBT Students at a Minority-Serving University .....	848
<b>G 25 - Outcomes of Professional and Student Nursing Practice .....</b>	<b>850</b>
Nursing Students' Caring Behavior as an Outcome of Instructors' Caring: First Results from an International Study .....	850
<b>G 26 - Issues with End-of-Life Education and Care .....</b>	<b>851</b>
Cultural Issues in End-of-Life Care: Unmet Needs of Indians in Australia.....	851
<b>G 26 - Issues with End-of-Life Education and Care .....</b>	<b>852</b>
Improving Attitudes and Perceived Competence in Caring for Dying Patients: An End-of-Life Simulation.....	852
<b>G 27 - Global Effects of Viruses .....</b>	<b>854</b>
Fatigue, Physical Fitness and Quality of Life in Patients with Hepatitis C Virus Infection during the Combination Therapy .....	854
<b>H 15 - Working with Communities: Culturally Appropriate Research and Practice..</b>	<b>856</b>
The Petal Project: Bringing the Community Together through Service .....	856
<b>H 15 - Working with Communities: Culturally Appropriate Research and Practice..</b>	<b>858</b>

Examining the Phases of the Community-Based Collaborative Action Research Framework through an Unfolding Case Study.....	858
<b>H 15 - Working with Communities: Culturally Appropriate Research and Practice..</b>	<b>860</b>
Conducting Research within a Somali Refugee Community.....	860
<b>H 16 - Transforming Research into Nursing Practice .....</b>	<b>861</b>
Advanced Practice Nursing Models of Care: Results from a National United States Survey .....	861
<b>H 16 - Transforming Research into Nursing Practice .....</b>	<b>863</b>
How to Critically Appraise Systematic Reviews in Order to Inform Clinical Decision Making .....	863
<b>H 16 - Transforming Research into Nursing Practice .....</b>	<b>865</b>
Self-Reporting of Health Perceptions among Former Uranium Workers, Their Families and Decendants Living in Rural Settings.....	865
<b>H 17 - Nursing Scholarship and Our Potential Impact .....</b>	<b>866</b>
Innovative Teaching/Learning Strategies for Healthcare Education.....	866
<b>H 17 - Nursing Scholarship and Our Potential Impact .....</b>	<b>867</b>
The Interrelationship of Nursing Leadership and Healthy STTI Chapters .....	867
<b>H 17 - Nursing Scholarship and Our Potential Impact .....</b>	<b>868</b>
Global Scholarship: The Challenges for Nursing and the Value of STTI.....	868
<b>H 18 - Researching Practice Changes in Patients with HIV/AIDS .....</b>	<b>870</b>
Systematic Review of Human Immunodeficiency Virus (HIV) Knowledge Measurement Instruments Used on the Arabian Peninsula.....	870
<b>H 18 - Researching Practice Changes in Patients with HIV/AIDS .....</b>	<b>873</b>
Do Nurses Know the TB and HIV/AIDS Policies They are Expected to Implement? A Case of Health Facilities in a Rural Sub-District of the Western Cape .....	873
<b>H 19 - Exploring Cultural Diversity in Maternal-Child Health.....</b>	<b>875</b>
How African-American Nulliparous Women Construct Birth.....	875
<b>H 19 - Exploring Cultural Diversity in Maternal-Child Health.....</b>	<b>877</b>
Women's Reproductive Knowledge and Their Ability to Teach Their Daughters about Reproductive Changes.....	877
<b>H 19 - Exploring Cultural Diversity in Maternal-Child Health.....</b>	<b>879</b>
Cultural Diversity in Childbirth Practices in a Rural Community in Southern Nigeria .....	879
<b>H 23 - Transitions in Nursing .....</b>	<b>881</b>
A Focused Ethnography: Nurses Transitioning to a Nursing Specialty .....	881
<b>H 23 - Transitions in Nursing .....</b>	<b>883</b>
The Registered Nurse Exchange Program .....	883
<b>H 23 - Transitions in Nursing .....</b>	<b>885</b>

Challenges with Nurse Licensing and Mobility .....	885
<b>H 24 - Respiratory Related Illness and Care .....</b>	<b>886</b>
Fewer Ventilator Days with Dexmedetomidine Use for Patients Difficult to Extubate Implementation Study.....	886
<b>H 24 - Respiratory Related Illness and Care .....</b>	<b>887</b>
The Impact of Various Influences on Self-Management of Adult African-Americans with Asthma.....	887
<b>H 24 - Respiratory Related Illness and Care .....</b>	<b>888</b>
Evaluating Self Care Management Skills among Adult Asthmatics: A Randomized Controlled Study.....	888
<b>H 25 - Translating Cardiovascular Research into Practice .....</b>	<b>889</b>
Cardiovascular Health Gender Disparities: The Pathway to Policy .....	889
<b>H 25 - Translating Cardiovascular Research into Practice .....</b>	<b>891</b>
Enhancing the Clinical Patient Care of Adults with Congenital Heart Disease (CHD) by Understanding Family Planning Decisions in this Population.....	891
<b>H 25 - Translating Cardiovascular Research into Practice .....</b>	<b>893</b>
Education as a Heart Failure Intervention: What Providers Taught Patients in One Hospital Setting.....	893
<b>H 26 - Can Informatics and Technology Work for Your Students and Patients? .....</b>	<b>895</b>
Video Recorded Versus Instructor Proctored Evaluation for Student Check-Offs: Second Pilot.....	895
<b>H 26 - Can Informatics and Technology Work for Your Students and Patients? .....</b>	<b>897</b>
Improving Population Health through Interprofessional Leadership: The Case for a Professional Practice Model .....	897
<b>H 27 - Research Related to End-of-Life.....</b>	<b>899</b>
Good Death as Perceived by the Critically Ill Patients' Family Members.....	899
<b>H 27 - Research Related to End-of-Life.....</b>	<b>900</b>
The Use of Religious and Spiritual Coping Strategies by Parents after a Child's ICU Death .....	900
<b>H 27 - Research Related to End-of-Life.....</b>	<b>902</b>
Exploring the Factors that Influence the Interprofessional Delivery of Palliative Care in Long-Term Care Facilities .....	902
<b>Creative Arts in Nursing Poster Presentations .....</b>	<b>903</b>
<b>(CRT ART).....</b>	<b>903</b>
<b>CRT ART - Creative Arts Submissions: Heart of Nursing .....</b>	<b>904</b>
Image of a Nurse: 8th Graders' Perception.....	904
<b>CRT ART - Creative Arts Submissions: Heart of Nursing .....</b>	<b>905</b>

Ribbons of Hope .....	905
<b>CRT ART - Creative Arts Submissions: Heart of Nursing .....</b>	<b>906</b>
Engaging Pre-Nursing Students into an Awareness of Nursing as an Art Form: Using IPAD Technology.....	906
<b>CRT ART - Creative Arts Submissions: Heart of Nursing .....</b>	<b>907</b>
Reflecting on Reflections to Discover Myself as a Leader .....	907
<b>CRT ART - Creative Arts Submissions: Heart of Nursing .....</b>	<b>908</b>
Using Images to Examine Student Nurse Perspectives about Acute Care Nursing, Community Health Nursing and Mental Health Nursing .....	908
<b>CRT ART - Creative Arts Submissions: Heart of Nursing .....</b>	<b>910</b>
The Art of Poetic Construction in Narrative Analysis: Representing Rural Malawian Women's Experiences of Polygamy .....	910
<b>CRT ART - Creative Arts Submissions: Heart of Nursing .....</b>	<b>913</b>
What's Your Major? .....	913
<b>CRT ART - Creative Arts Submissions: Heart of Nursing .....</b>	<b>917</b>
Creative Reflections .....	917
<b>CRT ART - Creative Arts Submissions: Heart of Nursing .....</b>	<b>918</b>
Creative Expression as a Self-Care Strategy for Nurses Working with Women Who Have Experienced Emotional or Physical Violence .....	918
<b>CRT ART - Creative Arts Submissions: Heart of Nursing .....</b>	<b>919</b>
Divers-Abilities: Just a Part of the Everyday World .....	919
<b>CRT ART - Creative Arts Submissions: Heart of Nursing .....</b>	<b>920</b>
Use of Public Murals to Impact Perceptions of Strength-Training among Elder Latinas with Diabetes .....	920
<b>CRT ART - Creative Arts Submissions: Heart of Nursing .....</b>	<b>922</b>
Prevalence of Chronic Diseases in Adults of a Community .....	922
<b>CRT ART - Creative Arts Submissions: Heart of Nursing .....</b>	<b>923</b>
The Effects of Age, Ethnicity, Sexual Dysfunction, Urinary Incontinence, Masculinity, and Relationship with the Partner on the Quality of Life of Men with Prostate Cancer .....	923
<b>CRT ART - Creative Arts Submissions: Heart of Nursing .....</b>	<b>925</b>
The Use of Art in the Classroom and Labs to Teach Medical Surgical Nursing Students .....	925
<b>CRT ART - Creative Arts Submissions: Heart of Nursing .....</b>	<b>926</b>
Living not Dying.....	926
<b>CRT ART - Creative Arts Submissions: Heart of Nursing .....</b>	<b>928</b>
Eight Infernal Generals.....	928
<b>CRT ART - Creative Arts Submissions: Heart of Nursing .....</b>	<b>929</b>



Improvements to the Hospital Wide BCMA Process through the Collaborative Efforts of the Nursing and Pharmacy Departments.....	929
<b>CRT ART - Creative Arts Submissions: Heart of Nursing .....</b>	<b>930</b>
Poetic Analysis of Perceptions of Newly Graduated Nurses Regarding Their Experiences of Academic Incivility between and among Nursing Students in Undergraduate Nursing Education .....	930
<b>Clinical Poster Presentations Session 1 (CLIN PST 1) .....</b>	<b>935</b>
<b>CLIN PST 1 - Clinical Poster Session 1 .....</b>	<b>936</b>
Use of SBAR Tool to Improve Nurse-Physician Communications.....	936
<b>CLIN PST 1 - Clinical Poster Session 1 .....</b>	<b>937</b>
Computer Gaming to Improve Learning Outcomes in Baccalaureate Nursing Students ..	937
<b>CLIN PST 1 - Clinical Poster Session 1 .....</b>	<b>938</b>
Pre-Exposure Prophylaxis (PrEP) for HIV Prevention: A Clinical Practice Review.....	938
<b>CLIN PST 1 - Clinical Poster Session 1 .....</b>	<b>940</b>
A Review of the Literature: The Relationship between the Playground Environment and Physical Activity Levels of Children .....	940
<b>CLIN PST 1 - Clinical Poster Session 1 .....</b>	<b>941</b>
Cervical Tuberculous Lymphadenitis in a BCG Vaccinated Child .....	941
<b>CLIN PST 1 - Clinical Poster Session 1 .....</b>	<b>942</b>
Assisting Haiti Nurse Educators in Port-au-Prince, Haiti, with Strategies to Expand Their Nursing Knowledge and Practice.....	942
<b>CLIN PST 1 - Clinical Poster Session 1 .....</b>	<b>943</b>
Transformational Teams: Examining the Relationship of Nursing Teamwork to Patient Outcomes.....	943
<b>CLIN PST 1 - Clinical Poster Session 1 .....</b>	<b>946</b>
Influencing Today's Psychiatric Mental Health Nursing Students for Practice Tomorrow .	946
<b>CLIN PST 1 - Clinical Poster Session 1 .....</b>	<b>948</b>
Relationships between Ryodoraku Measurements and Lifestyle, Based on the Concepts of Oriental Medicine .....	948
<b>CLIN PST 1 - Clinical Poster Session 1 .....</b>	<b>950</b>
Participating in the Graduate Nurse Education Demonstration Project: The Students' View .....	950
<b>CLIN PST 1 - Clinical Poster Session 1 .....</b>	<b>952</b>
Moral Distress in South African Professional Nurses: Instrument Development .....	952
<b>CLIN PST 1 - Clinical Poster Session 1 .....</b>	<b>954</b>
Clinical Faculty Debrief: Bridging the Gap for Clinicians New to Education.....	954
<b>CLIN PST 1 - Clinical Poster Session 1 .....</b>	<b>956</b>

Using 3 Dimensional Simulation in Nursing Education .....	956
<b>CLIN PST 1 - Clinical Poster Session 1 .....</b>	<b>957</b>
Factors Influencing Health-Related Quality of Life in Thai Patients with Rheumatoid Arthritis .....	957
<b>CLIN PST 1 - Clinical Poster Session 1 .....</b>	<b>959</b>
Using an Instructional Design Model to Develop a Framework to Guide Leadership in Nursing Education .....	959
<b>CLIN PST 1 - Clinical Poster Session 1 .....</b>	<b>961</b>
Changing a Clinical Nursing Unit Culture to Include Nursing Research as Part of Nursing Care .....	961
<b>CLIN PST 1 - Clinical Poster Session 1 .....</b>	<b>962</b>
Nurse-Technology vs. Nurse-Patient Relationships: Implications for Education, Practice and Nursing's Future .....	962
<b>CLIN PST 1 - Clinical Poster Session 1 .....</b>	<b>963</b>
Advanced Practice Nurse (APN) Intensivists: A Model for Generating Potential Revenues and Cost-Effective Healthcare Delivery in the ICU.....	963
<b>CLIN PST 1 - Clinical Poster Session 1 .....</b>	<b>965</b>
Teaching Nursing Care for Those with Intellectual/Developmental Disabilities: A Service-Learning Format.....	965
<b>Clinical Poster Presentations Session 2 (CLIN PST 2) .....</b>	<b>966</b>
<b>CLIN PST 2 - Clinical Poster Session 2.....</b>	<b>967</b>
Infusing Caring for Abnormal Prenatal Ultrasound Findings .....	967
<b>CLIN PST 2 - Clinical Poster Session 2.....</b>	<b>969</b>
A Taiwan's National Survey of Nursing Home Staff's Cognition, Attitude and Barrier on National Incident Reporting System .....	969
<b>CLIN PST 2 - Clinical Poster Session 2.....</b>	<b>971</b>
Simulation for Leadership and Management .....	971
<b>CLIN PST 2 - Clinical Poster Session 2.....</b>	<b>972</b>
Incivility: Nursing's Dirty Little Secret and Cognitive Rehearsal as an Intervention .....	972
<b>CLIN PST 2 - Clinical Poster Session 2.....</b>	<b>973</b>
A Picture is Worth a Thousand Words: Using Pictographs to Address Limited Health Care Literacy .....	973
<b>CLIN PST 2 - Clinical Poster Session 2.....</b>	<b>974</b>
Urgent Care Nurse Data Capture: Impact on Diabetes Outcomes.....	974
<b>CLIN PST 2 - Clinical Poster Session 2.....</b>	<b>977</b>
Assessment and Prevention of Geriatric Functional Decline.....	977
<b>CLIN PST 2 - Clinical Poster Session 2.....</b>	<b>978</b>

Diabetes Screening In India: A Family's Global Efforts .....	978
<b>CLIN PST 2 - Clinical Poster Session 2.....</b>	<b>979</b>
CaTCH Protocol: Correctional To Community Healthcare – Facilitating Post-Incarceration Follow up for Released County Inmates .....	979
<b>CLIN PST 2 - Clinical Poster Session 2.....</b>	<b>980</b>
Piloting a Monthly Problem-Based Learning Discussion Using a Secure Social Media Based Collaboration Platform in a Busy Neuro Critical Care Unit .....	980
<b>CLIN PST 2 - Clinical Poster Session 2.....</b>	<b>982</b>
CodeH(elp): Patient and Family Experience with a Patient and Family Activated Response System .....	982
<b>CLIN PST 2 - Clinical Poster Session 2.....</b>	<b>985</b>
Advance Nurse Practitioner Hypertension Management.....	985
<b>CLIN PST 2 - Clinical Poster Session 2.....</b>	<b>986</b>
The Severity of Medication Administration Errors Detected Using Three Different Research Methods .....	986
<b>CLIN PST 2 - Clinical Poster Session 2.....</b>	<b>988</b>
Networking Improves Care for Women and Infants .....	988
<b>CLIN PST 2 - Clinical Poster Session 2.....</b>	<b>990</b>
Nursing Teamwork in Health System Hospitals: A Multisite Longitudinal Study.....	990
<b>CLIN PST 2 - Clinical Poster Session 2.....</b>	<b>992</b>
Nurses Narrative Examples of Moral and Ethical Drift in Response to Health Information Technology Protocols.....	992
<b>CLIN PST 2 - Clinical Poster Session 2.....</b>	<b>995</b>
Development of a Learning Needs Assessment Tool for Nurse Managers to Offer Continuing Education Programs Which Reflect Their Learning Needs .....	995
<b>CLIN PST 2 - Clinical Poster Session 2.....</b>	<b>997</b>
Let's Move: Promotion of Physical Activity in the Treatment of Depression .....	997
<b>CLIN PST 2 - Clinical Poster Session 2.....</b>	<b>999</b>
Improving Glycemic Control for Post-Operative Cardiac Surgery Patients: An NP-Led Project.....	999
<b>CLIN PST 2 - Clinical Poster Session 2.....</b>	<b>1001</b>
The Postoperative Pain of the Elderly Patients.....	1001
<b>CLIN PST 2 - Clinical Poster Session 2.....</b>	<b>1003</b>
Implementing Health Coaching on a Rural College Campus .....	1003
<b>CLIN PST 2 - Clinical Poster Session 2.....</b>	<b>1004</b>
The Alarming Prevalence of HIV/AIDS in African-Americans and Recommendations for Prevention and Treatment Based on Epidemiological Concepts.....	1004

CLIN PST 2 - Clinical Poster Session 2.....	1007
Measuring and Influencing Noise on an Intensive Care Unit Using a Visual Warning System .....	1007
CLIN PST 2 - Clinical Poster Session 2.....	1009
Fathers' Experience with Autism Spectrum Disorder (ASD).....	1009
CLIN PST 2 - Clinical Poster Session 2.....	1011
Failure to Communicate .....	1011
CLIN PST 2 - Clinical Poster Session 2.....	1012
Behind Closed Curtains on Eighteen Wheels: The Risk Factors and Consequences of Intimate Partner Violence in Female Long-Haul Truck Drivers.....	1012
CLIN PST 2 - Clinical Poster Session 2.....	1014
Nurses Leading the Fight Against Chronic Diseases: Are You Ready? .....	1014
CLIN PST 2 - Clinical Poster Session 2.....	1015
Low Parental Health Literacy: A Pediatric Nursing Concern .....	1015
CLIN PST 2 - Clinical Poster Session 2.....	1017
Autonomic Dysreflexia: An Update, How Serious Is It? .....	1017
CLIN PST 2 - Clinical Poster Session 2.....	1018
Near Misses in Health Care: Nurses Perceptions and Experiences Associated with Omissions, Commissions, Scheduling Misperceptions and Complications with Adherence through the Investigation of Power Distance and Recovery .....	1018
CLIN PST 2 - Clinical Poster Session 2.....	1020
Critical Care Nurses' Pain Assessment and Management: A Survey in Taipei .....	1020
CLIN PST 2 - Clinical Poster Session 2.....	1022
The Perceptions of Learners on the School Nutrition Programme in Msukaliwa Sub District Mpumalanga .....	1022
CLIN PST 2 - Clinical Poster Session 2.....	1023
Integrated Nursing Program Improves Symptom Distress, Depression, and Heart Rate Variability in Patients with Heart Failure .....	1023
CLIN PST 2 - Clinical Poster Session 2.....	1024
A Staffing Matrix for Support of Alternate Care Sites .....	1024
CLIN PST 2 - Clinical Poster Session 2.....	1026
Culture and Marriage: The Dual Barriers to Condom Use among Health Care Providers in Tshwane, South Africa .....	1026
CLIN PST 2 - Clinical Poster Session 2.....	1027
Progressive Clinical Performance Evaluation Tools Incorporating the QSEN Competencies .....	1027
CLIN PST 2 - Clinical Poster Session 2.....	1028

Care Needs and its Related Factors of Primary Caregivers for Patients Waiting for Brain Tumor Surgery .....	1028
<b>CLIN PST 2 - Clinical Poster Session 2.....</b>	<b>1030</b>
The Use of the TyMed™ Wheel in Postoperative Pediatric Pain Management at Home.....	1030
<b>CLIN PST 2 - Clinical Poster Session 2.....</b>	<b>1033</b>
The Effect of Multimedia Symptom Management Program on Coping Strategies and Quality of Life in Patients with Heart Failure .....	1033
<b>CLIN PST 2 - Clinical Poster Session 2.....</b>	<b>1034</b>
Nursing Grand Rounds for Patient Teaching: An Innovative Clinical Education Strategy .....	1034
<b>CLIN PST 2 - Clinical Poster Session 2.....</b>	<b>1036</b>
Nurse Residency and Interprofessional Collaboration: Inspiring Novice Nurses in Professional Development.....	1036
<b>CLIN PST 2 - Clinical Poster Session 2.....</b>	<b>1037</b>
Patients' Coping Process of Having Acute Myocardial Infraction Attack and Receiving Urgent Percutaneous Coronary Interventions (PCIs): A Grounded Theory Study .....	1037
<b>CLIN PST 2 - Clinical Poster Session 2.....</b>	<b>1038</b>
Resilience and Connectedness in Graduate Psychiatric Nursing Students: Influence of a Virtual Community of Practice (VCoP).....	1038
<b>CLIN PST 2 - Clinical Poster Session 2.....</b>	<b>1040</b>
Designing the Nation's First Critical Care Transport Helicopter Simulator.....	1040
<b>CLIN PST 2 - Clinical Poster Session 2.....</b>	<b>1042</b>
Mnemonics in Health Care: Do They Really Work and Can They Save a Person's Life? .....	1042
<b>CLIN PST 2 - Clinical Poster Session 2.....</b>	<b>1043</b>
Correlates of Barriers to Medication Adherence in Patients with Coronary Artery Disease .....	1043
<b>CLIN PST 2 - Clinical Poster Session 2.....</b>	<b>1044</b>
What Would the Patient Say? Satisfaction with Nursing Care during a Simulation Experience .....	1044
<b>CLIN PST 2 - Clinical Poster Session 2.....</b>	<b>1046</b>
Vitamin D and Immunity: Walking on Sunshine, Does it Make Us Feel Good? .....	1046
<b>CLIN PST 2 - Clinical Poster Session 2.....</b>	<b>1048</b>
Assessment of the Provision of Education Materials on HIV/AIDS Prevention among Boys Who Undergo Male Circumcision at Hospitals in the Vhembe District, Limpopo Province, South Africa.....	1048
<b>CLIN PST 2 - Clinical Poster Session 2.....</b>	<b>1049</b>
Dress for Success: Increasing Self-Efficacy Baccalaureate Nursing Students.....	1049

CLIN PST 2 - Clinical Poster Session 2.....	1050
Examining the Health Behaviors of Frontline Nurses.....	1050
CLIN PST 2 - Clinical Poster Session 2.....	1052
Factor Analysis of Professional Nurses' Lifelong Learning, a Private Hospital, Thailand.....	1052
CLIN PST 2 - Clinical Poster Session 2.....	1053
Community-Based Collaborative Action Research Supports Academic-Community Partnerships in a Service-Learning Project.....	1053
CLIN PST 2 - Clinical Poster Session 2.....	1055
An Interdisciplinary Study to Examine Obesity and Inactivity as Early Predictors of Gestational Diabetes .....	1055
CLIN PST 2 - Clinical Poster Session 2.....	1057
Curriculum Development and Service Learning to Bring Theory into Practice .....	1057
CLIN PST 2 - Clinical Poster Session 2.....	1058
Debriefing In Laboratory Experiences in Undergraduate Nursing Education: Consolidating Learning and Creating Meaning .....	1058
CLIN PST 2 - Clinical Poster Session 2.....	1059
Related Factors to the Use of Psychotropic Medicines in Primary Health Care Units ....	1059
CLIN PST 2 - Clinical Poster Session 2.....	1061
Increasing Student Competence and Clinical Confidence Using a Multimodal Approach Poster.....	1061
CLIN PST 2 - Clinical Poster Session 2.....	1063
Prevention Decline in Older Cardiac Surgery Patients (PREDOCS) Programme .....	1063
CLIN PST 2 - Clinical Poster Session 2.....	1065
Innovative Teaching Strategies for the Community Clinical Student: Engaging Students Where They Live .....	1065
CLIN PST 2 - Clinical Poster Session 2.....	1066
Action Research on Health Providers and Consumers' Collaborative Initiatives for Provision of Community-Based Health Promotion Services in a Sub-Urban Community of South-East Nigeria.....	1066
CLIN PST 2 - Clinical Poster Session 2.....	1069
Critical Communication in Escalation of Care .....	1069
CLIN PST 2 - Clinical Poster Session 2.....	1070
Re-Examining Metoclopramides' Role in the Prevention of Postoperative Nausea and/or Vomiting: A Secondary Analysis.....	1070
CLIN PST 2 - Clinical Poster Session 2.....	1072
Knowledge and Practice for Prevention of Hepatitis B among Practicing Midwives in University of Calabar Teaching Hospital, Calabar Nigeria .....	1072

CLIN PST 2 - Clinical Poster Session 2.....	1074
Clinical Nursing Experiences in Rural Aboriginal Settings .....	1074
CLIN PST 2 - Clinical Poster Session 2.....	1076
A Concept Analysis of Caring.....	1076
CLIN PST 2 - Clinical Poster Session 2.....	1077
Selected Factors Related to Quality of Life of Low Back Pain among Thai Patients in Orthopedics Clinic at Police General Hospital .....	1077
CLIN PST 2 - Clinical Poster Session 2.....	1078
Are We Ready for Ebola?.....	1078
CLIN PST 2 - Clinical Poster Session 2.....	1080
Transforming Care for Individuals with Developmental Disabilities: Innovations in Education .....	1080
CLIN PST 2 - Clinical Poster Session 2.....	1082
Truly Flipped Practicum: From Patient Safety to Community Safety Story Quilt .....	1082
CLIN PST 2 - Clinical Poster Session 2.....	1084
Integrative Review of the Transitions of Emerging Young Adults with Type 1 Diabetes.	1084
CLIN PST 2 - Clinical Poster Session 2.....	1086
Knowledge, Risk Perception and Practice of Health Care Associated Infections (HAIs) Prevention and Control among Primary Health Care Workers in Cross River State, Nigeria .....	1086
CLIN PST 2 - Clinical Poster Session 2.....	1088
Entering the Red Zone: Establishing an Interdisciplinary Specialized Medical Team for Ebola Preparedness.....	1088
CLIN PST 2 - Clinical Poster Session 2.....	1090
Do Not Smoke Educational Campaign: Collaboration with a School District to Prevent Teen Smoking .....	1090
CLIN PST 2 - Clinical Poster Session 2.....	1092
Effects of the Simulation Education Program to Train Life-Saving Nurses.....	1092
CLIN PST 2 - Clinical Poster Session 2.....	1093
Benefits, Challenges and Considerations to Academic-Practice Partnerships in Implementing and Utilizing a Dedicated Education Unit (DEU) Model of Clinical Education .....	1093
CLIN PST 2 - Clinical Poster Session 2.....	1095
Development and Evaluation of Reflective Program Using Concept Mapping for Clinical Nurses.....	1095
CLIN PST 2 - Clinical Poster Session 2.....	1096
Integrating Theory in an Alternative Community Health Nursing Clinical Experience.....	1096

CLIN PST 2 - Clinical Poster Session 2.....	1097
Learning Tool to Assist with Understanding of Common Statistical Tests in Quantitative Research Studies.....	1097
CLIN PST 2 - Clinical Poster Session 2.....	1098
Nurse Caring Enhancements of The Caring Model® (TCM): Education Modules Improve Nurse Communication and Patient Satisfaction.....	1098
CLIN PST 2 - Clinical Poster Session 2.....	1100
Situated Learning and Improved Simulations for Pre-Graduate Nursing Students.....	1100
CLIN PST 2 - Clinical Poster Session 2.....	1101
Simulation: An Evolutionary Concept.....	1101
CLIN PST 2 - Clinical Poster Session 2.....	1102
Telephonic Health Coaching for the Type II Diabetic.....	1102
CLIN PST 2 - Clinical Poster Session 2.....	1103
Nursing Practice, Working Environment, and Educational Needs of Nurses in Socialist Republic of Vietnam.....	1103
CLIN PST 2 - Clinical Poster Session 2.....	1105
Suicide Risk Assessment Education for Counselors Who Work with Clients with Substance Use Disorders.....	1105

## Evidence-Based Practice Poster Presentations Session 1 (EBP PST 1)

.....	1106
EBP PST 1 - Evidence-Based Practice Poster Session 1 .....	1107
Implementing a Reverse Case Study Interactive Design in the Classroom Setting.....	1107
EBP PST 1 - Evidence-Based Practice Poster Session 1 .....	1109
Evaluation of the Pedi-CSI (Clinical Safety Investigation) Video Vignettes .....	1109
EBP PST 1 - Evidence-Based Practice Poster Session 1 .....	1111
The Psychometric Properties of the Portuguese Version of the Adolescent Pediatric Pain Tool (APPT-PT) in Children with Cancer .....	1111
EBP PST 1 - Evidence-Based Practice Poster Session 1 .....	1112
The DEU and Effect on Self-Efficacy, Part II.....	1112
EBP PST 1 - Evidence-Based Practice Poster Session 1 .....	1113
Assessing Interprofessional Competencies in an Asynchronous, Online Environment: A Roadmap to Success .....	1113
EBP PST 1 - Evidence-Based Practice Poster Session 1 .....	1114
Developing Consistency in Capstone Preceptorship .....	1114
EBP PST 1 - Evidence-Based Practice Poster Session 1 .....	1115



The Effectiveness of the Chin-Down Posture in the Improvement of Dysphagia in Stroke Patients .....	1115
<b>EBP PST 1 - Evidence-Based Practice Poster Session 1 .....</b>	<b>1116</b>
The Quality of Life Matters: The Benefits of Ethnic Nursing Homes for Ethnic Elders....	1116
<b>EBP PST 1 - Evidence-Based Practice Poster Session 1 .....</b>	<b>1117</b>
Eliciting the Childs' Voice in Patient Experience .....	1117
<b>EBP PST 1 - Evidence-Based Practice Poster Session 1 .....</b>	<b>1119</b>
The Effect of a Nurse Centered Foot Care Protocol on Nurse Competency and Confidence .....	1119
<b>EBP PST 1 - Evidence-Based Practice Poster Session 1 .....</b>	<b>1120</b>
An Increase in the Number of Nurses with Baccalaureate Degrees is Linked to Lower Rates of Mortality and Improved Patient Outcomes.....	1120
<b>EBP PST 1 - Evidence-Based Practice Poster Session 1 .....</b>	<b>1121</b>
The Impact of a Standardized Handoff Tool on Student Communication in the Clinical Setting.....	1121
<b>EBP PST 1 - Evidence-Based Practice Poster Session 1 .....</b>	<b>1122</b>
Skin to Skin Bonding: Maternal Infant Nursing is Fun! .....	1122
<b>EBP PST 1 - Evidence-Based Practice Poster Session 1 .....</b>	<b>1124</b>
Patient Medication Education: It's Impact on the Discharged Medical/Surgical Patient..	1124
<b>EBP PST 1 - Evidence-Based Practice Poster Session 1 .....</b>	<b>1126</b>
Utilizing Simulation in Nursing Education to Develop Confidence and Diminish Anxiety in Clinical Practice.....	1126
<b>EBP PST 1 - Evidence-Based Practice Poster Session 1 .....</b>	<b>1128</b>
The Effectiveness of Simulation in Increasing Nursing Student's Knowledge Regarding Their Role in Adverse Drug Events in an Undergraduate Medical-Surgical Theory Course .....	1128
<b>EBP PST 1 - Evidence-Based Practice Poster Session 1 .....</b>	<b>1131</b>
SOS..."I Need Help" Seminar of Success for Struggling Limited English Proficiency (LEP) Online Nursing Students.....	1131

## Evidence-Based Practice Poster Presentations Session 2 (EBP PST 2) .....

<b>EBP PST 2 - Evidence-Based Practice Poster Session 2 .....</b>	<b>1134</b>
Effective Dedicated Unit for Students' Practice: An Evidence Based Review .....	1134
<b>EBP PST 2 - Evidence-Based Practice Poster Session 2 .....</b>	<b>1135</b>
Healthy Skin Wins: A Glowing Pressure Ulcer Prevention Program .....	1135
<b>EBP PST 2 - Evidence-Based Practice Poster Session 2 .....</b>	<b>1137</b>
Now You See Me .....	1137

EBP PST 2 - Evidence-Based Practice Poster Session 2 .....	1138
Faces of Change: Using Masks to Capture a Moment in Time .....	1138
EBP PST 2 - Evidence-Based Practice Poster Session 2 .....	1139
A Comparison of RN-NCLEX First Time Pass Rate for Online Nursing Students and Traditional Face-to-Face Nursing Students .....	1139
EBP PST 2 - Evidence-Based Practice Poster Session 2 .....	1140
Team Faculty Approach to Introduce Grant Writing Experience in an Undergraduate Nursing Service Learning Course.....	1140
EBP PST 2 - Evidence-Based Practice Poster Session 2 .....	1142
Building Community Nursing Competencies in Undergraduate Nursing Students: An Interprofessional Collaboration for Designing Reality-Based Field Simulations .....	1142
EBP PST 2 - Evidence-Based Practice Poster Session 2 .....	1143
Fighting a New Battle: A Bathing Care Standard for Caregivers of Elderly Male Military Veterans with Delayed Onset Post Traumatic Stress Disorder .....	1143
EBP PST 2 - Evidence-Based Practice Poster Session 2 .....	1144
Teaching Care of Veterans and Their Families in an Online Nursing Program .....	1144
EBP PST 2 - Evidence-Based Practice Poster Session 2 .....	1146
A Concept-Based Curriculum Revision of a PN Program .....	1146
EBP PST 2 - Evidence-Based Practice Poster Session 2 .....	1148
Examination of Factors Related to Elderly People's Purpose of Life in Japan .....	1148
EBP PST 2 - Evidence-Based Practice Poster Session 2 .....	1149
Waist Circumference as a Measurement Tool for Pediatric Obesity .....	1149
EBP PST 2 - Evidence-Based Practice Poster Session 2 .....	1150
The Effects of Psycho-Educational Intervention on Quality of Life in Patients with Implantable Cardioverter Defibrillators: A Meta-Analysis .....	1150
EBP PST 2 - Evidence-Based Practice Poster Session 2 .....	1151
Virtual Patient and Simulation: Strategies to Teach End-of -Life Care .....	1151
EBP PST 2 - Evidence-Based Practice Poster Session 2 .....	1153
The Effect of Collaborative Testing on Nursing Students.....	1153
EBP PST 2 - Evidence-Based Practice Poster Session 2 .....	1154
Improving Quality in Long-Term Care: A Collaborative Evidence-Based Practice Project .....	1154
EBP PST 2 - Evidence-Based Practice Poster Session 2 .....	1155
Effectiveness of Surgery and Percutaneous Catheter Drainage (PCD) with Antibiotics for Pyogenic Liver Abscess Patients.....	1155
EBP PST 2 - Evidence-Based Practice Poster Session 2 .....	1156

A Comparison of Nursing Students' Satisfaction and Self Confidence in Learning Medication Administration Using Simulation .....	1156
<b>EBP PST 2 - Evidence-Based Practice Poster Session 2 .....</b>	<b>1158</b>
Daily Interruption of Sedation versus Continuous Sedation and Length of Mechanical Ventilation .....	1158
<b>EBP PST 2 - Evidence-Based Practice Poster Session 2 .....</b>	<b>1160</b>
The Experience of Newly Qualified Professional Nurses Allocated to Critical Care Units in Their First Year Post Graduation .....	1160
<b>EBP PST 2 - Evidence-Based Practice Poster Session 2 .....</b>	<b>1161</b>
Optimizing ED Throughput .....	1161
<b>EBP PST 2 - Evidence-Based Practice Poster Session 2 .....</b>	<b>1163</b>
Ongoing Nasogastric Tube Verification: The Evidence .....	1163
<b>EBP PST 2 - Evidence-Based Practice Poster Session 2 .....</b>	<b>1164</b>
Promoting Self-Efficacy in Senior BSN Students in the Community Setting.....	1164
<b>EBP PST 2 - Evidence-Based Practice Poster Session 2 .....</b>	<b>1166</b>
Finger Food: Intervention for Persons with Eating Difficulties .....	1166
<b>EBP PST 2 - Evidence-Based Practice Poster Session 2 .....</b>	<b>1167</b>
Developing University and Hospital System Partnerships to Promote Use of Evidence-Based Practice among Baccalaureate Nursing Students.....	1167
<b>EBP PST 2 - Evidence-Based Practice Poster Session 2 .....</b>	<b>1168</b>
Falls Reduction .....	1168
<b>EBP PST 2 - Evidence-Based Practice Poster Session 2 .....</b>	<b>1170</b>
Research Utilization by Staff Nurses in the Acute Care Setting .....	1170
<b>EBP PST 2 - Evidence-Based Practice Poster Session 2 .....</b>	<b>1172</b>
Relationship Grandparents: Grandson Analysis by Genogram.....	1172
<b>EBP PST 2 - Evidence-Based Practice Poster Session 2 .....</b>	<b>1174</b>
The Effectiveness of the Fall Prevention Guideline in a Long-Term Care Facility .....	1174
<b>EBP PST 2 - Evidence-Based Practice Poster Session 2 .....</b>	<b>1175</b>
Gender-Based Sexual and Reproductive Health among Urban Adolescent Students in South India.....	1175
<b>EBP PST 2 - Evidence-Based Practice Poster Session 2 .....</b>	<b>1176</b>
Preliminary Study of the Effects of Complete Bed Baths with Synthetic Towels: Comparison between Inpatients and Healthy Individuals.....	1176
<b>EBP PST 2 - Evidence-Based Practice Poster Session 2 .....</b>	<b>1177</b>
Gene Mutations and Pregnancy Induced Hypertension: A Meta-Analysis .....	1177
<b>EBP PST 2 - Evidence-Based Practice Poster Session 2 .....</b>	<b>1178</b>

Why Do Nurses Come into Contact with Blood during Intravenous Catheter Placement? .....	1178
<b>EBP PST 2 - Evidence-Based Practice Poster Session 2 .....</b>	<b>1180</b>
Educational Needs and Learning Needs of Visiting Nurses in Japan: Difference According to the Years of Home-Visit Nursing Care Experience .....	1180
<b>EBP PST 2 - Evidence-Based Practice Poster Session 2 .....</b>	<b>1182</b>
Functional Dependency and Cognitive Impairment in Older Adults of a Community of Saltillo Coahuila .....	1182
<b>EBP PST 2 - Evidence-Based Practice Poster Session 2 .....</b>	<b>1183</b>
Factors That Promote the Practice of Airway Suctioning of Clinical Nurse .....	1183
<b>EBP PST 2 - Evidence-Based Practice Poster Session 2 .....</b>	<b>1185</b>
Does the Hospital Medical Home Increase Primary Care Follow-Up among Pediatric Medical Patients? .....	1185
<b>EBP PST 2 - Evidence-Based Practice Poster Session 2 .....</b>	<b>1187</b>
Pain Care Quality and Patient Perception of Pain Care .....	1187
<b>EBP PST 2 - Evidence-Based Practice Poster Session 2 .....</b>	<b>1189</b>
Reducing the Disparities in Breastfeeding Initiation among Urban Adolescent Mothers through a Prenatal Intervention .....	1189
<b>Experienced Nurse Faculty Leadership Academy Invited Poster Presentations (ENFLA) .....</b>	<b>1191</b>
<b>ENFLA - Experienced Nurse Faculty Leadership Academy Invited Posters.....</b>	<b>1192</b>
Enhancing Care of Vulnerable Populations through Development of a Holistic Model to Evaluate Interprofessional Education .....	1192
<b>ENFLA - Experienced Nurse Faculty Leadership Academy Invited Posters.....</b>	<b>1195</b>
Leadership Development through Journal Editing .....	1195
<b>ENFLA - Experienced Nurse Faculty Leadership Academy Invited Posters.....</b>	<b>1197</b>
Engagement of Clinical Teaching Faculty in Scholarship of Teaching and Learning: What Really Occurred .....	1197
<b>ENFLA - Experienced Nurse Faculty Leadership Academy Invited Posters.....</b>	<b>1199</b>
Developing Telehealth-Focused Advanced Practice Nurse Educational Partnerships ...	1199
<b>ENFLA - Experienced Nurse Faculty Leadership Academy Invited Posters.....</b>	<b>1201</b>
Leading Change in Admission and Progression Requirements to Promote Retention in a Pre-Licensure BSN Program .....	1201
<b>ENFLA - Experienced Nurse Faculty Leadership Academy Invited Posters.....</b>	<b>1204</b>
An Innovative Approach to Mentoring Newly Hired Nurse Educators.....	1204
<b>ENFLA - Experienced Nurse Faculty Leadership Academy Invited Posters.....</b>	<b>1206</b>
Launch of an Interdisciplinary Poverty Simulation.....	1206

ENFLA - Experienced Nurse Faculty Leadership Academy Invited Posters.....	1208
Development of a Women's Health Nurse Practitioner Major at Duke University School of Nursing.....	1208
ENFLA - Experienced Nurse Faculty Leadership Academy Invited Posters.....	1210
Interprofessional Education and Collaboration from the Students' Points of View.....	1210
<b>Geriatric Nursing Leadership Academy Invited Poster Presentations (GNLA)</b>	
.....	1213
GNLA - Geriatric Nursing Leadership Academy Invited Posters.....	1214
A Nurse Leaders Journey to Improve Geriatric Outcomes in the Acute Care Setting.....	1214
GNLA - Geriatric Nursing Leadership Academy Invited Posters.....	1215
Preparing the Workforce to Care for Older Adults.....	1215
GNLA - Geriatric Nursing Leadership Academy Invited Posters.....	1217
GNLA Leadership Journey: Community Resource Group Project: A Mississippi (MS) Community Initiative .....	1217
GNLA - Geriatric Nursing Leadership Academy Invited Posters.....	1219
A Changed Approach in the Management of Chronic Non-Cancer Pain in Older Adults.....	1219
GNLA - Geriatric Nursing Leadership Academy Invited Posters.....	1221
Leadership with Intention and Impact .....	1221
<b>Leadership Poster Presentations Session 1</b> .....	1224
<b>(LDR PST 1)</b> .....	1224
LDR PST 1 - Leadership Poster Session 1.....	1225
Global Nursing Professional Migration: Addressing the Issue of Communication and Transition through Utilization of On-Line Education and Virtual Internships.....	1225
LDR PST 1 - Leadership Poster Session 1.....	1227
Innovation in Action: How to Design a New Graduate Float Pool.....	1227
LDR PST 1 - Leadership Poster Session 1.....	1228
Bringing the Theory of Leadership and Research into Practice .....	1228
LDR PST 1 - Leadership Poster Session 1.....	1229
Forensic Psychiatric Nursing: Promoting Collaboration between Psychiatric Mental Health Nursing and Forensic Psychiatry .....	1229
LDR PST 1 - Leadership Poster Session 1.....	1230
Nurses' Faith and Its Impact on the Provision of the Spritual Component of Holistic Care to Patients in Oncology .....	1230
LDR PST 1 - Leadership Poster Session 1.....	1231

Nurse Executives and Leaders: A Customized Advanced Nursing Leader Model for Professional Development.....	1231
LDR PST 1 - Leadership Poster Session 1.....	1232
Leading in Education, Practice and Research: DNP and PhD Teams .....	1232
LDR PST 1 - Leadership Poster Session 1.....	1233
From Patient Advocacy to Political Advocacy .....	1233
LDR PST 1 - Leadership Poster Session 1.....	1234
Scaling Up Nurse Education: An Evaluation of a National PhD Capacity Development Programme in South Africa .....	1234
LDR PST 1 - Leadership Poster Session 1.....	1236
Promoting Interprofessional Collaboration, Global Health Awareness and Leadership Skills through International Service-Learning.....	1236
LDR PST 1 - Leadership Poster Session 1.....	1238
Outcomes of Participation in a Nurse Externship Program .....	1238
LDR PST 1 - Leadership Poster Session 1.....	1240
Policy and Practice: Rapid Health Impact Assessment (HIA) as a Leadership Tool.....	1240
LDR PST 1 - Leadership Poster Session 1.....	1241
Collaborative Practice Revisited: Compassion as the Missing Antecedent .....	1241
LDR PST 1 - Leadership Poster Session 1.....	1242
Implementing a Capstone Course as a Means for Assessing Program Outcomes .....	1242
LDR PST 1 - Leadership Poster Session 1.....	1243
Doctoral Education in Nursing: A Polish Perspective .....	1243
LDR PST 1 - Leadership Poster Session 1.....	1245
How Nurses and Engineers May Contribute to Improved Global Nutrition .....	1245
LDR PST 1 - Leadership Poster Session 1.....	1246
Workforce Planning: Developing and Maintaining for National Health Security.....	1246
LDR PST 1 - Leadership Poster Session 1.....	1248
Evaluation of a Psychoeducation Practitioner Training Program (PPTP): A One-Group, Pre-Test/Post-Test Study.....	1248
LDR PST 1 - Leadership Poster Session 1.....	1250
From MDG's to SDG's: Nursing's Role in Development through 2030.....	1250
LDR PST 1 - Leadership Poster Session 1.....	1251
Faculty Attitudes toward Interprofessional Education and Teamwork.....	1251
LDR PST 1 - Leadership Poster Session 1.....	1253
The Value of the DNP (Doctorate of Nursing Practice) in Nursing Education.....	1253
LDR PST 1 - Leadership Poster Session 1.....	1254

Academic Integrity: It's More Than Not Cheating.....	1254
LDR PST 1 - Leadership Poster Session 1.....	1255
Post Doctoral Career Pathway through Collaboration across Continents .....	1255
Leadership Poster Presentations Session 2.....	1257
(LDR PST 2) .....	1257
LDR PST 2 - Leadership Poster Session 2.....	1258
Clinical Nurse Specialist Designed Certification Preparation Course.....	1258
LDR PST 2 - Leadership Poster Session 2.....	1260
Nursing Students' Clinical Training Experiences that Motivated Them to Study.....	1260
LDR PST 2 - Leadership Poster Session 2.....	1261
Bringing World Class Nursing Care to a World Class Eye Institute through Transdisciplinary Collaboration.....	1261
LDR PST 2 - Leadership Poster Session 2.....	1263
Capturing Faculty Practice Data: Examining the Interdisciplinary Student Opportunities in a Multi-Site Faculty Practice Setting.....	1263
LDR PST 2 - Leadership Poster Session 2.....	1265
Intersectoral Collaboration to Promote Interprofessional Education.....	1265
LDR PST 2 - Leadership Poster Session 2.....	1266
Interprofessional Education through Community Service.....	1266
LDR PST 2 - Leadership Poster Session 2.....	1268
Using Wikis to Stimulate Collaborative Learning in Interprofessional Nursing Education .....	1268
LDR PST 2 - Leadership Poster Session 2.....	1270
Strategies to Increase Nursing Student Diversity.....	1270
LDR PST 2 - Leadership Poster Session 2.....	1272
Nursing Leadership and the Relation with Management Models Adopted in Healthcare.....	1272
LDR PST 2 - Leadership Poster Session 2.....	1274
A Measure of Perceived Fatigue among Nurses in Western North Carolina .....	1274
LDR PST 2 - Leadership Poster Session 2.....	1276
Empowering Nurses to Partner in the Care of Children with Developmental Disabilities.....	1276
LDR PST 2 - Leadership Poster Session 2.....	1277
Breakthrough Leadership – A Window into the Boardroom: A Descriptive Phenomenology Pilot Study about the Experiences of Nurses Serving on Interprofessional Healthcare Governing Boards .....	1277
LDR PST 2 - Leadership Poster Session 2.....	1279

A Global Resource for Nurses: Work Team Empowerment .....	1279
LDR PST 2 - Leadership Poster Session 2.....	1281
Constant Chaos: Utilizing Change Theory in Baccalaureate Nursing Leadership Education .....	1281
LDR PST 2 - Leadership Poster Session 2.....	1282
Effective Nursing Leadership and Emotional Intelligence .....	1282
LDR PST 2 - Leadership Poster Session 2.....	1284
Educating Nurses as Leaders Who Promote Health Equity through Social Change .....	1284
LDR PST 2 - Leadership Poster Session 2.....	1286
Global Service Learning Aboard the U.S. Navy's Pacific Partnership Mission .....	1286
LDR PST 2 - Leadership Poster Session 2.....	1287
Evaluating the Outcomes and Impact of Five (5) Projects Using the Case Study Method .....	1287
LDR PST 2 - Leadership Poster Session 2.....	1288
Novice Nurse Mentorship Programs to Transform Professional Development.....	1288
LDR PST 2 - Leadership Poster Session 2.....	1290
Engaging Students in the Classroom Using Active, Team-Based Learning Strategies ..	1290
LDR PST 2 - Leadership Poster Session 2.....	1291
Implementing the Clinical Nurse Leader (CNL) Role in Japan .....	1291
LDR PST 2 - Leadership Poster Session 2.....	1293
Nursing Simulation: It's Not Just for Skills Anymore .....	1293
LDR PST 2 - Leadership Poster Session 2.....	1295
The Development of a Formal Mentoring Model and Program in a Faith-Based School of Nursing.....	1295
LDR PST 2 - Leadership Poster Session 2.....	1297
Job Satisfaction as Experienced by Generation Y Nurses: A Phenomenological Study.	1297
LDR PST 2 - Leadership Poster Session 2.....	1299
Constructing the Role of Global Health Nursing .....	1299
LDR PST 2 - Leadership Poster Session 2.....	1300
Nursing Management of Head Nurses Receiving the Outstanding Award .....	1300
LDR PST 2 - Leadership Poster Session 2.....	1302
Building Mexico-U.S. Academic Partnerships: Bridging Cultures and Breaking Barriers	1302
LDR PST 2 - Leadership Poster Session 2.....	1303
Promoting Retention and NCLEX-RN Success on the First Attempt: Roles of Remediation, Self-Confidence and Salutogenesis.....	1303
LDR PST 2 - Leadership Poster Session 2.....	1305



Factors Influencing Professional Behavior of Staff Nurses .....	1305
<b>LDR PST 2 - Leadership Poster Session 2.....</b>	<b>1306</b>
The Virtual Nursing Symposium: A Transforming Undergraduate Nursing Student Conference.....	1306
<b>LDR PST 2 - Leadership Poster Session 2.....</b>	<b>1308</b>
Informatics for Nurse Leaders: Technology Impacting the Care of the Older Adult .....	1308
<b>LDR PST 2 - Leadership Poster Session 2.....</b>	<b>1309</b>
Exploring the Impact of a Medical Mission Trip on Graduate Nurse Practice Perceptions, Ideals and Practice Implementation.....	1309
<b>LDR PST 2 - Leadership Poster Session 2.....</b>	<b>1310</b>
Walking the Walk: Designing a 10-Week Research Course and Integrating an EBP Model .....	1310
<b>LDR PST 2 - Leadership Poster Session 2.....</b>	<b>1312</b>
Lead: Empowering Clinical Leaders at the Bedside.....	1312
<b>LDR PST 2 - Leadership Poster Session 2.....</b>	<b>1313</b>
Does Preceptor Training Improve New Graduate Performance? .....	1313
<b>LDR PST 2 - Leadership Poster Session 2.....</b>	<b>1314</b>
The Effectiveness and Use of Mentors in Nursing Leadership in Healthcare Practice Settings .....	1314
<b>LDR PST 2 - Leadership Poster Session 2.....</b>	<b>1315</b>
Nebraska Chapter Collaboration Enhances Continuing Nursing Education .....	1315
<b>LDR PST 2 - Leadership Poster Session 2.....</b>	<b>1316</b>
Nursing Management Competencies of Nurse Managers after Attending the Nursing Management Training Program Organized by Faculty of Nursing, Khon Kaen University, Thailand .....	1316
<b>LDR PST 2 - Leadership Poster Session 2.....</b>	<b>1317</b>
Wanted! Leaders to Advance Excellence, not Mediocrity, in Nursing Education .....	1317
<b>LDR PST 2 - Leadership Poster Session 2.....</b>	<b>1318</b>
Enhancing Nurses' Engagement in Health Policy: From the Classroom to the Statehouse .....	1318
<b>LDR PST 2 - Leadership Poster Session 2.....</b>	<b>1319</b>
Professionalism in the Clinical Setting: How Do We Uphold the Values of Our Professions? .....	1319
<b>LDR PST 2 - Leadership Poster Session 2.....</b>	<b>1320</b>
Opening a New Nursing Education Program: Lessons Learned .....	1320
<b>Maternal-Child Health Nurse Leadership Academy Invited Poster Presentations (MCH) .....</b>	<b>1321</b>

MCH - Maternal-Child Health Nurse Leadership Academy Invited Posters .....	1322
Mama Care: An Innovative Care Model for Pregnant Women with a Prenatally Diagnosed Birth Defect .....	1322
MCH - Maternal-Child Health Nurse Leadership Academy Invited Posters .....	1324
Increasing Exclusive Breastfeeding Rates in a Predominantly African-American Patient Population .....	1324
MCH - Maternal-Child Health Nurse Leadership Academy Invited Posters .....	1326
Implementation and Evaluation of Transitioning Newborns at the Bedside Maternal-Child Leadership Project .....	1326
MCH - Maternal-Child Health Nurse Leadership Academy Invited Posters .....	1328
Bereavement Program for the Perinatal Loss Patient and Family .....	1328
MCH - Maternal-Child Health Nurse Leadership Academy Invited Posters .....	1330
A Novel Approach to Reduce Non-Emergent Visits through a Mentored Postnatal Education Program.....	1330
MCH - Maternal-Child Health Nurse Leadership Academy Invited Posters .....	1332
Improving Oxygen Management in Very Low Birth Weight Neonates .....	1332
MCH - Maternal-Child Health Nurse Leadership Academy Invited Posters .....	1334
The Golden Hour: Early Initiation of Breastfeeding .....	1334
MCH - Maternal-Child Health Nurse Leadership Academy Invited Posters .....	1336
Improving Exclusive Breastfeeding by Changing Hospital Practices.....	1336
MCH - Maternal-Child Health Nurse Leadership Academy Invited Posters .....	1338
Improving Developmental Care Provided by Patient Care Assistants to Prevent Developmental Regression during Acute Hospital Admission.....	1338
MCH - Maternal-Child Health Nurse Leadership Academy Invited Posters .....	1340
A Pilot Exploring Integration of a Home Visiting Public Health Nurse into a Pediatric Medical Home Team .....	1340
MCH - Maternal-Child Health Nurse Leadership Academy Invited Posters .....	1342
Early Skin-to-Skin in the Operating Room Following Cesarean Birth .....	1342
MCH - Maternal-Child Health Nurse Leadership Academy Invited Posters .....	1344
Field Birth: A Video Program and Resource Website for Care Providers of Newborns Delivered Outside of the Hospital .....	1344
MCH - Maternal-Child Health Nurse Leadership Academy Invited Posters .....	1346
Preterm Labor: Enhancing Assessment Competency and Reducing Variation among Telephonic Maternity Care Managers in a Managed Care Organization.....	1346
MCH - Maternal-Child Health Nurse Leadership Academy Invited Posters .....	1349
Keeping Skin in the Game: Bringing Awareness to Neonatal Skin Injuries .....	1349

## Nurse Faculty Leadership Academy Invited Poster Presentations (NFLA)

.....	1351
NFLA - Nurse Faculty Leadership Academy Invited Posters .....	1352
Building an Interprofessional Collaborative Education and Practice Model (ICEPM) .....	1352
NFLA - Nurse Faculty Leadership Academy Invited Posters .....	1354
Shattering the Glass Ceiling for a Junior Nurse Leader .....	1354
NFLA - Nurse Faculty Leadership Academy Invited Posters .....	1355
Faculty Mentoring of DNP Students.....	1355
NFLA - Nurse Faculty Leadership Academy Invited Posters .....	1357
Preparing for Program Changes: Fostering Faculty and Staff Leadership Development Using a Business Case Model.....	1357
NFLA - Nurse Faculty Leadership Academy Invited Posters .....	1359
Faculty Leadership Development: Mentoring, Team Leadership, and Community.....	1359
NFLA - Nurse Faculty Leadership Academy Invited Posters .....	1361
Am I There Yet? My Journey to Becoming a Nurse Faculty Leader.....	1361
NFLA - Nurse Faculty Leadership Academy Invited Posters .....	1363
Inspiring a Shared Vision for Interprofessional Education.....	1363
NFLA - Nurse Faculty Leadership Academy Invited Posters .....	1365
Addressing Pain in Older Adults through an Interprofessional Lens .....	1365
NFLA - Nurse Faculty Leadership Academy Invited Posters .....	1367
From Clinical Practice to Leadership in Academia.....	1367
NFLA - Nurse Faculty Leadership Academy Invited Posters .....	1368
Facilitating Individual Leadership Development and Advancing Communication through a Multidisciplinary Team Leadership Project.....	1368
NFLA - Nurse Faculty Leadership Academy Invited Posters .....	1369
Evaluation of Clinical Adjunct Faculty, Clinical Teaching Partners (CTPs), and Internship Preceptors Educational Needs, Challenges, and Barriers .....	1369
NFLA - Nurse Faculty Leadership Academy Invited Posters .....	1371
Promoting Leadership: The NFLA Experience.....	1371
NFLA - Nurse Faculty Leadership Academy Invited Posters .....	1373
Leadership Development through the Nurse Faculty Leadership Academy (NFLA) and a Nurse Practitioner (NP) Education Project.....	1373
NFLA - Nurse Faculty Leadership Academy Invited Posters .....	1375
Developing an Honors Program in Nursing through the NFLA Experience .....	1375

Rising Stars of Research and Scholarship Student Poster Presentations  
(RSG STR) ..... 1377

RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session  
..... 1378

A Rural Medically Underserved Community Breastfeeding Intervention in Pediatric Primary  
Care .....1378

RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session  
..... 1380

Got Stress? A Wellness Neuman Model Approach: Teambuilding between Upper and  
Underclassmen .....1380

RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session  
..... 1382

Guideline Adherence among Kenyan Healthcare Providers in Peri-Urban For-Profit Clinic  
.....1382

RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session  
..... 1384

Peer Tutor Support of Diverse Learning Styles for Pre-Licensure Nursing Students in a  
Simulation Center Environment.....1384

RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session  
..... 1386

The Relationship between Nurse Education and Stroke Protocol Knowledge.....1386

RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session  
..... 1388

Autism Spectrum Disorder and the Emergency Department: A Quality Improvement Project  
.....1388

RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session  
..... 1390

Bedside Clinical Nurse Perceived Barriers to Participation in Research Activities .....1390

RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session  
..... 1391

Identifying the Perceptions of Nurses Regarding Care and Management of Central Lines  
.....1391

RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session  
..... 1393

Mindfulness-Based Interventions and Homework Interference with Cancer Patients.....1393

RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session  
..... 1395

End-Tidal Capnography Use by Registered Nurses in a Rural Appalachian Acute Care  
Hospital .....1395

RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session	1397
.....	
Transforming Forensic Care in Level-One Emergency Departments in Gauteng through Emancipatory Practice Development.....	1397
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session	1399
.....	
Effects of Experience Level of the Nurse on Triage Accuracy .....	1399
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session	1401
.....	
The Study of Emotional Intelligence of Registered Nurses in the Ambulatory Care Setting .....	1401
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session	1403
.....	
Indigenous Knowledge of Traditional Health Practitioners in the Management of Rigoni: A Grounded Theory Approach.....	1403
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session	1404
.....	
Neonatal Resuscitation Program Cognitive Knowledge Acquisition Validation after Change in Instruction Method .....	1404
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session	1406
.....	
Faculty Perception of Proposal to Increase Simulation Hours to 50% of Clinical Experience .....	1406
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session	1408
.....	
Understanding Generational Diversity in Acute Care Facilities to Enhance Nurse Retention .....	1408
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session	1410
.....	
Change Talk and Choice: Options for Tobacco Cessation in Primary Care .....	1410
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session	1412
.....	
Oxygen Saturation Targeting in Premature Infants.....	1412
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session	1414
.....	
Improving Student Learning Outcomes by Utilizing an End-of-Life Nursing Simulation Scenario.....	1414
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session	1416
.....	
Evaluating Asthma in 3rd and 4th Graders .....	1416

RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session	1417
.....	
Food Differences among Hispanic Groups and Incidence of Type 2 Diabetes.....	1417
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session	1418
.....	
Secondary Prevention in Patients Admitted with Hip Fracture .....	1418
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session	1419
.....	
Does Medication Cost-Sharing Predict Emergency Room Use for Asthma?.....	1419
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session	1421
.....	
Collaborative Service Learning Project to Bring Theory into Practice in Cap Haitian, Haiti	1421
.....	
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session	1422
.....	
Measuring Informal Clinical Leadership: A Comparative Analysis of Two Instruments ..	1422
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session	1424
.....	
A Proposal to Examine the Effects of Two Interventions in Reducing Perioperative Blood	
Loss among Older Adults Undergoing Total Hip Arthroplasty .....	1424
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session	1426
.....	
Nurse Care Coordination of Amyotrophic Lateral Sclerosis: A Critical Appraisal of the	
Process of Care .....	1426
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session	1428
.....	
Stroke Awareness: A Community Approach.....	1428
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session	1430
.....	
Substance Use Behaviors among College Students.....	1430
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session	1432
.....	
Nursing Entrepreneurship.....	1432
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session	1435
.....	
The Bonny Method of Guided Imagery and Music (BMGIM) for Caring of Oncology	
Patients: A Systematic Mixed Studies Review.....	1435
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session	1437
.....	

Impact of Maternal Childhood Adversity on the Psycho-Neuroendocrine-Inflammatory Profile during Pregnancy .....	1437
<b>RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session</b> .....	<b>1439</b>
The Virtual Construction of a Community that Normalizes Commercial Sexual Exploitation: A Mixed Methods Analysis .....	1439
<b>RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session</b> .....	<b>1441</b>
Exploring Adults' Vigilance Behaviors within a Child's Caregiving Cluster .....	1441
<b>RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session</b> .....	<b>1444</b>
Effects of an Online Spiritual Care Educational Initiative on Pediatric Nurses' Knowledge, Attitudes, and Competence .....	1444
<b>RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session</b> .....	<b>1446</b>
Short Term Intervention Using the Paleolithic Diet to Prevent Progression from Prediabetes to Type 2 Diabetes in Those with HgA1c 5.7% or Higher .....	1446
<b>RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session</b> .....	<b>1448</b>
Depression among New Graduate Nurses Working in ICU and Medical-Surgical Units.	1448
<b>RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session</b> .....	<b>1450</b>
Equine Assisted Therapy: A Systematic Review of Interventions to Improve Outcomes in Adults .....	1450
<b>RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session</b> .....	<b>1453</b>
Traditional Versus iPad-Assisted Preoperative Education .....	1453
<b>RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session</b> .....	<b>1454</b>
Acute Pain Management: Impact of Opioid Tolerance Leveling on Patient, Provider, and System Outcomes .....	1454
<b>RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session</b> .....	<b>1456</b>
Sister to Sister Surrogacy .....	1456
<b>RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session</b> .....	<b>1457</b>
The Impact of Quality of Sleep on Academic Performance in University Students: A Cross-Sectional Study of Adults.....	1457
<b>RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session</b> .....	<b>1458</b>

Effects of Music Therapy on Pain of IV Insertion .....	1458
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1459
Promotion of Perioperative Normothermia in Patients Undergoing General Anesthesia	1459
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1460
Homecare Nurses' Experiences with Telemonitoring Systems .....	1460
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1461
Nurse's Perceptions of Family Dynamics in Caring for Children with Anorexia Nervosa: Reports of Care Experiences .....	1461
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1462
The Effects of Baccalaureate Nursing Students' Participation in a Community-Wide Disaster Drill on Perception of Interprofessional Education in a Small, Rural College Setting .....	1462
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1464
Effects of Infant Positioning in the NICU .....	1464
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1465
Infection Rates in Traditional Vaginal Birth vs. Water Birth .....	1465
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1466
Incorporating the Chronic Care Model to Improve Health Outcomes and Satisfaction ...	1466
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1467
Trusting Relationships: Creating a Conducive Teaching and Learning Environment .....	1467
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1470
A Q Methodology Study of Operating Room Personnel's Perceptions of Certified Registered Nurse Anesthetists .....	1470
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1471
Facilitating Intent to Vaccinate, Knowledge, and Change in Vaccine Belief .....	1471
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1473
Reasons for the Low Uptake of Adult Male Circumcision for the Prevention of HIV Transmission in Swaziland .....	1473



RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1476
Probiotics for the Prevention of Recurrent Urinary Tract Infections in Women: A Systematic Review .....	1476
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1477
Oral Sexual Activity and the Associated Health Disparities in College Aged Females in the United States: A Systematic Review .....	1477
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1479
The Potential Role of the Vagus Nerve in HIV-Associated Cognitive Disorders.....	1479
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1482
Opinions about Smoking Policies, Exposure to Secondhand Smoke, and Smoking Behaviors of Freshman College Students .....	1482
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1484
Sexual Risk Outcomes of U.S. Adults Exposed to Parental Incarceration .....	1484
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1486
Advanced Practice Nurses on the Stroke Unit: A Cross-Sectional Study.....	1486
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1487
A Journey of Challenges with Medication Reconciliation .....	1487
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1489
The Effect of Self-Reported Levels of Optimism on Blood Pressure in an Adult Population: A Pilot Study.....	1489
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1490
Super Utilizer Case Management Program with Nursing Students.....	1490
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1492
Clinical Reasoning on an Assignment: Perceptions of Third Year Baccalaureate Nursing Students.....	1492
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1494
Parent Satisfaction with School Health Delivery Models.....	1494

RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1496
Assessment of Moral Courage throughout the BSN Curriculum .....	1496
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1497
Knowledge, Skills, and Attitudes of Pre-Licensure Nurses Regarding Dementia Care: A Systematic Literature Review .....	1497
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1499
A Strategy to Preserve Family Integrity, Promote Patient and Family Centered Care and Simultaneously Support a Safe Hospital Environment for Overnight Visitation .....	1499
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1502
Pain Management Education for the Hospitalized Patient .....	1502
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1503
Developing a Leadership Development Program .....	1503
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1504
Cultural Competence in Hospice Care: Addressing the Needs of Staff and Volunteers .....	1504
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1506
The Effectiveness of Culturally-Focused Interventions in Increasing Satisfaction of Hospitalized Adult Asian Patients .....	1506
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1508
Treating Attention-Deficit/Hyperactivity Disorder in U.S. Children with Complimentary Alternative Medicine Therapies: How Effective are They? .....	1508
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1510
Acupressure for Cancer Related Fatigue: Empowering Nurses in Symptom Management .....	1510
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1512
Animal Assisted Therapy Effects on Quality of Life.....	1512
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1513
Facilitation of Reflective Learning in Students to Enhance Student Support.....	1513

RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1514
R.E.D. Light: Putting a Stop to Human Trafficking by Assessing Nurses' Awareness and Knowledge in Pensacola, FL.....	1514
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1515
The Relationship between Knowledge, Intention and Self-Reported Use of Safer Sex Practices among Youth Aged 20-24 Years in Selected Districts in Botswana.....	1515
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1518
The Limitations of Body Mass Index (BMI) as an Obesity Assessment Scale and the Implications for Practice: A Nursing Perspective .....	1518
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1519
Reliability and Validity of the Willingness to Adopt Inclusive Teaching Strategies in Nursing Education Instrument .....	1519
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1521
Public Access to Naloxone: Provider Awareness and Prescribing Attitudes .....	1521
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1522
More Than Just Male Nurses: Initiating Sustainable Processes and Structures to Promote and Protect Gender Diversity among Nevada's Male Nursing Workforce .....	1522
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1525
An Evidenced-Based Approach to Fall Risk Assessment and Management in an Outpatient Imaging Center: Morse Fall Scale .....	1525
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1526
Chronic Perceived Stress, Social Isolation, and Perceived Loneliness as a Symptom Cluster among Dementia Caregivers.....	1526
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1528
Breast is Best: Increasing Healthcare Provider Knowledge and Confidence.....	1528
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1530
Compare and Contrast the Clinical Learning Experiences of Prelicensure Baccalaureate Nursing Students, in a Traditional Group Clinical, Preceptored Clinical and the DEU Model, Utilizing the Cles-T Evaluation Tool.....	1530

RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1531
Improving Nurse Engagement with Dedicated Education Units .....	1531
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1533
Clinical Performance Evaluation Tool Assessment: Faculty and Student Perceptions... ..	1533
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1535
Skin Cancer and Tanning Bed Use in the Young Female Population .....	1535
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1536
Blazing Trails, Building Fences, and Raising Towers: A Historical Review of Nurse-Midwifery and Childbirth in the United States .....	1536
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1537
Pilates Cadillac for Chronic Low Back Pain: A Pilot Study .....	1537
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1539
Integration of Evidence for Genetic Risk of Abnormal Neurodevelopment in Preterm Infants .....	1539
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1541
Building Better Bones for a Better You: Osteoporosis Prevention for Adolescent Girls..	1541
RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session .....	1544
Activities of Daily Living in Residents of Nursing Home and Assisted Living Facilities: A Multilevel Analysis .....	1544
<b>Scientific Poster Presentations Session 1 (SCI PST 1).....</b>	<b>1546</b>
SCI PST 1 - Scientific Poster Session 1 .....	1547
Presence of Perverse Violence in the Dependent Elderly .....	1547
SCI PST 1 - Scientific Poster Session 1 .....	1548
Learned Hopelessness Factor for Depression and Functional Death in Elderly.....	1548
SCI PST 1 - Scientific Poster Session 1 .....	1550
Explaining Ethical Sensitivity from the Social Representations of Nursing Students and Professors .....	1550
SCI PST 1 - Scientific Poster Session 1 .....	1552
Family and Alcohol Consumption in University Students .....	1552

SCI PST 1 - Scientific Poster Session 1 .....	1554
Caring in Traditional and Non-Traditional Nursing Students .....	1554
SCI PST 1 - Scientific Poster Session 1 .....	1555
Predicting Nurse Faculty Members' Intent to Stay in the Academic Organization: A Structural Equation Model of a National Survey of Nursing Faculty .....	1555
SCI PST 1 - Scientific Poster Session 1 .....	1557
The Lived Experience of Moral Distress in Nursing Academe .....	1557
SCI PST 1 - Scientific Poster Session 1 .....	1559
How Parents Discuss Dying with Their Child with a Life-Limiting Illness Who Require Long- Term Ventilation .....	1559
SCI PST 1 - Scientific Poster Session 1 .....	1560
Motivation through Sports Related Physical Activity and Alcohol Consumption .....	1560
SCI PST 1 - Scientific Poster Session 1 .....	1562
Daily Challenges for Teen Moms: Strategies to Enhance Infant-Centered Feeding to Reduce Infant Obesity Risk .....	1562
SCI PST 1 - Scientific Poster Session 1 .....	1564
Becoming Someone Different: A Grounded Theory Study of How Nurses Integrate Pregnancy and Full Time Employment .....	1564
SCI PST 1 - Scientific Poster Session 1 .....	1565
Unacknowledged Conditions and Workplace Bullying .....	1565
SCI PST 1 - Scientific Poster Session 1 .....	1566
A Mixed Methods Study Assessing the Effectiveness of Wise Guys .....	1566
SCI PST 1 - Scientific Poster Session 1 .....	1567
Moral Stress in Health Care Professionals .....	1567
SCI PST 1 - Scientific Poster Session 1 .....	1569
An Exploration of Medical Professionals' Perspectives on Medical Futility .....	1569
SCI PST 1 - Scientific Poster Session 1 .....	1570
An Exploration of ICU Nurses' Medical Futility Experiences While Taking Care of Critical Patients .....	1570
SCI PST 1 - Scientific Poster Session 1 .....	1571
Safety Climate: Perception of Professionals in an Emergency Unit .....	1571
SCI PST 1 - Scientific Poster Session 1 .....	1573
Using Self-Efficacy and Transformative Learning Theories to Examine Interprofessional Collaborative Practice at End-of-Life in the ICU between Nurses and Physicians .....	1573
SCI PST 1 - Scientific Poster Session 1 .....	1576
Evaluating Interprofessional Teamwork during a Large Scale Disaster Simulation .....	1576

SCI PST 1 - Scientific Poster Session 1 .....	1577
Practice Model for Interprofessional Teaching-Learning of Anatomy at a Higher Education Institution in South Africa.....	1577
SCI PST 1 - Scientific Poster Session 1 .....	1579
Learning Methods Related to the Design of Learning Environments for Clinical Mentors, as Viewed from the Perspective of Educational Supervisors .....	1579
SCI PST 1 - Scientific Poster Session 1 .....	1581
The Effects of the Clinical Learning Environment on Japanese Nursing Instructors' Support in Facilitating Students' Metacognition: A Comparison between University and Vocational School Instructors.....	1581
SCI PST 1 - Scientific Poster Session 1 .....	1583
Methods of Sharing Clinical Decisions within Nursing Teams to Improve the Quality of Nursing.....	1583
SCI PST 1 - Scientific Poster Session 1 .....	1585
Missed Nursing Care in Hospitalized Patients in Two Health Institutions.....	1585
Scientific Poster Presentations Session 2 (SCI PST 2).....	1587
SCI PST 2 - Scientific Poster Session 2 .....	1588
Chinese Nursing Students' Perceptions of Case Study Use as a Teaching and Learning Strategy.....	1588
SCI PST 2 - Scientific Poster Session 2 .....	1589
Minimizing Strain: How Nurses Sustain Their Image as "Good Nurses" .....	1589
SCI PST 2 - Scientific Poster Session 2 .....	1590
The Relationships of Conscience, Ethical Climate and Moral Distress in Registered Nurses Working in the Acute Care Setting.....	1590
SCI PST 2 - Scientific Poster Session 2 .....	1592
Elderly and the Use of New Technologies as a Communication Support.....	1592
SCI PST 2 - Scientific Poster Session 2 .....	1593
Interprofessional Teams Integrate Spirituality into Patient Care: Lessons Learned.....	1593
SCI PST 2 - Scientific Poster Session 2 .....	1595
Multidisciplinary Team Response to Support Survivors of Mass Casualty Disasters .....	1595
SCI PST 2 - Scientific Poster Session 2 .....	1597
Perception of Role Strain among Male Critical Care Registered Nurses: A Quantitative Descriptive Approach .....	1597
SCI PST 2 - Scientific Poster Session 2 .....	1598
Interprofessional Education: Using Simulation to Teach Error Disclosure.....	1598
SCI PST 2 - Scientific Poster Session 2 .....	1600
Nurse Religiosity and the Provision of Spiritual Care.....	1600

SCI PST 2 - Scientific Poster Session 2 .....	1602
The Healthcare Coach Role and Its Impact on Healthcare at Palomar Health .....	1602
SCI PST 2 - Scientific Poster Session 2 .....	1603
Faculty Perceptions of Innovation and Change Dynamics in Interprofessional Education .....	1603
SCI PST 2 - Scientific Poster Session 2 .....	1605
ECG Memento©, an Innovative Approach to Adult Bereavement Care: A Pilot Study ...	1605
SCI PST 2 - Scientific Poster Session 2 .....	1607
South African Health Care Provider Perceptions of Barriers to Effective Neonatal Resuscitations in Delivery Settings.....	1607
SCI PST 2 - Scientific Poster Session 2 .....	1610
Family Decision about the Treatment Options at the Sudden Change for a Patient with Serious Stroke Condition.....	1610
SCI PST 2 - Scientific Poster Session 2 .....	1611
Head Impact Biomechanics in Pediatric Patient Falls .....	1611
SCI PST 2 - Scientific Poster Session 2 .....	1613
Investigation of Cultural, Social, and Religious Aspects of Saudi Arabia and Neighboring States and Implications for Best Practice in Health Education and Promotion .....	1613
SCI PST 2 - Scientific Poster Session 2 .....	1615
The Impact of End-of-Life Care Training on Medical-Surgical Nurses.....	1615
SCI PST 2 - Scientific Poster Session 2 .....	1617
Meta-Analyses of Epigenetic Factors in the Prevention of Congenital Heart Defects: MTHFR C677T Human Gene Variations across Generations from Parents to Children	1617
SCI PST 2 - Scientific Poster Session 2 .....	1618
The Relationship between Nursing Specialty Certification and Surgical Site Infection Rates in Acute Care Hospitals .....	1618
SCI PST 2 - Scientific Poster Session 2 .....	1620
'Sex Will Make Your Fingers Grow Thin and Then You Die': The Interplay of Culture, Myths, and Taboos on African Immigrant Mothers' Perception of Reproductive Health Education with Their Daughters Aged 10–14 Years .....	1620
SCI PST 2 - Scientific Poster Session 2 .....	1621
Maternal Coordination of Care for Low-Income Latino Children at Risk for Developmental Delay .....	1621
SCI PST 2 - Scientific Poster Session 2 .....	1623
An Evaluation of Knowledge, Skills, and Attitudes toward Evidence-Based Practice in On-Line Graduate Nursing Students .....	1623
SCI PST 2 - Scientific Poster Session 2 .....	1625

Mediating Role of Resilience in the Relationship between Depression and Perceived Psychological Health in Patients with Heart Failure .....	1625
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1627</b>
An Integrative Review of Interventional Designs in Studies Utilizing Home Telehealth to Reduce Hospital Admissions for Heart Failure Patients.....	1627
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1629</b>
Discriminatory Capacity of Prediction Model Delirium (PREDELIRIC) in Adult Patients Hospitalized in the Intensive Care Unit University Hospital "Los Comuneros" Bucaramanga-Colombia.....	1629
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1632</b>
The Impact of Warming on Term NICU Admission Rates in Women Undergoing Scheduled Cesarean Delivery.....	1632
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1634</b>
Transcultural Self-Efficacy Perceptions in Nursing Students in Private and Public Higher Educational Groups.....	1634
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1636</b>
Female Genital Mutilation/Cutting: Global Health Implications and Evidence-Based Prevention Strategies .....	1636
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1637</b>
Qualitative Research in Teens with Asthma: Understanding Patterns of Symptoms and Self-Management.....	1637
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1639</b>
Playing With Dolls: Recent Graduates' Perspective on the Efficacy of Nursing Simulation Laboratory Experiences.....	1639
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1640</b>
Feasibility of Simulation in Orientation: A Pilot Study.....	1640
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1642</b>
Contraceptive Choices Application (App) Development.....	1642
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1644</b>
Perceptions of Diabetes Self-Management Education and Support, Diabetes Self-Management Behavior, and Self- Reported Health in Persons Diagnosed with Type II Diabetes.....	1644
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1646</b>
Development of a School of Nursing Rubric .....	1646
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1647</b>
Becoming Aware of Compassionate Care through a Patient's Story: Reflections from First Year Nursing Students .....	1647
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1648</b>



InSHAPE: An Exercise and Nutrition Wellness Program for Individuals with Serious Mental Illness.....	1648
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1649</b>
Relationship Grandfather-Grandson, Strengths and Weaknesses in the Bond in Students of the Faculty of Nursing .....	1649
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1651</b>
Medication Safety Simulation: A Comparison of Students' Knowledge, Perceptions and Comfort .....	1651
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1653</b>
Knowledge, Attitude and Practice of Lebanese Women towards Breast Cancer, Breast Self-Examination and Mammography.....	1653
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1655</b>
The Relationship between Personal Characteristics and Contraceptive Choices and Use over 5 Years.....	1655
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1657</b>
Making It Work: Information Technology and Mobile Devices in Nursing Education .....	1657
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1659</b>
The Last Ten Years: Nurse Practitioners in the Southern United States Employed in Medically Underserved Areas.....	1659
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1661</b>
A Researcher's Experience with an Online Survey.....	1661
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1662</b>
Quality of Life and Artistic Expression in College Students: Creation of Measurement Tool .....	1662
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1664</b>
A Case Study of a Multi-Method Evaluation Design: Correctional Nurse Competency Program .....	1664
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1666</b>
Teleporting Story: How Nurse Educators Use Digital Stories to Teach .....	1666
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1667</b>
Students, Let's Communicate Together On-Line .....	1667
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1668</b>
Family Planning and the Adult with Congenital Heart Disease: A Narrative Inquiry .....	1668
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1670</b>
Biostatistics Course in Doctor of Nursing Practice Programs in the United States.....	1670
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1671</b>

Evaluation of the Chinese Version of the Spirituality Index of Well-Being (SIWB) Scale in Taiwanese Elders.....	1671
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1673</b>
An Evaluation of Student and Faculty Perception on the Use of Technology in the Undergraduate Nursing Education Program.....	1673
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1674</b>
Seeing the Commercial Truck Driver as an Occupational Athlete.....	1674
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1676</b>
Risk of Negligence in the Maternal Care of the Hospitalized Preterm Newborn.....	1676
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1678</b>
Results from a Longitudinal Nursing Specific Undergraduate Student Satisfaction Survey across a Canadian Collaborative Nursing Program .....	1678
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1680</b>
Accessing Rural Populations for Nursing Research: Challenges and Lessons Learned	1680
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1681</b>
Influence of Intrapersonal Characteristics on Nurses' Work Performance.....	1681
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1683</b>
Main Factors for Creating a Nursing Curriculum Including Oriental Medicine and Challenges of Its Implementation: A Case Study of a Taiwan University .....	1683
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1685</b>
Contemplative Practices, Self-Efficacy and NCLEX Success .....	1685
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1686</b>
Main Factors for Creating a Nursing Curriculum Including Oriental Medicine and Challenges of Its Implementation: A Case Study of a Japanese University .....	1686
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1689</b>
Inducements and Discouragements for Students Transitioning from Associate Degree to Baccalaureate Degree in Nursing: A National Study.....	1689
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1690</b>
Critical Thinking Cards: Transforming Classroom Knowledge and Clinical Judgment....	1690
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1692</b>
Relationship between the Ability to Care and the Overload of Caregiver of People with Chronic Disease in Colombia .....	1692
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1694</b>
From Nursing Student to Registered Nurse: Development of Resilience and Professional Self.....	1694
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1696</b>
Sexuality in Sexual Partners of Colombian Women with Breast Cancer .....	1696

SCI PST 2 - Scientific Poster Session 2 .....	1697
Acupuncture and Menopausal Memory Changes in Women with Breast Cancer .....	1697
SCI PST 2 - Scientific Poster Session 2 .....	1699
Storied Experiences of Managing Polypharmacy in Primary Care .....	1699
SCI PST 2 - Scientific Poster Session 2 .....	1700
Findings from an Instrument Validation Study to Measure Perceived Competence and Confidence of Clinical Nurse Educators .....	1700
SCI PST 2 - Scientific Poster Session 2 .....	1702
The Synergic Effect of Resilience and Depression on Self-Care in Patients with Chronic Heart Failure .....	1702
SCI PST 2 - Scientific Poster Session 2 .....	1703
Exploring Mentorship in the Nursing Context.....	1703
SCI PST 2 - Scientific Poster Session 2 .....	1704
The Impact of Flipped Classroom Teaching Strategies with Nursing Students .....	1704
SCI PST 2 - Scientific Poster Session 2 .....	1705
Nursing Faculty and Nursing Students Experiences of Participating in International Exchange Programmes.....	1705
SCI PST 2 - Scientific Poster Session 2 .....	1706
The Use of Presence in the Nurse-Client Relationship .....	1706
SCI PST 2 - Scientific Poster Session 2 .....	1707
Timing Newborn Follow up Care in Low Income First Time Minority Mothers .....	1707
SCI PST 2 - Scientific Poster Session 2 .....	1709
An Examination of Caring in One Associate Degree Nursing Program .....	1709
SCI PST 2 - Scientific Poster Session 2 .....	1712
The Mediating Effects of Fear of Falling on the Relationship between Muscle Strength and Depression of Community-Dwelling Older Women.....	1712
SCI PST 2 - Scientific Poster Session 2 .....	1713
Investigation of the Stress Level and Potential Contributive Factors for Japanese College Nursing Students during the Period of Clinical Practicum.....	1713
SCI PST 2 - Scientific Poster Session 2 .....	1715
Predictors of Success in Baccalaureate Nursing Curriculum .....	1715
SCI PST 2 - Scientific Poster Session 2 .....	1716
Alcohol and School Violence in High School Students .....	1716
SCI PST 2 - Scientific Poster Session 2 .....	1717
A Remediation Model for Assessment Testing .....	1717
SCI PST 2 - Scientific Poster Session 2 .....	1718

Assessment of Risk for Pressure Ulcers in Critical Patients: Nursing Practice and Reflections in the Context of Multidisciplinary Communication .....	1718
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1720</b>
Utilizing Music Therapy as an Intervention to Decrease Anxiety in Respiratory Compromised Patients .....	1720
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1722</b>
Stress and Coping Strategies among Undergraduate Nursing Students in University of Calabar, Nigeria .....	1722
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1724</b>
Reliability and Validity of the Face, Legs, Activity, Cry, Consolability Behavioral Scale in Assessment of Acute Pain in Healthy Newborn Infants .....	1724
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1725</b>
Exam Integrity: The Webcam Effect .....	1725
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1726</b>
Student Learning Experiences in a RN-BSN Capstone Course .....	1726
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1728</b>
Implementing Interprofessional Education: How Appropriate Is the Learning Experience for Nursing Students?.....	1728
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1729</b>
Student DIY Grading of Online DQs: An Adult Learning Approach .....	1729
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1730</b>
The Neurobehavioral Effects of Consuming Dietary Tryptophan .....	1730
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1731</b>
Intent, Behavioral Control and Drug Use in Adolescents .....	1731
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1732</b>
Denial or Decay?: An Oral Health Educational Program for Caregivers of Preschool Children.....	1732
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1734</b>
Topical Therapy for Chronic Wounds: Contributions of a Distance Learning Module for the Knowledge of Nursing Students .....	1734
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1736</b>
Exploring Effects of a Cultural Immersion Experience on Health Care Students Cultural Competence.....	1736
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1738</b>
Sexual Sensation Seeking and Situational Influences among Men Who Have Sex with Men from Northern Mexico: A Pilot Study.....	1738
<b>SCI PST 2 - Scientific Poster Session 2 .....</b>	<b>1740</b>

Being There: Undergraduate Nursing Students' Perceptions of Nursing Presence.....	1740
SCI PST 2 - Scientific Poster Session 2 .....	1741
Knowledge of Chronic Renal Disease in Adults with Hemodialysis.....	1741
SCI PST 2 - Scientific Poster Session 2 .....	1743
Scoping Review: Medication Adherence in Type 2 Diabetes .....	1743
SCI PST 2 - Scientific Poster Session 2 .....	1746
Facebook Use, Self-Esteem and Alcohol Consumption in Adolescents.....	1746
Showcase of Magnet® Hospital Research and Evidence-Based Practice Poster Presentations.....	1747
(MAG PST) .....	1747
MAG PST - Magnet Posters .....	1748
Caring for the Nurse in the Hospital Environment.....	1748
MAG PST - Magnet Posters .....	1750
Magnet® Facility Nurses: Pursuing a Baccalaureate Degree in Nursing.....	1750
MAG PST - Magnet Posters .....	1752
Developing a Culture of Inquiry through Nursing Research: A New Hospitals' 3-Year Journey to Magnet® Designation .....	1752
MAG PST - Magnet Posters .....	1754
Success with the High 5 Initiative through Patient and Family Engagement .....	1754
MAG PST - Magnet Posters .....	1756
Filling the Gaps: How “Super Utilizers” Received Care through a Hospital-School of Nursing Partnership.....	1756
Clinical Symposia .....	1757
A 05 - Called to Promote Global Nursing Excellence .....	1758
Called to Promote Nursing Excellence as Transformational Leaders.....	1758
Called to Promote Nursing Excellence as Global Educators.....	1759
Called to Promote Nursing Excellence as Facilitators of Service Learning .....	1760
A 06 - Working Together to Provide Greater Interprofessional Opportunities for Education and Research in a Simulation Environment.....	1762
Standardized Patients Providing Clinical Learning Opportunities for Learners across the Continuum.....	1762
Overview and Introduction to the Clinical Simulation Center of Las Vegas .....	1763
Inter-Professional Education and Research in a Collaborative Simulation Center .....	1763
Continuity in the Face of Changing Leadership .....	1765
B 05 - Bridging the Practice/Research Chasm .....	1766

Bridging the Practice/Research Chasm .....	1766
Effective Nursing Work Flow: Making a Difference .....	1766
Avoiding Delays for Surgery: It is Important.....	1767
Effective Communication Using Huddles .....	1768
<b>B 06 - Dimensions of Care Coordination Clinical Reasoning: Systems Thinking, Value Network Analysis and Health Analytics.....</b>	<b>1770</b>
Care Coordination Clinical Reasoning Model for Advanced Practice Nurses.....	1770
Future Think: Clinical Reasoning, Care Coordination and Health Analytics .....	1770
Unfolding Case Study Exemplifying Care Coordination with Advance Practice Nursing	1771
<b>C 05 - CONNECTS: Capacity Optimized Neural Network Extending Clinical, Theory, and Skills .....</b>	<b>1773</b>
CONNECTS: Building Capacity for Building Skills .....	1773
CONNECTS: Simulation as an Instrument .....	1773
CONNECTS: Making the Connection .....	1774
<b>D 04 - Practice and Academics Partnering to Improve Patient and Student Outcomes .....</b>	<b>1775</b>
Exemplar Unit Initiative Framework: Engaging Faculty and Staff to Improve Patient and Student Outcomes.....	1775
Impact of a Student and Faculty Collaboration on Patient Satisfaction with Pain Management .....	1778
Student Assessment and Fall Evaluation (S.A.F.E. Team): A Collaborative Initiative in an Academic-Service Partnership to Improve Patient Safety.....	1780
<b>D 05 - Clinicians Using Standardized Clinical Data to Inform Practice and Influence Health Policy Directions.....</b>	<b>1783</b>
Standardizing the Collection of Clinical Outcomes to Support Evidence-Based Practice .....	1783
Evaluating the Use of C-HOBIC and the C-HOBIC Transition Synoptic Report .....	1784
Advancing Clinical Data Standards in Canada .....	1784
<b>F 05 - The Wonders of Concept Mapping as Learning Tool .....</b>	<b>1786</b>
Using Concept Maps as Reflective Activity.....	1786
Developing Critical Thinking Skills through Concept Mapping .....	1786
The Value of Concept Maps in Theory-Practice Integration.....	1787
<b>G 05 - QSENizing the Practice Setting: A Three-Part Presentation, Applying the QSEN Framework to Practice.....</b>	<b>1788</b>
Innovation in Practice: A QSEN Framework for Redesigning a Clinical Advancement Program for Nurses .....	1788
Innovation in Practice: A QSEN Framework for Redesigning a Clinical Advancement Program for Nurses and Strategies to Grow and Sustain a Competency Assessment Model Utilizing the Quality Safety Education for Nurses (QSEN) in the Clinical Setting .....	1789

Strategies to Grow and Sustain a Competency Assessment Model Utilizing the Quality Safety Education for Nurses (QSEN) in the Clinical Setting.....	1790
How to Excel at Evaluating a New Graduate Nurse Residency Evidence-Based Practice Program .....	1791
<b>H 05 - Innovative Use of Technology to Change Nursing Practice .....</b>	<b>1793</b>
Using SMART Technology to Measure Nursing Practice at the Organization, Unit, and Individual Levels.....	1793
Dashboards and Data: Supporting Strategy through Transparency of Metrics.....	1794
Got Projects? An Innovative Use of Technology to Approve and Track Nursing Projects .....	1795
<b>Evidence-Based Symposia .....</b>	<b>1796</b>
<b>A 10 - Collaboration between Nursing Faculty and Instructional Designers Enhances Affective Learning Leading to Improved Knowledge Transfer of Evidence-Based Practice for Professional Nurses in a Graduate Education Program .....</b>	<b>1797</b>
Effective Pedagogy Using Affective Learning Strategies Empowers Learners to Translate EBP Knowledge for Practice .....	1797
Interactive Instructional Design Strategies for Online Nursing Education.....	1797
Empowering Nurses to Implement Evidence-Based Practice through Instructional Design .....	1798
<b>B 10 - Publishing Evidence for Impact on Practice .....</b>	<b>1800</b>
Leading the Development of Nursing Practice and Policy through Successful Publication .....	1800
Maximizing the Impact of Your Publications in an Open Access Environment.....	1800
Examining the Trends of Nursing Evidence-Based Research and the Measurements of Quality.....	1801
<b>C 09 - Practices of Reflective Leaders .....</b>	<b>1803</b>
Practices of Reflective Leaders: Being Thrust into Leadership .....	1803
Practices of Reflective Leaders: Taking Risks .....	1803
Practices of Reflective Leaders: Facing Challenges and Advancing Reform .....	1805
<b>D 09 - Integrating Evidence-Based Practice and Process Improvement Models to Decrease Catheter-Associated Urinary Tract Infection.....</b>	<b>1806</b>
Evidence-Based Practice Change to Prevent CAUTI: A Team-Based Approach.....	1806
Preventing Catheter-Associated Urinary Tract Infection in the Emergency Department: Tales from the Front Door .....	1807
Accidental Late Adaptor: Onboarding Surgical Services to a Developed Catheter-Associated Urinary Tract Infection Prevention Protocol .....	1807
Diverse Educational Initiatives to Prevent Catheter-Associated Urinary Tract Infection in Critical Care .....	1808
Preventing Catheter-Associated Urinary Tract Infections in Medical-Surgical/Telemetry Units: Five Units, Five Cultures, One Goal .....	1809

<b>E 09 - Shining the Light on Senior Services: Driving Excellence through Leading Practices</b> .....	<b>1811</b>
Making Senior Care a System Priority .....	1811
Building a Culture of Geriatric Excellence: One Hospital's Experience .....	1811
Leading Practices in Geriatric Care: Building a Dermal Defense Team Makes a Difference! .....	1812
<b>G 09 - VHA Wellness Model of Health: Helping Veterans be Mission Ready for Life</b> .....	<b>1814</b>
VHA Wellness Model of Health: Helping Veterans be Mission Ready for Life.....	1814
Mission Ready: Use of Ambient Lighting in Creating a Healing Environment for an Inpatient Psychiatric Unit .....	1815
Mission Ready: Changing the Physical ED Environment.....	1815
Mission Ready: Changing the Dialogue between Veterans and Their Care Teams in the Clinical Setting .....	1816
<b>Leadership Symposia</b> .....	<b>1818</b>
<b>A 14 - Connecting and Engaging STTI Members Regionally to Advance World Health and Celebrate Nursing Excellence</b> .....	<b>1819</b>
STTI Region 14: Connecting and Engaging Members Locally and Globally .....	1819
Providing Health Education and Disaster Preparedness Training in the USA and Haiti: A Global Collaboration.....	1819
Hybrid FNP Education in Haiti: A Global Collaboration.....	1820
<b>A 15 - Perspectives on Global Learning and Relational Diplomacy</b> .....	<b>1822</b>
Application and Evaluation of a Global Learning Rubric .....	1822
Gaining Perspectives and Global Awareness through Collaborative Online Learning (COIL) .....	1822
United Planet: Principles and Strategies Global Learning and Relational Diplomacy.....	1823
<b>B 16 - Promoting Global Nursing Education through Ongoing Engagement</b> .....	<b>1824</b>
Enhancing Leadership in a Chinese Nursing Program .....	1824
Being a Leader in Chinese Nursing Education .....	1825
Using Teaching and Knowledge to Improve Health of Chinese People .....	1825
<b>C 15 - RNs in Transition: From Concept to Practice</b> .....	<b>1827</b>
Residency Foundations: Organizational Support and Enculturation .....	1827
Residency Development, Design, and Implementation.....	1827
Residency Sustainability: Professional Development and Program Outcomes .....	1828
<b>C 22 - Million Hearts®: The Bridge between Academia, Practice, and Community</b>	<b>1830</b>
Million Hearts: An Evidence-Based Method for Improving Population Health .....	1830
30,000 People: What We Have Learned about Population Health.....	1830



Advancing Million Hearts through Community Partnerships and Outreach .....	1831
<b>D 14 - Improving Institutional and Student Outcomes by Transformation to a Culture of Care.....</b>	<b>1833</b>
Transforming an Educational Culture through a Model of Care .....	1833
Care for Faculty: Promoting Faculty Excellence to Improve Student Outcomes and Faculty Engagement.....	1833
Care for Students: Improving Student Success Using a Model of Care .....	1834
<b>D 15 - Leveraging an Attitude of Gratitude: Innovative Strategies in Improving Health and Wellness, Enhancing Workforce Engagement and Participation in Professional Organizations .....</b>	<b>1835</b>
An Attitude of Gratitude Program: Shining the Light on the Work Environment.....	1835
Attitudes of Gratitude: Innovative Strategies in Improving Health and Wellness .....	1835
An Attitude of Gratitude: A Secret for Success .....	1836
<b>E 14 - Curbing the Use of Ineffective and Costly Healthcare: Nursing Evidence for Choosing Wisely® .....</b>	<b>1837</b>
Choosing Wisely: The Role of Nurse in Reducing Unnecessary Healthcare.....	1837
Choosing Wisely: The Role of Nurse Leaders in Reducing Unnecessary Healthcare ....	1837
Choosing Wisely®: Building a Statewide Pilot Program.....	1838
Leading the Adoption of Choosing Wisely Recommendations into Practice: Drawing on Principles from EBP .....	1839
<b>F 14 - Transforming Liberia’s Nursing Work Force through Pioneering Graduate Nursing Education, Leadership Development, with Exemplars from the International Ebola Response .....</b>	<b>1841</b>
Experiences in Nursing, Nursing Education and Leadership in Liberia Before Ebola and Beyond.....	1841
Transforming the Nursing Workforce through Leadership Growth .....	1842
Transforming the Nursing Workforce in Liberia through Graduate Education .....	1843
<b>F 15 - Evidence-Based Leadership: Key Strategies for Building a Sustainable EBP Culture to Improve Healthcare Quality, Safety, Patient Outcomes and Costs .....</b>	<b>1846</b>
Evidence-Based Leaders and Leadership .....	1846
Helping Leaders Learn EBP and Recognize Their EBP Potential.....	1846
Leading the Transformation to an EBP Organization with Planned, Strategic Integration of 3 Critical Resources; People, Processes and Technology .....	1847
<b>G 15 - Person and Family Centered Care in a Global Context.....</b>	<b>1849</b>
A World View of Person and Family Centered Care .....	1849
Taking Charge: Engaging Patients as Full Partners .....	1849
The Leader’s Role in Assuring Person and Family Centered Care .....	1850

**H 13 - Leading a Team of Front-Line Staff to Own Their Outcomes: How One Unit Transformed the Culture and Significantly Improved Their Patient Quality Outcomes ..... 1852**

Improving HCAHPS in a Challenging Patient Population: Trauma and Burns..... 1852

Secretary Daily Rounding: It Works!..... 1853

Pain Management in the Post Surgical Patient: It Is Not All about Narcotics ..... 1853

**H 14 - Cultivating and Sustaining a Diverse Nursing Workforce: A Plan for Nursing's Future ..... 1855**

Planting the Seed: Identifying, Developing and Nurturing Diverse Student Nurse Populations ..... 1855

Growing Our Own: Mentoring Talented and Diverse Students Toward a Career in Nursing Education and Clinical Leadership ..... 1856

Sustaining Nursing Diversity in Clinical Settings: Leadership and Minority Nurses ..... 1857

**Scientific Symposia..... 1859**

**A 28 - Asian Women's Physical Activity: The Asian Women's Health Research Network ..... 1860**

Factors Influencing Physical Activity among Older Women with Type 2 Diabetes ..... 1860

Asian-American Midlife Women's Physical Activity and Sleep Related Symptoms ..... 1861

Development and Preliminary Evaluation of a Culturally Tailored Web-Based Physical Activity Promotion Program (WPAPP) ..... 1863

**B 28 - Integrative Strategies to Address Junior Student Stress and Self-Directed Learning in an Active Learning Environment ..... 1865**

Integrative Strategies to Help Students Lower Their Anxiety ..... 1865

Addressing Student Stress and Preparation for Upper Division Nursing Courses..... 1865

Stress: Impact on Classroom Engagement and Self-Directed Learning..... 1866

**C 28 - Meeting Family Needs at the Bedside and across the Continuum: Theory, Research, Response ..... 1868**

Use of Art, Interview and Survey to Assess Family Needs at the Bedside of Hospitalized Oncology Patients in Acute Care and at the Bedside of Hospitalized Stroke Patients in a Rehabilitation Hospital..... 1868

Theoretical Perspective on Families at the Bedside ..... 1869

Meeting Family Needs at the Bedside and across the Continuum: Theory, Research, Response ..... 1869

Assessing and Addressing the Needs of Stroke Survivors and Family Caregivers across the Care Continuum ..... 1870

**D 28 - Planning the Nursing Education Research Network ..... 1872**

Getting Serious about Research in Nursing Education ..... 1872

Building a Database to Answer Pressing Education Issues ..... 1872

Democratizing Data Access Via Web-Based Portals ..... 1872

Getting Serious about Advancing the Science of Nursing Education .....	1873
<b>E 28 - The Effect of Teaching Demands on Research Productivity and Work-Life Balance of Doctoral Program Nursing Faculty .....</b>	<b>1874</b>
A Profile of U.S. Nursing Faculty in Research- and Practice-Focused Doctoral Education .....	1874
The Effect of Teaching and Mentoring Doctoral Students on Their Work-Life Balance ..	1874
The Effect of Teaching and Mentoring Doctoral Students on Faculty Members' Research and Scholarship Productivity .....	1875
<b>F 28 - Technology Enhanced Self-Management across the Illness Trajectory .....</b>	<b>1877</b>
Internet-Based Intervention for Self-Management in Fibromyalgia Syndrome .....	1877
Fibromyalgia: Implementation of Health Information Technology in Routine Care .....	1877
Examining the Outcomes of Web-Based Interventions on Anthropometric Measurements .....	1878
<b>G 28 - Enhancing Social Support for Self-Management .....</b>	<b>1880</b>
Self-Management and Weight Loss in Adolescents: A Systematic Review .....	1880
Effects of Dance in Chronic Illness: A Systematic Review .....	1880
The Effects of a Diabetes Support Group among Underserved: A Feasibility Study .....	1881
<b>H 28 - Cognitive-Behavioral Skills Building to Promote Healthy Lifestyle Behavior Change in Adolescents and Their Parents .....</b>	<b>1883</b>
Evidence to Support Adolescents as Healthy Lifestyle Behavior Change Agents for Their Families .....	1883
Evidence of Cognitive-Behavioral Skill Use after a Physical and Mental Health Promotion Intervention (COPE for TEEN) .....	1884
"Real World" Adolescent Intervention Research Meets Randomized Controlled Trial Methodology: Lessons Learned .....	1884

# **Sigma Theta Tau International 43rd Biennial Convention (07 November - 11 November 2015) Abstracts**

## **Plenary Sessions**

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## **OPEN PLEN - OPENING PLENARY: Sigma Theta Tau International as Edge Runner Through Serving Locally, Transforming Regionally and Leading Globally**

*Hester C. Klopper, PhD, MBA, FANSA, RN, RM, South Africa*

### Purpose

Attention will be given to initiatives that has been supporting the call to action as we celebrate our achievements as members, chapters and the organization as a whole.

### Target Audience

All convention attendees

### Description

Over the past biennium the STTI board of directors has approved a new Strategic Plan (2014-2020) in line with the organization's vision and mission. Aligned with the strategic plan, the Presidential Call to Action (2013-2015) focused on Serve Locally, Transform Regionally and Lead Globally. During this opening plenary, detailed will be shared on the progress of the organization and feedback on the state of the society in general. Attention will be given to initiatives that has been supporting the call to action as we celebrate our achievements as members, chapters and the organization as a whole. Over the past biennium the STTI board of directors has approved a new Strategic Plan (2014-2020) in line with the organization's vision and mission. Aligned with the strategic plan, the Presidential Call to Action (2013-2015) focused on Serve Locally, Transform Regionally and Lead Globally. During this opening plenary, detailed will be shared on the progress of the organization and feedback on the state of the society in general. Attention will be given to initiatives that has been supporting the call to action as we celebrate our achievements as members, chapters and the organization as a whole. Over the past biennium the STTI board of directors has approved a new Strategic Plan (2014-2020) in line with the organization's vision and mission. Aligned with the strategic plan, the Presidential Call to Action (2013-2015) focused on Serve Locally, Transform Regionally and Lead Globally. During this opening plenary, detailed will be shared on the progress of the organization and feedback on the state of the society in general. Attention will be given to initiatives that has been supporting the call to action as we celebrate our achievements as members, chapters and the organization as a whole. Over the past biennium the STTI board of directors has approved a new Strategic Plan (2014-2020) in line with the organization's vision and mission. Aligned with the strategic plan, the Presidential Call to Action (2013-2015) focused on Serve Locally, Transform Regionally and Lead Globally. During this opening plenary, detailed will be shared on the progress of the organization and feedback on the state of the society in general. Attention will be given to initiatives that has been supporting the call to action as we celebrate our achievements as members, chapters and the organization as a whole.

### References

None

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## PLEN 2 - PLENARY SESSION 2: Claiming an Area of Knowledge as Nursing Science to Improve the Health of Marginalized Populations

*Jacquelyn Campbell, PhD, MSN, BSN, RN, USA*

### Purpose

The purpose of the presentation is to trace the development of an area of nursing science (holistic health responses to violence victimization and improving the health care response to victims) and provide strategic lessons in building from an unwavering purpose to improve the health of vulnerable populations and community collaborations to formulate health policy and epistemology for other emerging areas of nursing science.

### Target Audience

The target audience for this presentation is nursing researchers, clinicians, and nursing students of all levels.

### Description

The meaning of the Greek word episteme is a system of understanding or a body of ideas which give shape to the knowledge of that time, contrasted to "doxa" or common belief or opinion. The collaborative effort of many nurse researchers and practitioners over 25 years has resulted in the holistic health outcomes of violence being recognized both inside and outside nursing as an important area of nursing science. Nursing science has broken ground in integrating knowledge about the physiological and neurobiological with physical and mental health and behavioral responses to being abused and victimized by violence. The nursing knowledge has provided leadership in improving the health care system response and health policy for victims of violence which can significantly decrease the multiple health inequities related to violence for marginalized populations. This presentation will trace this progress and provide strategic lessons in unwavering purpose to improve the health of vulnerable populations, policy formation, community collaborations and epistemology for other emerging areas of nursing science. Specific areas where nursing science has led the way such as the physical and mental health outcomes through physiological and neurobiological alterations such as immune system dysfunction of violence victimization, physiological intersections of violence against women and HIV, the health inequities resulting from violence victimization for marginalized populations, the health outcomes for women and infants from abuse during pregnancy including maternal mortality from homicide and suicide, and the risk factors for intimate partner femicide including strangulation and how to assess danger with abused women. The policy initiatives that have resulted from this work (e.g. routine screening and brief counseling for abused women in the ACA, intersections of HIV and gender based violence) will be described as well as effective nursing interventions improving the health and safety of abused women (e.g. DOVE, IRIS and the MyPlan app) and suggested interventions for other forms of trauma (such as appropriate assessment and interventions for TBI among abused women; appropriate health as well as justice interventions for campus sexual assault victims) and other age and cultural groups building on nursing knowledge. The particular "empowerment" epistemology used by most of the nursing researchers in this field will also be described as appropriate for other fields of nursing science where the purpose is to improve the health of vulnerable populations through research, effective practice and policy formation.

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## PLEN 3 - PLENARY SESSION 3: In the Quest for Excellence: The Role of Nurse Leaders in the Post-MDG Era

*Sheila Tlou, Professor, South Africa*

### Purpose

This presentation will identify the global context in which nursing exists and discuss aspects of nursing leadership in the post-2015 era. Dr. Tlou will share reflections on her personal pursuit for excellence and leadership and how she has used those lessons to inspire leadership in the implementation of the Sustainable Development Goals.

### Target Audience

All convention attendees.

### Description

This presentation will identify the global context in which nursing exists and discuss aspects of nursing leadership in the post-2015 era. Dr. Tlou will share reflections on her personal pursuit for excellence and leadership and how she has used those lessons to inspire leadership in the implementation of the Sustainable Development Goals. This presentation will identify the global context in which nursing exists and discuss aspects of nursing leadership in the post-2015 era. Dr. Tlou will share reflections on her personal pursuit for excellence and leadership and how she has used those lessons to inspire leadership in the implementation of the Sustainable Development Goals. This presentation will identify the global context in which nursing exists and discuss aspects of nursing leadership in the post-2015 era. Dr. Tlou will share reflections on her personal pursuit for excellence and leadership and how she has used those lessons to inspire leadership in the implementation of the Sustainable Development Goals. This presentation will identify the global context in which nursing exists and discuss aspects of nursing leadership in the post-2015 era. Dr. Tlou will share reflections on her personal pursuit for excellence and leadership and how she has used those lessons to inspire leadership in the implementation of the Sustainable Development Goals. This presentation will identify the global context in which nursing exists and discuss aspects of nursing leadership in the post-2015 era. Dr. Tlou will share reflections on her personal pursuit for excellence and leadership and how she has used those lessons to inspire leadership in the implementation of the Sustainable Development Goals. This presentation will identify the global context in which nursing exists and discuss aspects of nursing leadership in the post-2015 era. Dr. Tlou will share reflections on her personal pursuit for excellence and leadership and how she has used those lessons to inspire leadership in the implementation of the Sustainable Development Goals.

### References

None

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# Pre-Convention Workshops

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## WKSP - WORKSHOP: New Roles for Nurses in a Changing Health Care System

*Joanne Spetz, PhD, FAAN (honorary), USA*

### Purpose

The purpose of this interactive workshop is to provide nurses in clinical practice, education and research with critical information about the affordable care act (ACA) and new roles that are emerging as a result of the ACA.

### Description

The Affordable Care Act and incentives for health care organizations to pursue the “Triple Aim” of better care, better health, and lower costs are spurring significant changes in the financing and organization of health care services in the United States. Greater demand for health care services, particularly primary and ambulatory care, and new payment models are placing pressure on health care organizations to increase the value of the services they provide and to reduce costs. What is the role of RNs in these new care models, and in ensuring access to care for the newly insured? The workshop will begin with a review of key components of the ACA and the current state of ACA implementation. Participants will engage in an interactive activity about the details of the ACA, including how some components are likely to be modified due to administrative decision-making and new legislation. Then, the projected impact of the ACA on employment of nurses and other health workers will be examined, drawing from published research. Workshop participants will learn of several new studies that have projected the impact of the ACA on demand for health care services and the subsequent demand for health care workers. They will engage in “table sharing” activities to discuss how their organizations are facing new demand for services due to the ACA, and also due to the changing demographics of the U.S. population. The last component of the workshop will focus on emerging roles of RNs in Accountable Care Organizations, care management, cost-saving programs, and other new models of care. The skills required of RNs to optimally fill these new roles will be examined. Workshop participants will engage in brainstorming and other activities to link educational and training needs to the competencies required for RNs to play an optimal role in the future.

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# CENE - Sigma Theta Tau International/Chamberlain College of Nursing Center for Excellence in Nursing Education (CENE) Pre-Conference

## CENE PLEN - Engaging Students to Clinically Think: Preparing Practice-Ready Nurses

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*Patricia Kyriakidis, PhD, MSN, BSN, RN, USA*

### Purpose

The purpose of this presentation is to demonstrate new pedagogical methods to transform education in ways that engage learners to clinically think and reason.

### Target Audience

The target audience of this presentation includes educators and administrators.

### Description

An urgent call for transformation in education was recently issued based on research findings from the Carnegie Foundation, Macy Foundation, Robert Wood Johnson/IOM, the Lancet Commission, and QSEN. Research, currently validated by everyday experience with new graduate nurses, clarifies that the traditional pedagogical strategies of lectures and multiple-choice tests fail to adequately educate or assess graduating professionals for a practice. Graduates do not know how to clinically think and reason, so safe care of patients is not possible. These traditional methods succeed in helping learners acquire knowledge – vast amounts of knowledge. However, they fail to prepare new graduates to USE critical knowledge appropriately and as needed when caring for patients. The education-practice gap continues to widen, to the point that extensive and expensive residency programs are now mandatory to prepare new professionals to become clinically safe enough to practice. Learners convey that they generally do not prepare for class by completing the extensive reading assignments, in part, because faculty bridge the learning gap. Students reveal that teachers bridge the gap by 1) lecturing on the content deemed important, 2) sharing their PowerPoint presentations, and 3) testing primarily on that content. The result is passive learners who enter practice without a solid basis for and understanding about how to integrate theory into practice. Being practice-ready means gaining all essential knowledge but, as importantly, knowing how to use that knowledge in the right patients and at the right time. Teaching for a practice therefore requires a strong foundation in the sciences but also requires that faculty coach learners' thinking and use of that general knowledge from the sciences into specific patient situations (in a context), if it is to be remembered. This imperative calls for change in pedagogical strategies and engagement by learners to use knowledge as they gain it. This session will explore new pedagogical methods that engage learners to become active participants in a lively classroom, provide clinically relevant content, compel the development of clinical thinking and reasoning, and support educators to coach the use of knowledge in specific patient contexts. The first method provides learners with salient, clinically relevant content that better prepares them to clinically think according to the logic of clinical practice rather than the logic of theory. Second, the incorporation of simulated, unfolding, and unprompted cases allows learners to immediately use the knowledge gained by problem-solving authentic patient situations. Using knowledge to problem solve promotes learning to think like a nurse. Third, small group discussions engage learners to think and reason about authentic and common clinical and complex issues that occur in specific patient situations. The in-class challenges provide faculty with opportunities to coach learners in their development of clinical thinking in the context of real patients issues. Making it possible for learners to think and act like a nurse prior to entering practice better prepare them to become practice-ready nurses. To support pedagogical changes, innovative resources that can assist educators to integrate the major research findings and improve engagement and clinical thinking will be examined.

### References

Benner, P., Sutphen, M., Leonard, V., & Day, L. (2009). *Educating nurses: a call for radical transformation*. San Francisco, CA: Jossey-Bass. Hooper-Kyriakidis, P. (2011). *Educational strategies and Implications*. In P. Benner, P.

Hooper-Kyriakidis, & D. Stannard, Clinical wisdom and interventions in acute and critical care: A thinking-in-action approach (2nd ed). (pp. 525-547). Kyriakidis, P., Ahrens, T., Benner, P., & NovEx Novice to Expert Learning. (2015). Adult health. New York, NY: Pearson Education.

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# CENE - Sigma Theta Tau International/Chamberlain College of Nursing Center for Excellence in Nursing Education (CENE) Pre-Conference

## CENE 01 - Challenges and Tips for the Novice Grant Writer

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*Mark Haykowsky, PhD, USA*

### Purpose

The purpose of this presentation is to identify the types of grants available for today's nurse educators/researchers and to identify the components of a comprehensive grant application. Participants will also gain an understanding of why grant writing skills are critical for faculty members in programs of nursing.

### Target Audience

The target audience of this presentation is individuals and/or teams who wish to obtain basic skills in grant writing. Specifically, the content will be geared to persons who wish to develop a grant which focuses on educational research in nursing and educational administrators who support faculty who conduct the research.

### Description

"Challenges and TIPS for the Novice Grant writer" is part of the Center for Excellence in Nursing Education (CENE) at Sigma Theta Tau-Chamberlain College of Nursing's Faculty Professional Role Development Program which is designed to assist faculty members achieve career goals that lead to promotion and / or tenure. Specifically, the Faculty Professional Role Development Program is committed to assist faculty members on tenure - track positions and clinical, non - tenure - track positions progress through the ranks of the educational academy. While expectations of faculty members in various ranks vary from university to university, entrance into, and movement throughout the educational system frequently requires nurse educators to seek funding for projects designed to implement and evaluate ' best practices ' in nursing education. Differences and similarities between educational research and clinical research will be identified. Challenges inherent for novice grant writers will be explored and TIPS (Thoughts, Ideas, Possible Strategies) will be discussed. Challenges include identification of the changes in national trends, meeting the expectations for evidence - based practice and education, types of grants available and becoming / maintaining competence in grant writing infrastructures (Holtzclaw, 2009). Specific agencies and foundations that fund research in nursing educational topics will be introduced. TIPS to be discussed include selection of an appropriate team which includes all key personnel including the Principal Investigator, Co-Investigators, graduate research assistants, and staff support. Additional TIPS will provide information about the importance of a compelling abstract, specific aims, the background and significance of the study questions and any preliminary studies that have been conducted. The selection of the appropriate research design and methods to be used to conduct the study and analyze the data will be explored. Emphasis on a realistic budget and the rationale for funds which are requested will be discussed.

### References

Bowers-Lanier, R. (2012). The Nurses's Grant Writing Advantage. Sigma Theta Tau International. Holtzclaw, B. J., Kenner, C. & Walden, M. (2009). Grant Writing Handbook for Nurses. Jones & Barlett Publishers.

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# CENE - Sigma Theta Tau International/Chamberlain College of Nursing Center for Excellence in Nursing Education (CENE) Pre-Conference

## CENE 02 - Mentoring Millennials

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Mary M. Wheeler, BN, MEd, RN, PCC, Canada  
Janice Waddell, PhD, RN, Canada

### Purpose

The purpose of this presentation is to introduce participants to the characteristics of Millennials and Boomers; compare traditional and new ways of mentoring; and provide an opportunity to practice varied approaches to mentorship.

### Target Audience

The target audience of this presentation are individuals who want to learn how reverse mentorship can be used to recruit, engage and retain millennials.

### Description

Millennials, those born between 1977 and 1997 and also referred to as Generation Y, comprise one of the largest segment of undergraduate and graduate nursing education programs as well as the workforce. Millennials have a wide range of characteristics and talents that they bring to their education programs and their workplace. They are known for being naturally curious, technologically savvy, they want work that is personally fulfilling and that connects to a larger purpose, they also desire a great deal of feedback and like to be noticed. Often limited access to experienced mentors in leadership positions and their advanced knowledge of health care and the workings of the organization can be perceived by Millennials as a barrier to career development and advancement. The second largest cohort in both the educational and nursing workforce are Baby Boomers born between 1946 and 1964. Boomers, as they are often referred to, also have a wide range of characteristics and talents they bring to the academic or work setting including extensive experience and expertise but may be limited in the arena of technology, trends, and understanding younger generational nuances, for example how to communicate with Millennials. Millennials are used to searching for and choosing their own mentors, of which they may have more than one at a time and their mentors are not limited to their academic or work settings. These relationships also tend not to be the traditional mentorship relationship where the mentor, who is older and wiser helps the less experienced mentee with the achievement of their career goals. Today Millennials embrace reverse, group and peer mentorship as ways to achieve their careers goals. Reverse mentoring is where a younger individual acts as a mentor to share their expertise with a more senior colleague, the mentee. This cross-generational relationship can be mutually beneficial to both Millennials and Boomers as they tap into the wisdom of the other. In this presentation we describe the similarities and differences of Millennials and Boomers, show how reverse and other non-traditional models of mentorship may be strategies educational programs and workplaces can use to benefit both groups.

### References

Marcinkus Murphy, W., (2012). Reverse mentoring at work: Fostering cross-generational learning and developing millennial leaders. *Human Resources Management*, July-August 2012 V51N4 P 549-574. Hershatteer, A. & Epstein, M., (2012). Millennials and the world of work: An organization and management perspective. *Journal Business Psychology*, 25:211-223.

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# CENE - Sigma Theta Tau International/Chamberlain College of Nursing Center for Excellence in Nursing Education (CENE) Pre-Conference

## CENE 03 - Challenges and Tips for Experienced Grantwriters: Movement into Nursing Education Research

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*Mary Lou Bond, PhD, RN, CNE, ANEF, FAAN, USA*

### Purpose

The purpose of this presentation is to demonstrate new pedagogical methods to transform education in ways that engage learners to clinically think and reason.

### Target Audience

The target audience of this presentation includes educators and administrators.

### Description

An urgent call for transformation in education was recently issued based on research findings from the Carnegie Foundation, Macy Foundation, Robert Wood Johnson/IOM, the Lancet Commission, and QSEN. Research, currently validated by everyday experience with new graduate nurses, clarifies that the traditional pedagogical strategies of lectures and multiple-choice tests fail to adequately educate or assess graduating professionals for a practice. Graduates do not know how to clinically think and reason, so safe care of patients is not possible. These traditional methods succeed in helping learners acquire knowledge – vast amounts of knowledge. However, they fail to prepare new graduates to USE critical knowledge appropriately and as needed when caring for patients. The education-practice gap continues to widen, to the point that extensive and expensive residency programs are now mandatory to prepare new professionals to become clinically safe enough to practice. Learners convey that they generally do not prepare for class by completing the extensive reading assignments, in part, because faculty bridge the learning gap. Students reveal that teachers bridge the gap by 1) lecturing on the content deemed important, 2) sharing their PowerPoint presentations, and 3) testing primarily on that content. The result is passive learners who enter practice without a solid basis for and understanding about how to integrate theory into practice. Being practice-ready means gaining all essential knowledge but, as importantly, knowing how to use that knowledge in the right patients and at the right time. Teaching for a practice therefore requires a strong foundation in the sciences but also requires that faculty coach learners' thinking and use of that general knowledge from the sciences into specific patient situations (in a context), if it is to be remembered. This imperative calls for change in pedagogical strategies and engagement by learners to use knowledge as they gain it. This session will explore new pedagogical methods that engage learners to become active participants in a lively classroom, provide clinically relevant content, compel the development of clinical thinking and reasoning, and support educators to coach the use of knowledge in specific patient contexts. The first method provides learners with salient, clinically relevant content that better prepares them to clinically think according to the logic of clinical practice rather than the logic of theory. Second, the incorporation of simulated, unfolding, and unprompted cases allows learners to immediately use the knowledge gained by problem-solving authentic patient situations. Using knowledge to problem solve promotes learning to think like a nurse. Third, small group discussions engage learners to think and reason about authentic and common clinical and complex issues that occur in specific patient situations. The in-class challenges provide faculty with opportunities to coach learners in their development of clinical thinking in the context of real patients issues. Making it possible for learners to think and act like a nurse prior to entering practice better prepare them to become practice-ready nurses. To support pedagogical changes, innovative resources that can assist educators to integrate the major research findings and improve engagement and clinical thinking will be examined.

### References

Benner, P., Sutphen, M., Leonard, V., & Day, L. (2009). Educating nurses: a call for radical transformation. San Francisco, CA: Jossey-Bass. Hooper-Kyriakidis, P. (2011). Educational strategies and Implications. In P. Benner, P.

Hooper-Kyriakidis, & D. Stannard, Clinical wisdom and interventions in acute and critical care: A thinking-in-action approach (2nd ed). (pp. 525-547). Kyriakidis, P., Ahrens, T., Benner, P., & NovEx Novice to Expert Learning. (2015). Adult health. New York, NY: Pearson Education.

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# CENE - Sigma Theta Tau International/Chamberlain College of Nursing Center for Excellence in Nursing Education (CENE) Pre-Conference

## CENE 04 - Situated Coaching: A Response to the Urgent Call for Transformation in Education

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*Patricia Kyriakidis, PhD, MSN, BSN, RN, USA*

### Purpose

The purpose of this presentation is: to demonstrate the particular pedagogical method, situated coaching, to transform education in ways that engage learners to clinically think and reason and improve learning.

### Target Audience

The target audience of this presentation includes educators and administrators. (Clinical, academic, administrative)

### Description

It is well known that challenging people to engage in solving problems is a strong pedagogical strategy. For clinicians, clinical problem solving situates learning in the context of a patient's problem which commonly creates a strong instance of learning. Research shows that learners absorb much more than just theory. When presented with real life situations or problems, learners face authentic issues, approach it with seriousness, explore multiple possible solutions when searching for good answers, and can imaginatively solve problems. This kind of learning requires and compels higher levels of thinking and reasoning and it results in higher retention. Situated learning provides greater benefit in two additional conditions. One, learning is further improved when learners come together in interactive dialogue, that is, in communities. Learning is richer and reinforced when communities of learners work together, challenge each others' perceptions and thinking, and can arrive at better informed decisions. Second, learners reap greater benefit when someone more knowledgeable and more experienced coaches their thinking (a situated coach). Situated coaching, as presented in this session, explores the combination of learning in communities while being coached by very knowledgeable and experienced educators. Knowing why learners develop better and learn more does not assist in knowing how to perform as a situated coach and how to transform education that provides situated learning, challenges for problem solving, and communities of learning. This session demonstrates and details how to perform as a situated coach and create communities of learning. Participants will learn by doing. Multiple ways of coaching for situated learning will be demonstrated to include small and large groups of learners. Situated learning in communities offers an additional advantage. During open and lively dialogue, the clinical thinking of the learners becomes visible. As educators move between groups, they can assess what content the learners are drawing from, whether the science is well understood, how learners use knowledge in their thinking to problem solve, whether knowledge is used appropriately and in context, and so on. Over time, educators can evaluate the development of clinical thinking and reasoning in individuals as well as in the whole group. The session will provide a strong alternative to traditional lecture methods.

### References

Benner, P., Sutphen, M., Leonard, V., & Day, L. (2009). *Educating nurses: a call for radical transformation*. San Francisco, CA: Jossey-Bass. Hooper-Kyriakidis, P. (2011). Educational strategies and Implications. In P. Benner, P. Hooper-Kyriakidis, & D. Stannard, *Clinical wisdom and interventions in acute and critical care: A thinking-in-action approach* (2nd ed). (pp. 525-547). Kyriakidis, P., Ahrens, T., Benner, P., & NovEx *Novice to Expert Learning*. (2015). *Adult health*. New York, NY: Pearson Education. Lave, J. & Wenger, E. (1991). *Situated learning: legitimate peripheral participation (Learning in doing: social, cognitive and computational perspectives)*. New York, NY: Cambridge University Press. (This is an essential reference!!)

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# CENE - Sigma Theta Tau International/Chamberlain College of Nursing Center for Excellence in Nursing Education (CENE) Pre-Conference

## CENE 05 - TIPS (Thoughts, Ideas and Possible Strategies) for Implementation of a Funded Grant

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*Mary Lou Bond, PhD, RN, CNE, ANEF, FAAN, USA*

*Mark Haykowsky, PhD, USA*

### Purpose

The purpose of this presentation is to explore essential components of the implementation of funded grants. Participants will gain an understanding of the steps to be taken to assure that the objectives of the grant are met. Presentations include information about responsibilities of personnel including IRB approval, progress reports and dissemination.

### Target Audience

The target audience of this presentation is individuals and/or teams who wish to review steps of implementation of a funded grant. Specifically, the content will be geared to persons who have been awarded grants in educational research in nursing and educational administrators who support faculty who conduct the research.

### Description

This session is part of the Center for Excellence in Nursing Education (CENE) at Sigma Theta Tau International-Chamberlain College of Nursing's Faculty Professional Role Development Program which is designed to assist faculty members achieve career goals that lead to promotion and/or tenure. Specifically, the Faculty Professional Role Development Program is committed to assist faculty members on tenure-track positions and clinical, non-tenure-track positions progress through the ranks of the educational academy. Obtaining funding for research studies and/or programs of research is a common expectation in most all academic settings. Once a grant has been submitted, there are 'steps' that can be taken to plan ahead for implementation of funded grants or consideration of re-submission for applications which were not funded. While specific procedures for implementation of a funded grant vary from university to university, there are common components to the implementation of all grants. Initial activities following notice of funding include a review of the timelines for all activities, ordering equipment and supplies and recruiting and training of all members of the research team. The importance of obtaining approval from the Institutional Board of Review (IRB) at an early time will be discussed followed by a review of procedures for data collection analysis and maintenance of confidential information. Expectations for submission of progress reports along with requests for any changes from the original application will be reviewed. Scoring systems from selected funding agencies ( for example, STTI and NLN ) will be presented and reasons for re-submission will be explored. Examples of the implementation of funded nursing educational research conducted by the presenters will be included. Reasons for non-submission of grants, including changes in priorities for funding by the agency, changes in priorities of the university and/or investigators and related factors will be explored. Questions and examples from the audience will be invited.

### References

Bowers-Lanier, R. (2012). *The Nurses' Grant Writing Advantage*. Sigma Theta Tau International. Holtzclaw, B. J., Kenner, C. & Walden, M. (2009). *Grant Writing Handbook for Nurses*. Jones & Bartlett Publishers.

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# CENE - Sigma Theta Tau International/Chamberlain College of Nursing Center for Excellence in Nursing Education (CENE) Pre-Conference

## CENE 06 - Fostering Healthy Work Environments: Powered by Civility, Collegiality, and Teamwork

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*Cynthia M. Clark, PhD, RN, ANEF, FAAN, USA*

### Purpose

The purpose of this engaging session is to provide a deepened and empirical understanding of workplace incivility, its impact on individuals, teams, and workplaces, and to present several practical and evidence-based strategies to cultivate and sustain healthy workplaces.

### Target Audience

The target audience for this presentation is nurse leaders and managers, clinical nurse educators, faculty, and nurses at all levels of the academic and practice workplace.

### Description

Incivility in the health care workplace can have devastating and lasting effects on individuals, teams, organizations, and ultimately patient care. Further, incivility negatively impacts nurse recruitment, retention, teamwork, and job satisfaction. All nurses regardless of setting or position have an ethical imperative to create and sustain healthy work places and to foster an atmosphere of dignity and respect. Every year since 1999 (except 2001 following the 9/11 attacks, when first responders were rated higher), Americans responding to Gallop Polls rate nurses as highest on honesty and ethical standards. While this distinction is impressive, it is important for nurses to consistently display actions that merit this high honor. Nursing practice is guided by codes of ethics detailing the moral and ethical imperatives for nurses. The American Nurses Association (ANA) Code of Ethics for Nurses with Interpretive Statements (2015) clearly articulates the nursing's obligation to foster safe, ethical, civil workplaces. For example, Provision 1.5 Requires nurses "to create an ethical environment and culture of civility and kindness, treating colleagues, co-workers, employees, students, and others with dignity and respect...and that any form of bullying, harassment, intimidation, manipulation, threats or violence will not be tolerated" (p. 4). Provision 6 states, "the nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care" (p. 23). These provisions support the need for civil actions that must be continuously demonstrated by nurses in all areas of nursing education and practice. Fortunately, nurses in academic and practice settings are eager to address these issues and implement evidence-based, workable solutions to create and sustain healthy workplaces. Imagine a dynamic workplace that is a joy to experience each day - an environment in which you can truly thrive in your career and profession. Join a renowned nurse researcher and accomplished author for a lively and interactive session on creating and sustaining a culture of civility in nursing education and practice, and discover several ready-to-use strategies to foster collegiality including an evidence-based tool to assess the health of your own workplace.

### References

Clark, C. M. (2013). Creating and sustaining civility in nursing education. Indianapolis, IN: Sigma Theta Tau International Publishing. Griffin, M. & Clark, C. M. (2014). Revisiting cognitive rehearsal as an intervention against incivility and lateral violence in nursing: 10 years later. *Journal of Continuing Education in Nursing*, 45(12), 535-542. Pearson, C. & Porath, C. (2013, January/February). The price of incivility. *Harvard Business Review*. Retrieved from <https://hbr.org/2013/01/the-price-of-incivility>.

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## **Special Sessions**

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## A 21 - SPECIAL SESSION: Experienced Nurse Faculty Leadership Academy (ENFLA)

*Carol L. Huston, DPA, MSN, RN, FAAN, USA*

### Purpose

To provide an opportunity for the nine 2014/2015 ENFLA Leadership Scholars to present their individualized leadership development plans and share the experiences they encountered, as well as insights gained in achieving these leadership goals.

### Target Audience

STTI members interested in leadership development and particularly those interested in enrolling in future STTI/Chamberlain College of Nursing Center for Excellence in Nursing Education leadership academies.

### Description

In an effort to advance global excellence in nursing education, Sigma Theta Tau International (STTI)/Chamberlain College of Nursing Center for Excellence in Nursing Education (CENE) launched a 12-month Experienced Nurse Faculty Leadership Academy (ENFLA) in October 2014. The ENFLA was designed for experienced faculty (Leadership Scholars) with at least seven years of full-time employment in a faculty role, who wished to increase their leadership acumen and develop or increase the skill sets essential for success in a faculty leadership role. Program goals included to:

- Further academic career development and success.
- Promote personal and professional leadership development.
- Develop and begin to implement a personal leadership progression plan.
- Expand the influence of the Leadership Scholar within his or her sponsoring academic institution, the community, and the profession in the context of teaching, scholarship, or service.
- Advance nursing education through leadership development projects implemented by Leadership Scholars during the program.
- Promote experienced nurse faculty retention in academe.

Using a triad model, nine Leadership Scholars, nine Mentors, and eight Faculty worked collaboratively in this pilot cohort to assist the Scholars in planning and implementing comprehensive leadership projects, as well as identifying and implementing an individualized leadership development plan. Strategies for program and personal goal achievement included online learning activities, online discussion forums, personal reflection assessments, and face-to-face workshops. For this session, each of the nine pilot cohort Scholars will present their individualized leadership development plan and share their experiences they, as well as insights gained in achieving these leadership goals. In particular, Scholars will address how this program and the leadership goals, will allow them an expanded scope of influence as a nursing leader and change agent in the future (Leadership project outcomes are demonstrated by poster presentation at another session at the Convention). Additional information about applying for the 2016/2017 ENFLA cohort will be made available to attendees.

### References

Hinds, P.S., Britton, D.R., Coleman, L., Engh, E., Humbel, T.K. et al. (2015). Creating a career legacy map to help assure meaningful work in nursing. *Nursing Outlook*, 63(2), 211-218). Horton-Deutsch, S., Pardue, K., Young, P.K. et al (2014). Becoming a nurse faculty leader: Taking risks by doing the right thing, 62, 89-96.

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## **A 22 - SPECIAL SESSION: The Maternal-Child Health Nurse Leadership Academy: Taking Clinical Leadership to the Next Level**

*Diane L. Spatz, PhD, RN-BC, FAAN, USA*

*Julia Snethen, PhD, MSN, BSN, RN, USA*

*Patricia Clinton, PhD, MSN, BSN, IA, ARNP, CPNP, USA*

### Purpose

The purpose of this presentation is to present the goals, structure and outcomes of the MCH Academy.

### Target Audience

The target audience for this presentation are nurses who are interested in enhancing their leadership skills and advancing maternal-child health care.

### Description

The Honor Society of Nursing, Sigma Theta Tau International, in partnership with Johnson and Johnson, has advanced the leadership skills of maternal and child nurses and nurse midwives in its 18-month Maternal Child Health Nurse Leadership Academy (MCH). In the 12 years since its launch, more than 296 nurses and nurse midwives from six countries have taken part in the MCH Academy. During this presentation, faculty will discuss the MCH Academy model; this session will offer a synopsis of the MCH Academy goals, objectives, structure, learning activities and outcomes. These nurses and nurse midwives work with mothers and babies up to age five in a variety of health care settings across North America. Over the duration of the academy, Fellows are paired with Leadership Mentors and Faculty Advisors to plan and implement an interprofessional leadership project. MCH is designed to operationalize leadership skills and apply them in health systems for sustainable impact. This academy offers a unique mentorship model that provides the foundation for life changing leadership development. For example, leadership behavior scores for academy Fellows have increased, on average, by 11% and scores for academy Mentors have increased by 9%. At the conclusion of the 18-month academy the Fellows disseminate project results according to the principles of evidence-based research at an international conference. Based on the reports of the MCH participants, 90% of the academy projects are sustained at their institution because of policy changes and improved patient care. In addition, 50% of projects served as a catalyst for other projects aimed at improving the health and well-being of mothers and babies. For example, a Fellow's project decreased NICU stay by 1.47 days during the academy. The MCH Academy experience strengthens individual leadership behaviors in nurses and nurse midwives, enabling them to expand their scope of influence, lead interprofessional teams and facilitate health care system changes to impact quality patient care outcomes.

### References

Kouzes, J. & Posner, B. (2012). *The leadership challenge: How to make extraordinary things happen in organizations* (5th ed.). San Francisco, CA: Jossey-Bass Sigma Theta Tau International. (2010, August 03). Academy helps nurse improve maternal-child health outcomes. Retrieved from Reflections on Nursing Leadership: [http://www.reflectionsonnursingleadership.org/Pages/Vol36\\_3\\_FTS\\_MCH.aspx](http://www.reflectionsonnursingleadership.org/Pages/Vol36_3_FTS_MCH.aspx)

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## **B 21 - SPECIAL SESSION: Save Stan Turns Five: A Large-Scale Interprofessional Practice and Academe Innovation**

*Colette Foisy-Doll, MSN, BScN, RN, CHSE, Canada*

*Sharla King, PhD MEd, Canada*

*Dawn Ansell, BScN, RN, Canada*

*Margot Zemrau, BScN, RN, Canada*

### Purpose

The purpose of this presentation is to share lessons learned in inter-institutional collaboration for IPE; to describe the planning, implementing, and evaluating of HELP! Save Stan Saturday; disseminate research findings; communicate the process we have honed for sustained successful delivery of this large-scale event, and to share challenges and successes encountered on the journey.

### Target Audience

The target audience is healthcare practitioners, educators, and administrators interested in learning about a successful practice-academe initiative and its challenges and successes. Simulationists involved or interested in advancing IPE will be particularly interested.

### Description

The Interdisciplinary Health Education Partnership (IHEP) is an inter-institutional, interprofessional team comprised of healthcare simulation specialists and interprofessional education experts from both clinical practice and academic settings in Edmonton, Alberta Canada. Over the past seven years, IHEP members have successfully developed, implemented, and evaluated multi-modal interprofessional simulations (SIM-IPE) for pre-licensure learners at HELP! Save Stan Saturday (SSS). This annual IPE event offers learners a full day of interprofessional team-based scenarios focused on increasing interprofessional competence. IHEP, through the implementation of SSS, has developed capacity for SIM-IPE in faculty and clinical instructors and successfully provided pre-licensure health science students the opportunity to increase IP competence. Moreover, this partnership has resulted in significant enrichment of SIM-IPE in the nursing and non-nursing simulation practice communities locally and across Canada. On March 14, 2015, the IHEP development team will implement the 5th HELP! Save Stan Saturday! Strong interprofessional partnerships are not simply a "nice to have", they are pivotal to the advancement of team development in nursing and other professions. Inter-institutional partnerships also promote the development of strong, collaborative communities of practice whose collective efforts have the power to shift healthcare culture for safer patient care. Collective findings support that SIM-IPE and IP competency attainment, is positively correlated with improved care outcomes and increased patient safety (Jeffries & Battin, 2011; Lemoine, Chauvin, Broussard & Oberleitner, 2015). The five-member partnership, formally established in 2009, is a collaborative between Alberta Health Services e-SIM (the Provincial Health Authority simulation team), MacEwan University, Northern Alberta Institute of Technology (NAIT), NorQuest College, and the University of Alberta to develop capacity in faculty and students, where three of the post-secondary institutions offer pre-licensure programs in nursing that range from practical nursing to baccalaureate nursing degrees. To date, IHEP has developed, delivered and evaluated relevant interprofessional simulation experiences for pre-licensure students from over 20 disciplines in certificate, diploma and degree programs. To date, nearly 1000 students from the 4 post-secondary institutions have participated in a series of SIM-IPE offerings representing the full continuum of care. This full day event requires the involvement of over 100 specifically trained IP simulation educators who collaborate to deliver upwards of 30 evidence-based interprofessional simulations to pre-licensure students from across all health disciplines. The educators come from both academe and clinical practice settings. Capacity building among educators unfolds through engagement in the coordination, development, and facilitation of interprofessional simulations. Continuing faculty development activities comprise of workshops in debriefing and scenario development for IPE and a 3 day educator training curriculum and course entitled, Sim ETC (Simulation Educator Training Course) that has been offered in 3 Western Canadian provinces. Overcoming Challenges to the Collaboration: Challenges and barriers to the implementation of IPE include: 1) unique, discipline-specific cultures; 2) physical distances that make timetabling and logistics difficult, contributing to the inadequate socialization of undergraduate students from different

disciplines; 3) differences in curricular goals and foci, as well as; 4) variations in areas such as workload, reward systems, research expectations, and varied teaching approaches using simulation within and across institutions for faculty members (Thibault, 2011). The benefits of adopting an inter-institutional collaborative model include; 1) enhanced individual and collective abilities to enact strategic goals in IPE toward transforming clinical education and ultimately improve patient care; and 2) provision of a platform for socialization, and networking with other educators/administrators to overcome common barriers (King et al, 2013). The IHEP team planned for these challenges by: 1) developing infrastructure and governance processes comprised of an oversight committee with representation and voting power from each partner and key stakeholder groups; 2) building a unified vision for SIM-IPE based on common goals; 3) creating a web-based repository for sharing IPE scenarios and resources; 4) employing SIM-IPE 'best practice' as the basis for program and partnership development; 5) creating a SIM-IPE community of practice by promoting collaborative learning, research development and establishing multiple opportunities for building cross-institutional relationships; and 5) creating and delivering relevant, well-designed IPE experiences that mirror students' future practice (Bridges, Davidson, Soule et al., 2011; Greenstock, Brooks, & Bingham, 2013; INACSL, 2011, 2013; Jeffries & Rizzolo, 2013; Lemoine et al., 2015; Thibault, 2011). Identifying a unified approach to curriculum development and delivery of SIM-IPE proved crucial to successful outcomes. The faculty development team, therefore, articulated a shared vision to offer simulation that promoted high levels of realism and interactivity for the learners. Each of the 30+ simulations offered at SSS are grounded in simulation and educational best practices. Therefore, best practice provides a foundation for SIM-IPE design and incorporates, 1) the Simulation Education Framework (Jeffries, 2007); 2) the Canadian Interprofessional Health Collaborative Framework for IPE, (CIHC, 2010); 3) Standards of Best Practice: Simulation by the International Association for Clinical Simulation and Learning (INACSL) (2011; 2013); and 4) an approach to debriefing developed through the Center for Medical Simulation (CMS) at Harvard (Rudolph et al, 2006; 2007; 2008). All SIM-IPE experiences comprised: 1) pre-briefing/briefing; 2) simulation scenario development using a common IHEP template; and 3) a plan for assessment and debriefing grounded in learning objectives for team-based competency acquisition. Only trained faculty facilitate SIM-IPE delivery where debriefing focuses on team competencies in healthcare. Simulation typologies are selected based on their capacity to optimize engagement and interaction for the learner. Low fidelity partial task trainers, medium and high fidelity simulators, standardized patients, embedded actors (confederates), virtual reality, and hybrid simulations are all simulation modalities utilized in SSS. A survey by Adamson (2010, as cited in Jeffries & Battin, 2011), reported antecedents to excellence in faculty development within simulation consortia as; 1) collaborative learning for faculty; 2) support for learning from colleagues and administrators, and; 3) encouragement through the use of varied incentives. Additionally, deliberate efforts to network and reflect on shared experiences, created a capacity building environment for simulationists from the various disciplines. The IHEP team continues to replicate a synergistic phenomenon born of uniting innovative thinkers, life-long learners, and movers and shakers that are impassioned by a shared vision; that of employing SIM-IPE to effect cultural change in healthcare and increase patient safety. Tipping Points: The IHEP team collaborated for the duration of the project funding. New funding proved elusive and the team faced the largest challenge it had encountered to that point: should the partnership fold or should we find a way to continue? Two years have passed since the official closing of the project and the energy, commitment, enthusiasm from all partner sites has not diminished. The team found ways to cut expenses and seek funding from each of the partner sites and vendors to cover the cost of implementation and ensure no charge for students. Resource Allocation: The catalyst for the partnership's work was government funding. The partnership developed principles to guide our initial collaborative work. Each partner had an equal voice at the table, regardless of the size of the institution. The SSS event rotated among institutions to ensure equity. Faculty development debriefing workshops were co-instructed by people from all institutions and the hosting responsibilities were shared equally across institutions. The fact that the partnership still thrives after leadership turnovers and lack of base funding is a testament to the value of the activities and outcomes. Next year, the SSS event will be integrated into a required course for students from one institution. Measurable Positive Student Outcomes: Evidence of positive student outcomes gathered through three sources: 1) survey results; 2) student interviews; and 3) reflections with digital storytelling. The University of West England Questionnaire (Pollard et al, 2004) was used pre and post simulation experience to determine the change in communication and teamwork. Overall, students' perceptions of their communication and teamwork skills increased after completing either simulation. Placing students in teams that are relevant for practice, rather than defaulting to

grouping them by academic credentials, provided positive learning experiences for all participants, as demonstrated by these results. Results from student interviews indicated that 3-6 months post-SSS, students still felt confident to share their ideas, felt they had a better understanding of other disciplines' roles and understood the value of collaboration for better patient care. The digital storytelling narratives revealed that students and faculty appreciated learning in a psychologically safe environment. Moreover, the participants' stories spoke highly of reflective team debriefing strategies that resulted in transformational learning experiences with self-reported increases self-efficacy in IP competencies and skill transferability to team practice for enhanced patient care. Future research is planned to explore point-of-care outcomes for patients and teams. HELP! Save Stan lives on!

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## **B 22 - SPECIAL SESSION: How to Build a Successful Mentoring Relationship**

*Mary M. Wheeler, BN, MEd, RN, PCC, Canada*  
*Michelle Cooper, BScN, MScN, RN, ACC, Canada*

### Purpose

The purpose of this presentation is to introduce participants to The Five Phase Mentoring Relationship Model©, purpose, engagement, planning, emergence, and completion and discuss how they can use this model as a framework to build a successful mentoring relationship.

### Target Audience

The target audience of this presentation are individuals who want to learn how to find or be a mentor and build a successful mentorship relationship or enrich their current mentoring relationship.

### Description

Mentoring is a strategy to support retention, succession planning, job satisfaction and role enhancement. It is an approach that enables individuals to engage in conversations and relationships directed at enhancing career satisfaction, professional development and ultimately practice. Mentoring offers many benefits to both mentors and mentees including improved confidence and autonomy in one's role, increased productivity, the development of new knowledge and skills and enhanced networking and inter-professional collaboration. A successful mentoring relationship is founded on mutual trust, shared values, interests, and commitment. It is a complex process and its success is largely dependent on the care taken to build it. The quality of the relationship has a significant effect on achieving mentoring outcomes. Successful mentoring relationships require investing time to understand the why and the how of the mentoring relationship and commitment of time for ongoing focused interaction and reflection. Having a clear career goal that a mentor can help the mentee to achieve or that can be fulfilled by being a mentor is the first step in a successful mentoring relationship. Despite the significantly positive impacts and benefits that mentoring relationships can have, few know how to enter into and establish a mentoring relationship. Building a successful mentoring relationship is a learned skill that can be developed and sustained for both mentors and mentees. In 2007, the authors developed The Five Phase Mentoring Relationship Model (MRM), together with tools to support successful mentoring relationships for an inter-professional e-Mentorship program. Since then the MRM has been used extensively with individuals and organizations as a framework for informal mentorship relationships and formal mentorship programs. This presentation will describe the MRM (purpose, engagement, planning, emergence, and completion) and take participants through each of the phases answering such questions as Why do I want a mentor? How can I find a mentor? How will we work together? How can I achieve my goals? How am I doing? What are we learning? and What are my next steps?

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## **B 29 - SPECIAL SESSION: Global Advisory Panel on the Future of Nursing (GAPFON): Recommendations, Strategies and Outcomes**

*Hester C. Klopper, PhD, MBA, RN, RM, FANSA, South Africa*  
*Cathy Catrambone, PhD, RN, FAAN, USA*

### Purpose

To explain the need for GAPFON, its purpose and goals, and how it is positioning itself through global regional meetings to address critical educational, leadership, policy, and workforce issues for nursing within the context of global health.

### Target Audience

Nurses, stakeholders and partners who are in position to positively influence global health, and who can work with GAPFON to increase nursing's voice, vision, and visibility where education, leadership, policy and workforce issues impact global health.

### Description

The purpose of The Global Advisory Panel on the Future of Nursing (GAPFON) is to advance nursing's voice and vision in the context of global health by engaging nurses to lead the formation of health and social policy. This purpose resonates with STTI's mission to advance world health and to celebrate nursing excellence in scholarship, leadership, and service. To lead local, regional and global change effectively, nurses must be recognized for their knowledge and expertise by key global organizations and governments. As a global initiative, GAPFON will invite thought leaders who can influence change, including ministers of health, chief nurses, regulatory bodies, nursing associations and educational institutions to participate in global regional meetings. Examples of stakeholders include STTI, ICN, WHO and the UN. These meetings will serve as a catalyst to stimulate collaboration towards refining nursing education and curriculum development, advancing positive global health strategies, strengthening nursing, and enhancing health outcomes worldwide. Recommendations are expected to address leadership, education, policy, workforce, work environment, MDG's/SDG's, and NCD's. During this presentation GAPFON's purpose will be discussed, as will the initial outcomes and recommendations from the global meetings held to date in the Middle East, Pacific Rim, Caribbean and Latin/Central America. Strategic action plans based on measurable outcomes will be discussed and recommendations developed regarding the process of consensus building among all stakeholders to identify key issues by region from a cultural and political perspective. The purpose of The Global Advisory Panel on the Future of Nursing (GAPFON) is to advance nursing's voice and vision in the context of global health by engaging nurses to lead the formation of health and social policy. This purpose resonates with STTI's mission to advance world health and to celebrate nursing excellence in scholarship, leadership, and service. To lead local, regional and global change effectively, nurses must be recognized for their knowledge and expertise by key global organizations and governments. As a global initiative, GAPFON will invite thought leaders who can influence change, including ministers of health, chief nurses, regulatory bodies, nursing associations and educational institutions to participate in global regional meetings. Examples of stakeholders include STTI, ICN, WHO and the UN. These meetings will serve as a catalyst to stimulate collaboration towards refining nursing education and curriculum development, advancing positive global health strategies, strengthening nursing, and enhancing health outcomes worldwide. Recommendations are expected to address leadership, education, policy, workforce, work environment, MDG's/SDG's, and NCD's. During this presentation GAPFON's purpose will be discussed, as will the initial outcomes and recommendations from the global meetings held to date in the Middle East, Pacific Rim, Caribbean and Latin/Central America. Strategic action plans based on measurable outcomes will be discussed and recommendations developed regarding the process of consensus building among all stakeholders to identify key issues by region from a cultural and political perspective.

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## C 21 - SPECIAL SESSION: Innovation: The Bridge of Industry and Research to Advance Professional Nursing Scholarship

Roy L. Simpson, DNP, RN, DPNAP, FAAN, USA

### Purpose

The purpose of this presentation is to allow the participant to walk away with the understanding of how to make your case to industry to move innovations into the market place for the healthcare industry after attending.

### Target Audience

The target audience of this presentation is nurse leaders, nurses interested in executive leadership, CNO/CNE.

### Description

This presentation will focus on the understanding of the industry of informatics plays in the advancement of innovation. It will describe some of the characteristics that align industry partnerships to advance nurse scholarship through business principles and knowledge. Technology competencies are not just a part of Chief Nurse Executives (CNEs) responsibilities; this understanding and its related skills are critical to CNEs. institutional and organizational leadership. While a thorough understanding of technology's impact on patient care remains the responsibility of nurse informaticians, CNEs will need to possess a broad, working knowledge of IT to safeguard patient care outcomes. CNEs may need more sophisticated technology-related expertise if they are to harness the power of computing to demonstrate the quality- and financially-related advantages that nursing brings to patient care. Given the critical nature of nursing input to the purchase, design, and utilization of systems, baseline information about needed nurse executive competencies could inform educators and professional organizations about the needs for nurse executive education in the IT and nursing informatics arena. Dr. Simpson is Vice President of Nursing for Cerner Corporation. He is responsible for strategic sales, planning the patient care enterprise and industry relations related to professional nurse practice. With more than 600 published articles and presentations on nursing informatics and professional issues to his credit, he is an internationally known speaker with 35+ years' experience and a contributor to numerous professional publications and editorial boards, including Nursing Forum, Applied Nursing Research, Nursing Administration Quarterly, Journal of Continuing Education in Nursing, American Nurse Today and a columnist for technology journals. Dr. Simpson was a pioneer in the development and funding of the Nursing Minimum Data Set (NMDS) along with sentinel research directing core competencies for executives leading with information technology. He is a fellow of the American Academy of Nursing, New York Academy of Medicine and National Academies of Practice. He has held and holds various Board and trustee appointments along with board alignment with Regents College, Excelsior University, MyMedEd, public and private corporations. Simpson and his colleagues initiated a world-class faculty for an online nursing administration and nursing informatics master's program in the 1990's. He is currently employed with Cerner Corporation in partnership with Emory University's Nell Hodgson Woodruff School of Nursing's new Doctorate of Nursing Practice (DNP) program. Dr. Simpson provides consultation in the Health Systems Leadership Track, a unique corporate global program preparing DNP students for executive health leadership.

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## C 29 - SPECIAL SESSION: Developing Nursing Education Leaders through Intentional Behavior Change and Expanded Scope of Influence

*Deborah Cleeter, EdD, MSN, RN, USA*

*Trisha Leann Horsley, PhD, RN, CHSE, CNE, USA*

*Elaine C. Hardy, PhD, RN, USA*

*Jennifer L. Embree, DNP, MSN, BSN, RN, NE-BC, CCNS, USA*

*Laura C. Dzurec, PhD, MS, BS, RN, PMHCNS-BC, ANEF, USA*

### Purpose

To inform those interested in developing nursing education leaders through an intentional personal experience and to share outcomes related to three domains of leadership development within the Nurse Faculty Leadership Academy.

### Target Audience

Emerging and experienced nurse leaders who are interested in an experiential academy focused upon behavioral change and expanding scope of influence.

### Description

The Nurse Faculty Leadership Academy (NFLA) is a 20-month personal leadership development experience that engages junior faculty and leaders of their home academic institutions. The experiential nature of the NFLA requires intentionality and commitment from all members of the academy community. The NFLA is designed to facilitate personal leadership development; foster academic career success; promote nurse faculty retention and satisfaction; and cultivate high performing, supportive work environments in academe. A rigorous international leadership development experience, the NFLA is constructed on a behavioral philosophy of leadership development that is integrated throughout all curricular and relational components of the academy. The NFLA employs a triad mentoring structure as the foundation for Scholars' learning milieu. Each triad is composed of an experienced Leadership Mentor, an academy Faculty Advisor, and a Scholar participant. Throughout the academy the triad meets regularly to implement the application of curricular activities, to guide reflective exercises, and to provide a framework for the leadership development process. The Kouzes-Posner 'Leadership Challenge' model serves as a behavioral practice framework for the leadership development curriculum. Three domains form the basis of the experience: individual leadership development, advancing nursing education through leadership of team projects, and the Scholars' expanded scope of influence within their sponsoring academic institutions, the community, and the profession. The structure of the academy includes two immersion leadership development workshops, two in-person Site Visits, and monthly Scholar Community Conference Calls. In addition, triads meet regularly by phone or videoconference for guided advisory conversations. The NFLA leadership development philosophy, history of the academy design, curricular elements and composition, mentoring roles and responsibilities, and the impact of the academy on the future of leadership in nursing education will be described by current faculty. As aspiring leaders, three Scholars from the current cohort will present their leadership development experiences through storytelling and discussion of outcomes from the three domains.

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## **D 21 - SPECIAL SESSION: Research Abstracts, Proposals and Grant Writing: Basics from Start to Finish**

*Lois S. Marshall, PhD, RN, USA*

### Purpose

to provide the novice researcher the basics to write a research abstract, proposal, and/or grant for submission

### Target Audience

New nurse researchers and nurses seeking grants

### Description

This presentation will provide the novice researcher the basics to write a research abstract, proposal, and/or grant for submission. This session will enable participants to gain a basic understanding of the steps of the abstract/proposal/grant writing process in order to enable them to put forth a submission in the future. Participants will be able to interact with some past recipients of STTI small research grants who will provide practical information on the writing, submission, and follow-up process.

### References

None

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## **D 22 - SPECIAL SESSION: Getting Published in Nursing Journals: Strategies for Success**

*Susan Gennaro, DSN, RN, FAAN, USA*

*Bernadette Mazurek Melnyk, PhD, RN, CPNP/PMHNP, FAANP, FNAP, FAAN, USA*

### Purpose

The purpose of this presentation is to describe the publishing process and highlight key strategies for successful publication in peer reviewed journals.

### Target Audience

Any nurse interested in submitting their work for publication.

### Description

**Purpose:** Publishing is an important venue to disseminate important work, including scholarly papers, research findings, evidence-based practice change/quality improvement projects, and clinical innovations. However, many important works never make it to publication due to multiple barriers, including perceived inadequate time for writing, lack of mentorship, and inadequate knowledge and skills regarding tactics for successful publication. Therefore, the purpose of this presentation is to describe the publishing process and highlight key strategies for successful publication in peer reviewed journals. **Target Audience:** The target audience for this session is any nurse interested in submitting their work for publication. **Methods:** This session, conducted by the editors of *Worldviews on Evidence-Based Nursing* and the *Journal of Nursing Scholarship*, will highlight key strategies for writing and achieving successful publication. The editors will provide a discussion of how to eliminate barriers to publication as well as the steps in assembling various types of manuscripts. Approaches to dealing with multiple authors, the publication process, and the ethics of publishing will also be discussed. Tactics for resubmission, the peer review process, and how to become an excellent reviewer for journals also will be highlighted. A lively interchange among both editors and the audience provides participants with ample time to have their questions regarding all aspects of publication answered. Although this session is aimed more at beginning authors, more seasoned authors, reviewers, and even editors from other journals have all contributed to make this topic a perennial favorite. **Conclusions:** This session will equip participants with the needed knowledge necessary to be successful in writing, submitting papers for publication, and responding to peer review through resubmission. Open dialogue with the editors of *Worldviews on Evidence-Based Nursing* and the *Journal of Nursing Scholarship* will facilitate a lively session where participants have the opportunity to receive answers to a variety of their burning questions.

### References

None

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## **D 29 - SPECIAL SESSION: Outcomes Impacting Care of Older Adults: Geriatric Nursing Leadership Academy Fellowships**

*Deborah Cleeter, EdD, MSN, RN, USA*

*Heidi K. Holmes, RN, BA, BScN, MScN, RN, GNC(C), FGnLA, Canada*

*Jennifer L. DeClercq, MSN, RN-BC, FGnLA, USA*

*Lisa R. Binns-Emerick, MSN, RN, CS, GNP-C, USA*

*Nancy E. Edwards, PhD, MS, ANP-BC, USA*

### Purpose

To inform nurses of the correlated impact of leadership development through the Geriatric Nursing Leadership Academy fellowships upon practice advancements and policy influence.

### Target Audience

interested in developing as influential leaders within practice, clinical education, and administrative settings.

### Description

Preparing and positioning a global cadre of nurse leaders to transform relevant practice and policy for older adults is essential for the future of healthcare. The international Geriatric Nursing Leadership Academy (GNLA) provides an intentional personal and professional development experience for Fellows who are mid-career geriatric nurse leaders. Through the use of a behavioral leadership development philosophy as the foundation of the fellowship experience, all academy relationships, curriculum activities, faculty modeling, and reflective exercises align with this approach. With formal mentoring and faculty relationships, Fellows engage in eighteen months of meaningful personal development through implementation of an integrated experiential curriculum, development of interprofessional leadership knowledge and skill, and strategic partnerships with senior executives of healthcare organizations. The structure of the academy includes two immersion workshops, two site visits at the Fellows' sponsoring organizations, monthly Fellow community conference calls, and frequent regular triad advisory calls. The GNLA uses the Kouzes-Posner "Leadership Challenge" model as a framework for behavioral change as Fellows purposefully expand both influence and impact in leading policy and practice advancements in caring for older adults. Having concluded the academy's fourth cohort, significant outcomes have been achieved by the Fellows within three domains: individual leadership development; advancement of practice through leadership of interprofessional team projects; and expanded scope of influence at the organizational, community, and professional levels. Faculty and Fellows of the GNLA will present exemplars of the leadership mentoring and faculty relationship triad, individual leadership development, practice outcomes achieved through the interprofessional team projects, and the resultant expanded scope of influence within the field of caring for older adults. In addition, a presentation by the Amy Berman Geriatric Nursing Leadership Awardee will be included in which this emerging leader's significant contributions to the care of older adults is highlighted. The impact of leadership development through the GNLA and its relationship to the future of practice advancements in care of older adults will be described.

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## E 21 - SPECIAL SESSION: Everyday Ethics in the 21st Century: Creating and Sustaining a Culture of Ethical Practice

*Cynda Hylton Rushton, PhD, RN, FAAN, USA*  
*Marion E. Broome, PhD, RN, FAAN, USA*

### Purpose

The purpose of this presentation is to explore the ethical issues that keep nurses up at night and to examine the tools and resources that are needed for nurses to practice ethically in the 21st century.

### Target Audience

The target audience of this presentation broadly includes nurses in clinical practice, nurse educators, nurse ethicists and/or bioethicists, academics in ethics, and policy makers.

### Description

Ethical issues in nursing are not new; ask any practicing nurse what keeps them up at night. Nurses in all roles and specialties confront myriad ethical issues in their everyday practice. Yet, there are growing concerns about the prominence of ethical issues in health care and gaps in nursing competence in ethical practice, educational models for teaching ethics, policies that undermine nurse integrity, and an insufficient evidence base to guide interventions. In August 2014, 50 nursing leaders participated in a national summit on Nursing Ethics for the 21st Century, sponsored by the Johns Hopkins School of Nursing and Berman Institute of Bioethics. Participants created a Blueprint for the Future focusing on recommendations in clinical practice, education, policy and research and a vision for 21st Century Nursing Ethics. This interactive, experiential session will explore the ethical issues that keep nurses up at night and examine the tools and resources that are needed for nurses to practice ethically in the 21st century. There will be interactive dialogue with participants about how to live the vision for 21st Century Nursing Ethics in the everyday practice to create an ethically grounded model of transformational nursing practice. Finally, we will explore the elements of a culture of ethical practice and highlight implications for inter-professional practice. Ethical issues in nursing are not new; ask any practicing nurse what keeps them up at night. Nurses in all roles and specialties confront myriad ethical issues in their everyday practice. Yet, there are growing concerns about the prominence of ethical issues in health care and gaps in nursing competence in ethical practice, educational models for teaching ethics, policies that undermine nurse integrity, and an insufficient evidence base to guide interventions. In August 2014, 50 nursing leaders participated in a national summit on Nursing Ethics for the 21st Century, sponsored by the Johns Hopkins School of Nursing and Berman Institute of Bioethics. Participants created a Blueprint for the Future focusing on recommendations in clinical practice, education, policy and research and a vision for 21st Century Nursing Ethics. This interactive, experiential session will explore the ethical issues that keep nurses up at night and examine the tools and resources that are needed for nurses to practice ethically in the 21st century. There will be interactive dialogue with participants about how to live the vision for 21st Century Nursing Ethics in the everyday practice to create an ethically grounded model of transformational nursing practice. Finally, we will explore the elements of a culture of ethical practice and highlight implications for inter-professional practice.

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## E 22 - SPECIAL SESSION: Becoming an Author: Books, Courses, e-Prints

*Matthew S. Howard, MSN, RN, CEN, CPEN, CPN, USA*

*Mary McAdams, BSN, RN, CEN, CPEN, TNS, USA*

*Dustin Sullivan, BS, USA*

*Kimberly Thompson, MLS, USA*

*Carla Hall, BS, USA*

### Purpose

The purpose of this presentation is to provide participants with a first-hand look at how an idea becomes a published work.

### Target Audience

experienced or potential book authors

### Description

This interactive session will provide new, experienced or potential authors a first-hand look at the publishing abilities offered by STTI. From how an idea turns into a published book, or an online educational course or article or into a published online work, STTI staff will provide participants with their road map to successful publications.

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## **E 29 - SPECIAL SESSION: Replication of the Maternal-Child Health Nurse Leadership Academy in Africa**

*Christa Van der Walt, PhD, MSocSc, MEd, BEd, BArtSc, RN, RM, South Africa*

*Karin C.S. Minnie, PhD, RN, RM, South Africa*

*Oslinah Buru Tagutanazvo, PhD, RN, RM, Swaziland*

*Hester C. Klopper, PhD, MBA, RN, RM, FANSA, South Africa*

### Purpose

1. Share the replication and development of the Africa MCHNLA 2. Provide evidence of the success of the Pilot and the current Academy.

### Target Audience

The target audience for this presentation are nurses and midwives who are interested in enhancing their leadership skills and advancing maternal-child health care.

### Description

This special session focuses on the process followed from the inception of the idea to the completion of the first cohort of the Africa Maternal Child Health Nurse Leadership Academy (MCHNLA) in August 2015. We will share the background and history of the replication of the MCHNLA in Africa with reference to the need for leadership development in the field of maternal-child health in Africa, followed by a historical overview of the development of the Africa MCHNLA. This will be followed by our experience of the pilot Academy in the North-West Province of South Africa (2012-2013) and of the first cohort of the Africa MCHNLA (2014-2015). We will then share the process of adapting the curriculum for the Pilot and the first Africa cohort and compare the processes followed between the 2 curricula and again, lessons learned. This will be followed by a discussion of specific issues such as stakeholder involvement, communication, funding, selection of faculty, mentors and mentees, mentoring, and capacity development. We will explain what we did, what happened and how we experienced the pilot Academy by providing an overview of the evaluation results and lessons learned from the Pilot. We will then discuss the role of stakeholders and the challenges faced in marketing the MCHNLA in a continent where it is unknown. We will also give attention to the process followed and reflect on the success and challenges during the process and in terms of the outcomes. With regard to mentee and mentor selection, we will explain the reason for changing the selection process from the MCHNLA North American model. This will be followed by a discussion of mentoring and logistical issues in terms of communication, budgeting, organizing workshops and keeping momentum. In conclusion, we will address the lessons learned in the overall process of replicating the Maternal Child Health Nurse Leadership Academy in Africa.

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## F 22 - SPECIAL SESSION: A Digital Destination for All Your Work: The Virginia Henderson Global Nursing e-Repository

*Kimberly Thompson, MLS, USA*

*Matthew S. Howard, MSN, RN, CEN, CPEN, CPN, USA*

### Purpose

The purpose of this session is to inform nurses in all areas of the profession (leaders/faculty members, researchers, clinicians, and nursing students) about this wonderful, free of charge, peer-reviewed alternative publishing resource. Once populated with full-text items, it will become a global resource for nursing research and evidence-based practice materials.

### Target Audience

Nurse leaders, Nursing school faculty, Clinicians, Researchers, Students

### Description

What are you waiting for? Have you written research or evidence-based practice materials that have not been published in a traditional journal, but still deserve to be shared? If the answer is yes, then the Virginia Henderson Global Nursing e-Repository is your answer! Learn more about this free clinical and scholarly dissemination resource and how to submit your materials. Do you want to know more about the repository and the benefits it offers to nurse authors who are eager to share their clinical and academic scholarship on a global basis, thus furthering the growth of the profession as a whole? Are you looking for an alternative publishing resource to submit your evidence-based practice and research related works to? Do you have reports, white papers, faculty created learning objects, capstone projects, a thesis, and/or dissertation that you would like to share with others? Good news! The Henderson Repository offers all nurse authors a free, convenient way to share these types of documents (and others) in a no charge, open-access, peer-reviewed, environment. As a resource of STTI it is open to both members and nonmembers. Come to this session to learn more about this unique alternative publishing opportunity! The purpose of this session is to inform nurses in all areas of the profession (leaders/faculty members, researchers, clinicians, and nursing students) about this wonderful, free of charge, peer-reviewed alternative publishing resource. Once populated with full-text items, it will become a global resource for nursing research and evidence-based practice materials. The target audience for this session include nurse leaders, nursing school faculty, clinicians, researchers, students, and any nurse who is interested in disseminating their research across the globe. What are you waiting for? Have you written research or evidence-based practice materials that have not been published in a traditional journal, but still deserve to be shared? If the answer is yes, then the Virginia Henderson Global Nursing e-Repository is your answer! Learn more about this free clinical and scholarly dissemination resource and how to submit your materials. Do you want to know more about the repository and the benefits it offers to nurse authors who are eager to share their clinical and academic scholarship on a global basis, thus furthering the growth of the profession as a whole? Are you looking for an alternative publishing resource to submit your evidence-based practice and research related works to? Do you have reports, white papers, faculty created learning objects, capstone projects, a thesis, and/or dissertation that you would like to share with others? Good news! The Henderson Repository offers all nurse authors a free, convenient way to share these types of documents (and others) in a no charge, open-access, peer-reviewed, environment. As a resource of STTI it is open to both members and nonmembers. Come to this session to learn more about this unique alternative publishing opportunity! The purpose of this session is to inform nurses in all areas of the profession (leaders/faculty members, researchers, clinicians, and nursing students) about this wonderful, free of charge, peer-reviewed alternative publishing resource. Once populated with full-text items, it will become a global resource for nursing research and evidence-based practice materials. The target audience for this session include nurse leaders, nursing school faculty, clinicians, researchers, students, and any nurse who is interested in disseminating their research across the globe.

### References

None

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## F 29 - SPECIAL SESSION: EuroVision 2020: Collaboration for Transformation of the European Region

*Joy Merrell, PhD, MSc, BSc, (Hons) (NsgSt), RGN, RHV, RNT, HV, United Kingdom*

*Marie-Louise Luiking, RGN, MA, Netherlands*

*Elizabeth Anne Rosser, DPhil, MN, DipRM, DipNEd, RN, RM, United Kingdom*

*Aida Cruz Mendes, PhD, MSc, RN, MSc, Portugal*

*Margret Lepp, PhD, RN, RNT, Sweden*

### Purpose

To share the achievements, activities and challenges experienced by the five Chapters and one honor society in the European Region to delegates and members outside Europe in order to promote collaboration and learning from one another

### Target Audience

Delegates and STTI members outside of the European Region.

### Description

The purpose of this session is to share the achievements, activities and challenges experienced by the five Chapters and one honor society in the European Region to delegates and members outside Europe in order to promote collaboration and learning from one another. Whilst the global regions were established in 2013 the European Chapters have been meeting annually and collaborating together since 2007. We have developed a regional strategic plan titled Eurovision 2020 which we reviewed and updated in January 2015 which we wish to share with you and we welcome your views and thoughts on our strategic goals and initiatives. A key goal is to expand STTI across Europe. Currently there are approximately 1000 members (active and inactive) in the five European chapters, although in addition there are European nurses who are members of Chapters especially in North America. To raise awareness of STTI in Europe we have successfully hosted European conferences in Cardiff in 2012 and Gothenburg in 2014 – doubling the number of delegates in two years - and will be hosting our third conference in Utrecht in 2016. To support and expand the development of STTI across Europe including widening access to STTI regional events by European nurses, we have established a European Development Fund (EDF) which is mainly funded through profits gained from the conferences. The purpose and administration of the EDF will be fully discussed during the presentation. In order to set the scene for this session the current state of nursing and nursing education across Europe will be presented, which will highlight the similarities as well as differences across the European countries. The challenges and opportunities arising from the European nursing context will then be discussed in relation to STTI's mission, vision and strategy for globalisation. Specifically we will explore challenges with respect to recruitment and retention which although not unique to the European Chapters are influenced by the cultural context. We will discuss initiatives we have implemented to seek to aid recruitment especially of students. We will show how the goals of the European strategic plan support and are congruent with STTI's strategy for globalisation. We have sought to work collaboratively with members outside Europe and initiatives with Gamma Psi at Large Chapter in Hawaii and Omicron Delta Chapter in California will be highlighted. The STTI European Region has expanded since 2007 and we are hopeful of a new honor society being established in Ireland soon. However, there is more to do to raise awareness and widen the membership of STTI across Europe, ensuring that the European region meets the needs of European nurses whilst also ensuring the mission of STTI is retained. As a Region and through this presentation we aim to facilitate collaboration and networking and play an active role in enabling STTI to become the global organisation of choice for nursing it aspires to be. Join us to hear what your European colleagues have achieved and what challenges we still face.

### References

None

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## G 14 - SPECIAL SESSION: Publishing Roles: A Career Road for You

*Susan Gennaro, DSN, RN, FAAN, USA*

*Bernadette Mazurek Melnyk, PhD, RN, CPNP/PMHNP, FAANP, FNAP, FAAN, USA*

### Purpose

The purpose of this presentation will be to describe how to develop a career path in publishing and highlight both the benefits and challenges associated with various publishing roles.

### Target Audience

The target audience for this presentation is nurses with an interest in career roles in publishing, whether in the clinical or academic arena.

### Description

**Purpose:** There are many benefits to pursuing a career path in the publishing world, including opportunities to keep abreast of the latest knowledge, research, developments and innovations in your field and be recognized as an expert in your area. The purpose of this presentation will be to describe how to develop a career path in publishing and highlight both the benefits and challenges associated with various publishing roles. **Target Audience:** The target audience for this presentation is nurses with an interest in career roles in publishing, whether in the clinical or academic arena. **Methods:** This session, conducted by the editors of *Worldviews on Evidence-based Nursing* and the *Journal of Nursing Scholarship*, will highlight various career roles in publishing as well as the benefits and challenges associated with each of them. First, the benefits of being a reviewer for journals will be discussed along with tips for conducting outstanding manuscript reviews. Second, the role and responsibilities of serving on an editorial board will be described. Third, the benefits and challenges of being an associate editor and editor will be highlighted. The editors also will discuss how using and going beyond publishing to impact positive changes in clinical practice and health policy is necessary to improve quality of care and health outcomes. A lively interchange among both editors and the audience will provide participants with ample time to have their questions answered regarding all aspects of career roles in publishing.

**Conclusions:** This session will equip participants with the needed knowledge necessary to be successful in pursuing a career path in publishing, including the role of manuscript reviewer, being on an editorial board, and assuming the roles of assistant/associate editor or editor. Open dialogue with the editors of *Worldviews on Evidence-based Nursing* and the *Journal of Nursing Scholarship* will facilitate a lively session where participants will have the opportunity to receive answers to a variety of their burning questions.

### References

None

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## G 21 - SPECIAL SESSION: Is Leadership in STTI in Your Future? A Dialogue with the Leadership Succession Committee

*John J. Whitcomb, PhD, RN, CCRN, FCCM, USA*

*Safiya George Dalmida, PhD, APRN-BC, USA*

*Suzanne Prevost, PhD, RN, COI, USA*

*Patrice Nicholas, DNSc, DHL (Hon), MPH, MS, RN, ANP, FAAN, USA*

### Purpose

The purpose of this presentation is to educate members about leadership opportunities at the chapter, regional, and international levels of STTI in advancing the vision of STTI as the global organization of choice for nursing.

### Target Audience

target audience of this presentation includes new STTI members to seasoned members who have interests in assuming leadership roles in the honor society, including chapter leaders, regional leaders, and international leaders.

### Description

This session will focus on leadership opportunities within STTI across all levels of the organization. From chapter level leadership to regional to international levels of leadership, STTI welcomes your engagement in the mission of the Honor Society of Nursing, Sigma Theta Tau International, aimed at advancing world health and celebrating nursing excellence in scholarship, leadership, and service. The session will offer examples of leadership opportunities and exemplars of leadership trajectories from early membership in STTI to international leadership. Also incorporated into the presentation will be the roles and responsibilities of the Leadership Succession Committee, including member development and mentorship for leadership roles. The process of nominee selection and biennial ballot preparation will be discussed, including the education and experience needed for specific offices and leadership opportunities. We will review the process for assessing expertise and skill levels of candidates, as well as the role of the Leadership Succession Committee as a resource during the delegate and convention briefings. This session will focus on leadership opportunities within STTI across all levels of the organization. From chapter level leadership to regional to international levels of leadership, STTI welcomes your engagement in the mission of the Honor Society of Nursing, Sigma Theta Tau International, aimed at advancing world health and celebrating nursing excellence in scholarship, leadership, and service. The session will offer examples of leadership opportunities and exemplars of leadership trajectories from early membership in STTI to international leadership. Also incorporated into the presentation will be the roles and responsibilities of the Leadership Succession Committee, including member development and mentorship for leadership roles. The process of nominee selection and biennial ballot preparation will be discussed, including the education and experience needed for specific offices and leadership opportunities. We will review the process for assessing expertise and skill levels of candidates, as well as the role of the Leadership Succession Committee as a resource during the delegate and convention briefings.

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## **G 22 - SPECIAL SESSION: Sigma Theta Tau International, the United Nations and Global Initiatives**

*Cynthia Vlasich, MBA, BSN, RN, USA*

### Purpose

The purpose of this presentation is to inform participants about STTI's Global Initiatives, discuss the foundation of these initiatives and how our United Nations affiliation impacts our global reach.

### Target Audience

The target audience for this presentation is nurse leaders around the globe who wish to learn more about STTI and its global initiatives and our United Nations affiliation.

### Description

The history of Sigma Theta Tau International (STTI) is varied and rich. It includes a deliberate decision to become international, including global expansion, which was formalized at the 1985 Biennial Convention in Indianapolis, when the House of Delegates voted to add "International" to Sigma Theta Tau's name. The international work of STTI undertaken since that time has led to the current Global Initiatives department. Focusing on the past five years, STTI has made great strides in its global advancement. For example, STTI has its first president, elected by the full House of Delegates, from outside of North America. STTI launched its first formal presence outside of America, contracting with a nursing organization in South Africa to specifically conduct work to advance the organization, under the auspices of STTI. STTI launched its first International Leadership Institute based outside of North America, with the Maternal-Child Health Nurse Leadership Academy in Africa. Global regions were identified and Regional Coordinators elected from around the world. Six hundred ninety-seven institutions are now engaged with STTI, through 499 chapters, located in 26 countries. Currently, over 135,000 members can be found in 92 countries across the globe. In July 2012, the United Nations Economic and Social Council (ECOSOC) granted Special consultative status to STTI, which refers to expertise in the field of nursing and global health. This demonstrates STTI's commitment to achieving international cooperation toward solving humanitarian related issues. This was predicated on the approval as an associated non-governmental organization (NGO) by the Department of Public Information of the United Nations (UN) in December 2009. Through our UN affiliation, STTI commits to disseminate information and raise public awareness about the purposes and activities of the UN and related issues of global concern. STTI will continue to conduct outreach around the world to help our nurse members better understand the work of the UN, including the Sustainable Development Goals (SDGs). The Global Initiatives department focuses on various strategic directions. These directions include work to support STTI through Educational Standards, Regulation and Licensing; Global Member Engagement; Global Expansion; Relationship/Reputation Building; and the Global Advisory Panel on the Future of Nursing.

### References

United Nations. (2015, April 28). United Nations. Retrieved from United Nations: <http://www.un.org/en/home/> (United Nations Sustainable Development Goals, 2015)

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## H 22 - SPECIAL SESSION: Preparing Future Nurses for Practice: Becoming a Teacher-Scholar

*Susan S. VanBeuge, DNP, MSN, BSN, BS, APRN, FNP-BC, CNE, FAANP, USA*

### Purpose

The purpose of this presentation is to discuss how to prepare individuals interested in pursuing a position in an academic setting. We will review the responsibility of a faculty member beyond teaching to include research, and service.

### Target Audience

The target audience of this presentation are those interested in pursuing a career in higher education and finding balance between being fully engaged in your teaching career while maintaining clinical proficiency and acumen.

### Description

This session is being offered to those individuals who are interested in pursuing a teaching position in nursing and want to know about the faculty role in higher education. We will review the concepts of working in academia to include the major areas required: teaching, research, and service. If an attendee is looking for a position as a new faculty or moving from the community college level to the research university focus, this session will focus on the expectations of a new and established faculty member in this endeavor from the perspective of the department/school of nursing to the university level. A trend in nursing education is to recruit faculty in clinical practice to teach at all levels to include baccalaureate, masters, and doctorate. Faculty coming from the clinical areas have strong skills in bedside nursing to independent clinical practice, and nurse executive leadership or researcher roles. Blending these strong skills to fit into the academic setting requires additional skill acquisition, mentorship of other nurse educators, and education preparation. Nurse educators in academia bring skills to the university setting in their own departments and to the university through committee work, leadership, and working with others through interprofessional collaboration activities. Academic nursing practice is broken down into three areas: teaching, research, and service. Teaching is one of the major areas of focus in academia where faculty are engaged in evidence-based delivery of teaching concepts and theory to students at every level. Depending on the setting, teaching may be the main focus of the role of a faculty member or secondary to research. In the area of nursing research, those interested in this area develop their own focus of research supported by grant funding, either internally or externally. Faculty who pursue this area will devote great time to the research process. Service is also an important piece of the academic role. Service may include the faculty clinical practice to maintain licensure and clinical proficiency, participation in committee work, or service to the community. This session will highlight how the role fits from the micro level within the School of Nursing to the macro level of the University.

### References

Honig, J., Smolowitz, J., and Larson, E. (2013). Building framework for nursing scholarship: guidelines for appointment and promotion. *Journal of Professional Nursing*, 29(6), 359-369. Nowel, L., While, D. E., Mrlas, K., and Norris, J. M. (2015). Mentorship in nursing academia: a systematic review protocol. *Systematic Reviews*, 4(16), DOI 10.1186/s13643-015-0007-5.

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## H 29 - SPECIAL SESSION: Wartime Nurse Heroes Recognition

*William T. Campbell, EdD, MS, RN, USA*

*Evelyn R. Hayes, PhD, MPH, FNP-BC, USA*

*Patricia D'Antonio, MSN, PhD, RN, FAAN, USA*

*Doris T. Lippman, BSN, MeD, MA, EdD, APRN-BC, RN, FAAN, USA*

### Purpose

To inspire today's nurses with the courageous stories of risk and self-sacrifice of nurses worldwide during times of global conflict. To officially recognize these nurse heroes and tell their stories forward.

### Target Audience

Nursing faculty who teach nursing foundation courses or nursing history courses at all levels, nurses who are interested in nursing history and/or wish to learn about their profession, and nurses who want to be inspired by the accomplishments and sacrifices of other international nurses.

### Description

Over the centuries nations have engaged in conflicts that have often resulted in massive physical and emotional injuries. Warriors have fought with bravery and courage. Their sacrifices have generally been recognized and honored. However, equally courageous nurses have played a major role in preservation of life and comfort. Although these brave nurses have asked little in return for their service, it is crucial that they receive the recognition and honor so justly deserved. Florence Nightingale lost several of her volunteer nurses during the Crimean War to disease. Dorothea Dix, Supervisor of Union nurses, almost lost Louisa May Alcott to typhoid during the American Civil War and did lose Alcott's supervisor, Hannah Ropes. Edith Cavell, a British nurse in Belgium during WWI, was executed by the Germans for her unbiased nursing care without regard to nationality. Several Turkish nurses died during the cholera epidemic that struck during the Balkan War in 1912. Nie Yuchan, Dean of the Peking Medical College School of Nursing, joined the Chinese exodus during the War of Resistance, but reopened her School maintaining the confidence of all nurses both in Free and Occupied China. Recently, 60 nurses and health workers of the polio vaccine program in Pakistan were murdered by the Taliban. Over the history of nursing many military and civilian volunteer nurses have risked their lives for their patients and their profession during times of conflict. While each of these individuals served as nurses and delivered nursing care to their patients in their localized conflict, each of them impacted others throughout their global region, and their service is an example of selfless sacrifice and leadership globally for all of us. At the 2013 STTI House of Delegates a call was issued to establish a taskforce to investigate how best to recognize and honor these "nurse heroes." This Special Session is a small part of this recognition of these remarkable nurses from around the globe and throughout history. In this session nurse historians will introduce the topic and the need for international recognition, as well as the history of the STTI presidential call. A brief representative discussion, led by members of the STTI Wartime Nurse Heroes Task Force, will highlight the sacrifice of a few representative nurses from around the world and from STTI's global regions. A call has been issued to all global regions to nominate a nurse from their region who deserves recognition and presentation of that nurse's accomplishments during this session. Nurses who suffered and sacrificed while delivering nursing care in North America, Europe, Africa, Asia, Latin America, and Oceania will be named along with their stories of sacrifice individually and collectively. The session will conclude with recommendations to STTI for the future of this taskforce and its vital work. Hopefully this special session will become a catalyst to create a conversation about these inspiring nurses and a permanent listing and/or repository of their names, accomplishments, and sacrifices where they can be recognized and honored for decades to come.

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## **Chapter Leader Sessions**

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## **A 23 – CHAPTER LEADER SESSION: Understanding STTI's Membership Eligibility Criteria**

*Sabrina Collins-Christie, BA, BS, USA*  
*Janell Jackson, USA*

### Purpose

The purpose of this presentation is to educate STTI chapter leaders on the STTI membership eligibility criteria, as well as the exception clauses.

### Target Audience

The target audience of this presentation is STTI chapter leaders

### Description

Attend this session to learn how to successfully invite and induct eligible students and nurse leaders into STTI, using the International Bylaws and guidelines documents. This session is not eligible for continuing nursing education contact hours.

### References

None

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## **B 23 – CHAPTER LEADER SESSION: Cultivating Future Leaders**

*Sabrina Collins-Christie, BA, BS, USA*

*Jenny Paugh Hoffman, BS, USA*

### Purpose

The purpose of this presentation is to learn how to cultivate pride to attract and recruit volunteers and mentor future leaders.

### Target Audience

The target audience of this presentation is chapter leaders who are looking to develop future l

### Description

Attend this session to learn how to attract and develop future leaders to your chapter through volunteer recruitment and the mentoring of interested individuals.

### References

None

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## **C 23 – CHAPTER LEADER SESSION: Creating a Unified Board**

*Jessica Wendorf, BS, CAE, CNP, USA*

*Katherine Rogers, BA, USA*

### Purpose

The purpose of this presentation is to demonstrate how to unify a board of directors.

### Target Audience

target audience of this presentation is anyone who is serving, or wishes to serve on, a board of directors.

### Description

The purpose of this presentation is to demonstrate how to unify a board of directors for non-profit association chapters. Attend this session to learn how you can build relationships and address expectations to create a unified board. Attendees will discuss how to set expectations, manage conflict, and build relationships with board members, while also learning how to effectively communicate as a team. The target audience of this presentation is anyone who is serving, or wishes to serve on, a board of directors.

### References

None

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## **D 23 – CHAPTER LEADER SESSION: Five Tips to Develop Dynamic Events**

*Sabrina Collins-Christie, BA, BS, USA*  
*Janell Jackson, USA*

### Purpose

The purpose of this presentation is to prepare chapter leaders to develop events that are exciting to their membership

### Target Audience

The target audience of this presentation is chapter leaders

### Description

Do you want to keep members excited and engaged with your chapter? Providing dynamic programs and events is one solution.

### References

None

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## **E 23 – CHAPTER LEADER SESSION: Attract and Assess: Building a Successful Recruitment Plan**

*Sabrina Collins-Christie, BA, BS, USA*

### Purpose

The purpose of this presentation is to learn the basics of developing a recruitment plan.

### Target Audience

The target audience of this presentation is leaders of chapters/associations who recruit new members

### Description

Improper recruitment and selection practices can result in low acceptance and retention rates. Attend this session to learn how to build a recruitment plan to effectively attract qualified candidates.

### References

None

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## **F 23 – CHAPTER LEADER SESSION: Financial Stewardship through Policies and Procedures**

*Jessica Wendorf, BS, CAE, CNP, USA*  
*Jenny Paugh Hoffman, BS, USA*

### Purpose

The purpose of this presentation is to prepare STTI chapter leaders with the resources to be fiscally responsible.

### Target Audience

target audience of this presentation is STTI chapter treasurers and leaders who manage chapter finances

### Description

This session outlines the best policies and practices for board members, finance committee members, and other volunteer stewards of your STTI chapter's finances. This session is not eligible for continuing nursing education credit hours, as it will discuss the STTI bylaws requirements, as well as best practices in the financial realm for STTI chapters, only.

### References

None

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# Clinical Oral Presentations

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## A 01 - Cardiovascular Issues: Engaging Risk and Care

### Cardiovascular Risk Factors among College Students: Knowledge, Perception and Risk Assessment

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*Lani M. Zimmerman, PhD, RN, USA*

#### Purpose

The purpose of this presentation is to inform and share a new perspective of a global problem, cardiovascular disease, by providing an original research on college students' knowledge and perception of cardiovascular risk factors in addition to their 10-year and 30-year cardiovascular risk estimates.

#### Target Audience

The target audience of this presentation is researchers, clinicians, administrators, and policy makers.

#### Abstract

**Background:** Young adults in the United States are not realistic about their health and eating habits; one-third do not understand the association between their current health behaviors and the impact on their future cardiovascular disease risk.

**Purpose:** To assess a college population of young adults' knowledge and perception of cardiovascular risk factors and to screen for their cardiovascular risks and cluster subgroups with similar characteristics.

**Conceptual Framework:** The conceptual models guiding this study were the Health Belief Model and the Information, Motivation and Behavioral Skills Model.

**Method:** A descriptive research study was conducted in 158 college students, who attended a Midwestern university. The average age of the participants were 24.33 years old (ages 19-39). Participants' socio-demographics, knowledge (Heart Disease Fact Questionnaire) and perception (Health Beliefs Related to Cardiovascular Disease) of cardiovascular risk factors, and biomarkers (random blood glucose, blood pressure, lipid panels, height and weight) were assessed. The Pooled Cohort risk equations and 30-year cardiovascular disease assessments were generated for cardiovascular risk estimates. Hierarchical clustering analysis was used to identify subgroups of high risk individuals.

**Results:** College students were knowledgeable ( $M=13.9$ ,  $SD=2.30$ ) about cardiovascular risk factors, but did not perceived themselves at risk for cardiovascular disease. There were no significant relationships found between knowledge and perception of cardiovascular risk factors. Knowledge of cardiovascular risk factors was correlated with the lifetime risk estimates  $\rho=.17$ ,  $p=.048$ , and perception of cardiovascular risk factors were positively associated with the 30-year cardiovascular disease estimates  $\rho=.16$ ,  $p=.048$ . The average lifetime risk assessment (31.4%) was higher compared to the average 30-year cardiovascular disease assessment (4.8%). The cluster technique identified white, single males with a family history of heart disease, overweight/obese, hypertensive, and occasionally (weekly) consumed red meats were considered the higher risk group to target for cardiovascular risk reduction intervention compared to other subgroups.

**Conclusions:** This study demonstrated that high knowledge level of cardiovascular risk factors is not sufficient to maintain an optimal cardiovascular risk estimates, but changing perception of cardiovascular risk factors may play a bigger role in long-term cardiovascular risks. It also identified a high risk subgroup of a population that should be targeted for cardiovascular risk reduction.

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## A 01 - Cardiovascular Issues: Engaging Risk and Care

### Factors Influencing Well-Being among Post Myocardial Infarction Patients

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#### Purpose

The purpose of this presentation is to participate and communicate the results of research to an interested audience.

#### Target Audience

The target audience of this presentation is nursing staff, researchers, health care professionals, health care providers, and health care institutes.

#### Abstract

Post myocardial infarction patients tend to be functional decline and re-hospitalization because illness progression and complications.

**Purpose:** The objectives of this predictive study were to examine correlated and predicting factors of well-being among post myocardial infarction patients.

**Methods:** A sample consisted of 201 myocardial infarction patients who follow up at outpatient department. A package of questionnaires included personal information, health perception, well-being, mental and emotional status, depression, stress management, functional performance, illness adjustment, food consumption, physical activity, and adherence to treatment and risk control. Data were analyzed by descriptive, Pearson correlation, and multiple regressions.

**Results:** The results found that well-being was correlated to health perception ( $r = .349$ ,  $p < .001$ ) functional performance ( $r = .365$ ,  $p < .001$ ) illness adjustment ( $r = .177$ ,  $p = .006$ ) mental and emotional status ( $r = .604$ ,  $p < .001$ ) adherence to treatment and risk control ( $r = .138$ ,  $p = .026$ ), and depression ( $r = -.548$ ,  $p < .001$ ) Predicting factors of well-being were mental and emotional status (Beta =  $.430$ ,  $p < .001$ ) and depression (Beta =  $-.286$ ,  $p < .001$ ). Total variances explain 41.6 %.

From the research results, health care providers and health care institutes should develop guideline and conduct research to promote mental and emotional status, and reduce depression.

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## A 02 - Promoting Health for Patients with Diabetes

### Improving Glycemic Control among Incarcerated Men: A Health Promotion Model

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#### Purpose

offer an innovation to an established program in the correctional environment which is focused on improving health literacy and self-care.

#### Target Audience

Health educators and nurse leaders.

#### Abstract

**Statement of Problem:** In California's state prison system, diabetic inmates are fed the same diet as the rest of the prison population, and many have poor blood glucose control. A current program allows certain inmates to carry glucometers and testing supplies and to test their blood sugar but improvements in glycemic control have been modest. This innovation sought to learn if improved health literacy would result in a reduction in HbA1c in an environment in which no variables such as dietary changes or other rewards were offered.

**Methodology:** Utilizing the Health Promotion Model as a framework that includes nursing and behavioral science perspectives, nursing-led education which was supported by other disciplines aimed to improve health literacy. Diabetic inmates who expressed a desire to participate were permitted to carry a glucometer and supplies and were given individualized diabetes education. During scheduled appointments, medical and mental health care providers reinforced information and a dietician was available to help the patient learn more about the meals that were provided to him. Participants were re-assessed for improvements in HbA1c at least every 6 months.

**Description of Innovation:** Evidence and theory-based strategies were incorporated into the intervention. Research indicates that individuals who are involved in their health care decisions are more likely to take action and make a behavior change; therefore the intervention was aimed at increasing autonomy and participatory behavior. Because research has also shown that self-monitoring strategies increase compliance with goals of glycemic control, inmates were encouraged to test their blood sugar as desired and to keep a record for review. Evidence indicates that social support is a strong predictor of success with changing behavior; therefore a collaborative team acknowledged and encouraged the patient's effort.

**Implications for Research:** Further study is needed to develop interventions specifically designed for incarcerated diabetics. Poor health literacy, depression and lack of autonomy may be barriers to glycemic control for incarcerated diabetics. Peer and organizational support, a self-testing program and education may improve glycemic control.

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## A 02 - Promoting Health for Patients with Diabetes

### Health Coaching with Peer Support to Improve Diabetes Self-Management Education

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*Chondra Butler, DNP, RN, AGCNS-BC, USA*

#### Purpose

The purpose of this presentation is to demonstrate an effective interdisciplinary approach to diabetes self-management education through the use of a health coaching and peer support program to assist patients in gaining better glycemic control through weight loss, glucose monitoring, nutrition improvement, physical activity, medication compliance, and complication prevention.

#### Target Audience

The target audience of this presentation is any health care provider or educator who may come in contact with an individual with type 2 diabetes.

#### Abstract

**Introduction:** Type 2 diabetes mellitus (T2DM) affects nearly 25 million Americans, with the highest mortality rate being among African-Americans. Complications of diabetes often lead to increased hospitalizations, more patient and hospital spending, and additional co-morbidities. T2DM is best controlled through improved patient self-care which is achieved through self-management education and peer support.

**Purpose:** The purpose of this project is to demonstrate how a professionally guided health coaching program, in conjunction with peer support groups, can improve type 2 diabetes self-management of African-American patients at a state-funded hospital. This is accomplished through health coaching sessions related to stress management, exercise, medication compliance, and nutrition in conjunction with telephone coaching sessions.

**Methods:** Patients were selected from the medical-surgical floor during hospital admission over a period of eight weeks. Patients completed a Foundations Class which included questionnaires about diabetes self-care and perceived stress levels along with a behavior modification video. Patients then attended a series of four interdisciplinary Health Coaching Classes in which a different topic was discussed at each. A specific activity was done in each class with correlating homework assignments and peer discussion. Topics included stress management, exercise, medication, and nutrition. The patients received telephone coaching in between classes. Progress was measured by weekly weight checks during the classes and weekly self-monitored blood glucose averages.

**Findings:** SDSCA: General diet and glucose testing showed statistically significant differences in pre- and posttest findings indicating that health coaching with peer support helped improve self-management in relation to these topics. There was not enough evidence to support statistical improvement in specific diabetic diet, exercise, or foot care.

PSS: The results showed statistically significant differences in the pre and posttest scores indicating that health coaching with peer support decreases patients' perceived stress levels.

Blood Glucose and Weight: There is not enough evidence that health coaching with peer support decreases patients' weight or blood glucose levels.

Although not all statistically significant ( $p < .05$ ), the mean differences in all variables showed overall improvement.

**Conclusions:** Health coaching with peer support helps improve diabetes self-management among individuals with T2DM. The outcomes of this project showed an overall improvement in self-management

practices including weight loss, glycemic control, glucose monitoring, nutrition, physical activity, and stress.

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## A 03 - Initiatives in Advanced Practice Nursing

### Subtle Signs: Assessing for Dementia Warning Signs during an Acute Episode of Grief in Recently Widowed Individuals

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*Debbie Nogueras, PhD, MSN, ARNP, BC, USA*

#### Purpose

The purpose of this presentation is to discuss the importance of recognizing the similarities of grief and early warning signs of dementia present during an acute episode of grief. Research revealed a missed diagnosis of dementia in individuals who became widowed where changes in behavior were considered related to grief.

#### Target Audience

The target audience of this presentation is clinicians, practitioners, and adult children of elderly parents.

#### Abstract

This presentation will discuss the importance of recognizing the similarities of grief and early warning signs of dementia that may be revealed the grieving period. In 2012, it was estimated that 43.1 million Americans will reach 65 years of age in the next 20 years, and up to 27 million people are living with undiagnosed dementia worldwide. Early diagnosis could create a saving of up to \$10,000 per person in health care costs.

A pilot study was conducted to learn more about the experiences of adult children of elderly parents who have been diagnosed with dementia. Specifically, the study sought to learn about experiences that seemed strange or unusual, but not recognized then as early warning signs of dementia. This IRB approved pilot study utilized basic qualitative design, with nine individuals participating in interviews. The participants were asked to describe the time prior to their parents being diagnosed with dementia, using the storytelling approach recalling their earliest memories and experiences they now realize were warning signs of this disease. After transcription of the interviews and coding, the thematic analysis revealed several themes: grief, spousal covering, and failure to diagnose.

Grief is expressed physically, emotionally, socially, and spiritually. The manifestations of grief can include detachment from others, social isolation, behaving in ways that are not normal for the individual, anxiety, and forgetfulness. These are similar to the early warning signs of dementia (memory loss, difficulty performing familiar tasks, disorientation, poor or decreased judgment, and changes in mood, behavior, and personality). Participants reported a missed diagnosis of dementia in their parents by health care providers during this time. In several stories, providers delayed diagnosis stating that the changes in behavior were related to acute grief and would not consider a geriatric assessment. This failure to assess and diagnosis is a critical incident which leads to safety and quality of life issues, as well as stress in family members. Results from the study indicate a need for further research to develop assessment and educational materials for health care providers, individuals, and communities.

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## A 03 - Initiatives in Advanced Practice Nursing

### ICU Patients' Survival and Nursing Critical Patient Severity Classification System (CPSCS)

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*You Lee Yang, MSN, RN, South Korea*  
*Mona Choi, PhD, RN, South Korea*

#### Purpose

The purpose of this presentation is to explore the relationship between Intensive Care Unit(ICU) patients' survival rate and classified patient severity using CPSCS recorded by nurses.

#### Target Audience

The target audience of this presentation is critical care or nursing informatic system specialist in clinical setting.

#### Abstract

**Purpose:** To explore the relationship between ICU survival rate and patient severity classified using CPSCS recorded by nurses.

**Method:** The study design was retrospective research. We included patients who were admitted to 2 medical and 2 surgical ICUs at a university hospital in Seoul, Korea in 2012. The data of patient information and nursing records were retrieved. CPSCS was recorded daily based on 10 nursing intervention criteria, and classified patients from grade 1 to 6. After patients who were re-admitted to ICU and spent less than 24 hours in ICU were excluded, 1267 patients were included in analysis. Survival analysis was conducted by Kaplan-Meier test, Log-rank test, and Cox proportional hazard regression using STATA 13.0.

**Results:** Eighty five percent of patients were CPSCS grade 5 out of 6 highest severity. ICU survival rate was 47.5% on 1<sup>st</sup> month. There was a significant difference of survival rate between the units (Medical vs Surgical ICUs), severity grade, and pneumonia Dx. In the Cox hazard regression model, 'treatment (more than 30min)', 'treatment (less than 30min)' and 'vital sign' were statistically significant as the risk factors of ICU patients' mortality.

**Conclusion:** The CPSCS was a statistically significant predictor of ICU mortality depending on ICU length of stay. Existing nursing records in EMR should be further studied to emphasize nursing contribution to patient outcomes.

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## A 03 - Initiatives in Advanced Practice Nursing

### Achieving Certification for a Nurse-Run School-Based Health Center in Nevada

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*Sherrilyn Coffman, PhD, RN, USA*

*Cheryl L. Darby-Carlberg, DNP, MSN, BSN, APRN, RN, IBCLC, USA*

#### Purpose

The purpose of this presentation is to describe the certification process for school-based health centers in Nevada, and the development of one center operated by the Nevada State College School of Nursing to achieve certification standards.

#### Target Audience

The target audience of this presentation is nurses and advanced practice nurses with an interest in pediatrics, family health, and school-based health care.

#### Abstract

On December 4, 2014, the Joel and Carol Bower School Based Health Center became the first of seven school-based health centers in the state of Nevada to achieve state certification. This status was accomplished through a focused planning effort, implementing the new State of Nevada Standards for School Based Health Centers. Only certified school-based health centers (SBHCs) are eligible to receive Nevada Medicaid and Nevada Check-Up reimbursements from the Division of Health Care Financing and Policy at the higher Provider Type 17 level. Thus achieving certification provides higher reimbursement, as well as evidence of program quality.

The Bower School Based Health Center (SBHC) was founded in 2004 as a partnership between Nevada State College (NSC) School of Nursing and the Clark County School District (CCSD) to address significant unmet health needs of children in Henderson, Nevada. In 2007 the health center was officially named in honor of Dr. Joel Bower and his late wife Carol, long-standing community supporters. Operated by the NSC School of Nursing, the center serves children ages 4-19. The CCSD maintains the physical facility (a double-wide portable) on the grounds of Basic High School, 400 Palo Verde, Henderson, NV 89015. Nevada State College pays staff salaries, purchases medical and program supplies, and oversees programs and activities. The mission statement is as follows:

The mission of the Dr. Joel and Carol Bower School-Based Health Center is to provide high quality, accessible health care to all children in Henderson schools, especially the uninsured, underinsured, and vulnerable populations. The Health Center is dedicated to treating the whole child; to promote physical, emotional, and social health, effectively manage chronic illness, and minimize health-related school absences.

Nurse practitioners staff the center 4 days per week during the regular school year, and 2 days per week during the summer. The center also employs a full time coordinator and a certified medical assistant. A volunteer medical director comes from the community, and the nursing director is a faculty member of the Nevada State College School of Nursing. Students come predominately from seven schools in the local area, and approximately 70% of students seen are uninsured or underinsured. Many of these students do not qualify for federal and state insurance programs for children. Without adequate health insurance, these children often have prolonged absences from school for illnesses which could have been much shorter had medical care been available. This also impacts the education these children receive.

Achievement of certification involved a developmental progression, supported by state and community resource groups. In 2012 the state of Nevada established standards for school-based health centers in Nevada. The Bower SBHC was awarded a \$ 50,000 planning grant from the state, which resulted in establishment of mental health services and re-institution of the clinic laboratory. An asthma management program was supported by a local hospital foundation. Mental health support groups for

high school students were initiated and received financial support from a local community foundation. A local health fair was held in 2014 to market the center and celebrate its ten year anniversary.

In 2014, the state developed an official process for certification of school-based health centers. Goals of certification were to increase emphasis on best practices, reduce site-to-site variability, increase the ability to study clinical outcomes, and increase the potential for insurance reimbursement. Specific standards, which served as the criteria for certification, were developed in the following areas: (a) facilities, (b) operations and staffing, (c) laboratory services, (d) clinical services, (e) data collection and reporting, and (f) quality assurance activities. The presentation will include photos, specific descriptions, and utilization data for the SBHC, to illustrate services provided which met certification standards.

#### References

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## A 04 - Promoting Family Healthy in the Clinical Environment

### A Descriptive Study of the Surgical Nurse Liaison's (SNL) Role from the Perspectives of Patients and Their Families in Alleviating Anxiety during a Surgical Procedure

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*Reginald Perez Fernandez, MSN, RN, USA*

#### Purpose

The purpose of this presentation is to exhibit five themes identified that relate to specialized practices of the SNL across the perioperative continuum. Patients and their families recognize that the relationship formed with an SNL makes an impact on the quality of their perioperative experience.

#### Target Audience

The target audience of this presentation are peri-operative leaders, educators, nurses, and staff who are interested in an innovative approach that may change traditions and attitudes about families of surgical patients and would focus on a positive and meaningful experience for the staff and the patients and families being served.

#### Abstract

Surgery is stressful for both patients and their families. During a surgical procedure, patients require complex and specialized care, but their family members may also need attention due to their own unique stressors while in the hospital. An understanding of their perioperative experience allows the nurse to provide compassionate and competent care. This qualitative study evaluates whether the role of a surgical nurse liaison (SNL) in the perioperative area alleviates patients' and families' anxiety and improves their experience during a surgical procedure. The study utilizes a descriptive approach to elicit the thoughts and feelings of six patients and six family members and allow them to describe their experience with the SNL. The study identifies five themes related to specialized practices of the SNL across the perioperative continuum. Patients and their families recognize that the relationship formed with an SNL makes an impact on the quality of their perioperative experience.

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## A 04 - Promoting Family Healthy in the Clinical Environment

### A New U.S.A.B.I.L.I.T.Y. Survey on Technology by Older Adults

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*Martha Whetsell, PhD, RN, USA*

*Lorraine S. Evangelista, PhD, MSN, BSN, RN, FAHA, FAAN, USA*

#### Purpose

To present the development of a survey instrument to examine usability of technology by older adults

#### Target Audience

nurses, advanced practice nurses, nurse informatics specialists

#### Abstract

**Background:** An aging population and surge in use of technology are two socio-cultural trends occurring simultaneously. Statistics have shown that by 2050, there will be 83M older adults in the US, more than doubled the projected 42M in 2010. Ownership and use of technology are accelerating rapidly as produce and services becomes affordable. Older adults are now the fastest growing internet users worldwide, however only 47% have access to the internet at home. Cognitive and functional limitations associated with aging could prevent successful interface by older adults with technology. At the same time, numerous websites are not always user friendly to older adults, thus quality of information being disseminated is an issue. The confluence between aging and technology could present challenge with their interface. Issues related to interface could be addressed through usability evaluation/testing. Usability refers to the fit between the users and technology. Usability testing/evaluation measures the effectiveness of the product to the users and their satisfaction with the use of the product. Review of the literature recognized a need for a single standardized usability questionnaires/surveys and paucity of well-validated tools to measure usability in older adults.

**Conceptual framework:** A U.S.A.B.I.L.I.T.Y. Model<sup>®</sup> was developed from integration of theories/concepts from the Roy Adaptation Model, Technology Acceptance Model and Theory of Planned Behavior that would explain the intent to use technology by older adults and/or those with low or limited literacy. The assumptions of the conceptual model are: 1) when a person turns on a device, he/she interfaces with the system and design, and operates in an environment of learning; 2) the person affects the state of the machine by manipulating the controls; 3) the person processes the information in front of him/her based on their own unique individual factors; 4) interface between the person and the system is influenced by four determinants: efficiency, learnability, perceived user experience and perceived control and 5) the person's perceived usability of the website would either lead to their intention to use or not to use the technology. The four determinants of usability in this conceptual model were: efficiency, learnability, perceived user experience and perceived control. Perceived control is believed to play a significant role in successful aging. The lack of instrument that measures all four determinants of usability, mainly perceived control, prompted the researchers to develop a new tool.

**Purpose:** To present the development of a survey instrument to measure usability of a computer system by older adults.

**Methods:** An 8-step process of instrument development was adapted from Cronbach and Straub to construct the new usability. Experts examined face and content validity. The instrument was pilot tested to determine reliability.

**Findings:** A 25-item U.S.A.B.I.L.I.T.Y. Survey<sup>®</sup> was developed. The survey was on a 5-point Likert scale, with answers ranging from 1 (strongly disagree) to 5 (strongly agree). It consisted of 9-item efficiency (4-item ease of use and 4-item usefulness), 4-item learnability, six-item perceived user experience and six-item perceived control (3-item attitudinal and 3-item cognitive). Scores ranged from 29- 121, with score

over 98 indicating good “fit” or interface. Experts reported content validity acceptable at .97. The internal consistency of the subscales ranged from .71 to .95.

**Conclusion:** Technology offers an invaluable resource to older adults in maintaining their independence and improving quality of life. Usability is a key towards acceptance of technology by intended users. Understanding that having a user friendly interface could facilitate a good patient-provider encounter including teaching and learning. The derived conceptual model was developed to explain intent to use technology by older adults. The newly constructed survey instrument adds to the group of psychometric instruments currently available to nurses for the evaluation of the usability of online resources.

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## A 04 - Promoting Family Healthy in the Clinical Environment

### Sex Difference in the Association of Sleep Disturbances with Cognitive Function Impairment in Elderly

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*Hsiao-Yean Chiu, PhD, RN, Taiwan*

*Pei-Shan Tsai, PhD, RN, Taiwan*

#### Purpose

The purpose of this presentation is to deliver the knowledge with regard to the impact of sleep on cognitive impairments in elderly population according to sex.

#### Target Audience

The target audience of this population is clinical and community nurses in geriatric and gerontology fields.

#### Abstract

**Objectives:** To examine the prevalence of sleep disturbances and cognitive impairment in elderly people according to gender, and to determine the association of sleep with cognitive impairment according to sex.

**Methods:** This was a cross-sectional study derived from the 2009 population-based Taiwan National Health Interview Survey. A total of 2413 elderly (ages of 65 years or older) with 1094 males and 1319 female were included. The cognitive impairment as well as subjective sleep characteristics including sleep hours, difficulty in initiating sleep, difficulty in maintaining sleep, early morning awakening, daytime sleepiness, difficulty in breathing during sleep, and daytime naps were assessed by survey questions.

**Results:** The prevalence of cognitive function impairment was 16.3% in male and 27.1 % in female elderly people. Both male and female elderly people with cognitive function impairment had higher prevalence rates of sleep disturbances in elderly adults than those without cognitive function impairment. In male elderly people, difficulty in breathing during sleep and prolonged sleep duration (> 8.5 h) were significantly associated with cognitive function impairment (adjusted odds ratio = 2.43 and 2.06, 95% confidence intervals =1.48-3.98 and 1.19-3.60, respectively) after adjusted for potential confounders. In female elderly people, only prolonged sleep duration (>8.5h) had higher likelihoods of cognitive function impairment (adjusted odds ratio = 2.35, 95% confidence interval =1.36-4.07) controlling for confounders.

**Conclusions:** This population-based study confirms that gender-specific association between sleep disturbances and cognitive function impairment in elderly people, warranting further investigation of the underlying causes.

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## B 01 - Promoting Psychiatric Health in the Clinical Environment

### Yrbs, 2013: Surveillance of Mental Health Services in Rural Eastern Region Middle and High Schools

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#### Purpose

This assessment monitors adolescent students', in a rural, eastern US, school system, perception of the six health-risk behaviors that contribute to leading causes of death and disability among youth. Also, this assessment evaluates the parents perception prevalence of chronic disease, insurance status, health care utilization, and barriers to healthcare access.

#### Target Audience

The target audience of this presentation is school health, mental health, and population health researchers and providers.

#### Abstract

**Purpose:** The purpose of this assessment is monitor middle school (MS) and high school (HS) students', in a public, rural school system in a eastern region of the US, perception of the six types of health-risk behaviors that contribute to leading causes of death and disability among youth and adults.

Also, this assessment evaluates parents of pre-school through 12-grade students, of the same public school system, perception prevalence of chronic disease, insurance status, health care utilization, and barriers to healthcare access.

**Method:** Survey method of computerized random selection, students and parents from study population, implemented the Survey Monkey® data collection for the Youth Risk Behavior Survey (YRBS, 2013), HS and MS instruments, with time of survey completion dependent on students attendance in computer lab course; postal-mail, paper method and at-home completion of survey, was implemented for the West Virginia School Health Technical Assistance Center Parent Survey 2013 (PS, 2013) instrument. PS, 2013 data was hand-punched researcher into Survey Monkey. Descriptive statistics were calculated.

**Results:** Parent n=465 (13%), HS n=1015, MS n=1089. All cohorts of study were reasonably distributed across population considering, appropriate age, grade and gender.

Parent report identified n=234 (45.03%) behavior was most frequent health concern, n=311 (69.58%) identified probable or definite use of health center if available.

Depression and suicide risk behavior revealed HS student n=187 (18.07%) identified themselves as seriously considering suicide; MS student n=246 (22.67%) identified themselves as seriously though of killing themselves.

**Conclusion/implication:** Reports from HS and MS for depression and suicide reported higher than respective state, high school report higher than national report, where no national report is available for middle school. Need for continued support of school based health clinic where mental health services are provided is supported by this assessment. Continued evaluation of health care needs of students and provision of services by school based health clinics is warranted.

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## B 01 - Promoting Psychiatric Health in the Clinical Environment

### Social Determinants of Depression among HIV Positive Patients in Karachi, Pakistan

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*Sahreen Malik Bhanji, MScN, BScN, RN, Pakistan*

#### Purpose

The purpose of this presentation is to understand the Background, Significance and purpose of the study, the Methodology, Results and discussion, Strengths and Limitations and proposed Recommendations of the study conducted to identify the social determinants of depression among HIV positive patients.

#### Target Audience

The target audience of this presentation is Nurses Doctors community and public health workers NGO's

#### Abstract

**Objective:** The study aimed to calculate the estimated proportions of depression, stigma, and social support. The study also intended to identify the association between socio-demographic characteristics, social determinants like stigma, and social support and depression among the HIV positive patients in Karachi, Pakistan.

**Methodology:** An analytical cross-sectional study was conducted among 200 HIV positive patients, who were recruited from the Sindh AIDS Control Program Treatment Center Karachi, Pakistan, from April to June 2014. Data was collected through a modified truncated questionnaire consisting of four parts measuring socio-demographic and background characteristics of the participants' depression, social support, and stigma through an investigator designed questionnaire, the Self-Reporting Questionnaire (SRQ 20), the Social Provisions Scale, and the BERGER HIV Stigma Scale, respectively. Data was analyzed using descriptive and inferential statistics. Logistic regression analyses were performed to study the risk factors of depression.

**Results:** A total of 200 people living with HIV/AIDS were interviewed. The mean age of the participants was 34 years  $\pm$ 10.9 years. The findings of the study revealed that, among the total participants, more than half of the females (69.4%) suffered from depression while the number of males who suffered depression was 91 (55.5%). The results of the Social Provisions Scale score showed that 99 (49.5%) of the participants missed social support from families and friends, while 101 (50.5%) participants appreciated the provision of social support. The results of the Berger HIV stigma scale were quite significant, as a majority of the HIV positive participants (76%) felt stigmatized, while only a few (24%) never felt stigmatized or humiliated. The logistic regression analysis indicated a significant association between Gender ( $p=0.034$ ), socio-economic status ( $p=0.001$ ), history of substance abuse ( $p=0.00$ ), employment status ( $p=0.001$ ), and depression.

**Conclusion:** The findings from our study confirm an association between socio-demographic variables like gender, socio-economic status, history of substance abuse and employment status, whereas, social support was found as a buffering factor against depression. Though, depression was found to be less common among people experiencing the stigma associated with the disease, given the fact that social support from family, relatives and friends might have neutralized its effect. All the same, the prevalence of depression and its associated factors is much reported in literature, yet its treatment remains a highly underfunded component of HIV prevention, care and treatment. These findings call for identification and treatment of such mental disorders as an integral part of HIV prevention and treatment strategies for HIV positive populations. Along with that, the findings put a heavy responsibility on the shoulders of medical and social service providers to develop strategies which do not stereotype this vulnerable population, and remove the barriers that hinder their adjustment in the society.

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## B 01 - Promoting Psychiatric Health in the Clinical Environment

### Stigma in Mental Health: A Concept Analysis

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*Khamis Al-Mamari, MSN, RN, USA*

#### Purpose

The purpose of this presentation is to describe the concept of stigma and discuss the significance of stigma in mental health through the use of a concept analysis. An additional purpose is to propose a model to illustrate the concept of stigma in mental health.

#### Target Audience

The target audience of this presentation is clinicians and educators.

#### Abstract

People with mental health disorders endure stigma. Negative labeling and stereotyping of clients diagnosed with chronic physical and mental health conditions has grown dramatically in our society and makes stigma a universal health issue. The concept of stigma has been well documented and is associated with groups of people who suffer from health conditions such as human immunodeficiency virus (HIV), mental illness, disability, and other debilitating illnesses. Furthermore, ethnic minorities are particularly vulnerable to the five major types of stigma identified in the literature. The negative influence of stigma on people's lives creates a negative self-concept and causes individuals to be socially distance from the society (Parcesepe & Cabassa, 2012). Alonso and colleagues (2008) noted that stigma associated with mental disorders is significantly higher than stigma associated with physical disabilities. The concept of stigma in mental health has become a subject of investigation and debate. It is known that stigma is a major source of stress, contributes to social disadvantage and is a social determinant of population health (Hatzenbuehler, Phelan, & Link, 2013). Stigma may disqualify certain groups (e.g. disabled individuals, psychiatric patients, people struggling with addiction, and acquired immunodeficiency syndrome [AIDS]) from full social acceptance and the ability to conform to the normal standards of society. It frequently leads to cognitive ambivalence, which causes emotional conflict. People with mental health disorders are more likely to encounter stigma from others in public places or in health care systems (Rusch, Angermeyer, & Corrigan, 2005; Totic et al., 2012). They often have to struggle with several problems: coping with the disease, its symptoms, and its consequences. Additionally, they have to deal with misconceptions about mental health problems that result in further stigma. To understand the concept of stigma and its associated nuances, a concept analysis was undertaken.

The purpose of this presentation is to describe the concept of stigma generated from a concept analysis and to discuss the significance of stigma in mental health. An additional purpose is to propose a model to illustrate the concept of stigma in mental health. Using Walker and Avant's concept analysis methodology, the antecedents, characteristics and consequences of stigma are described. The various types of stigma identified in the literature contribute to the overall development of the concept analysis. The findings of the concept analysis revealed that there are both positive and negative outcomes or consequences to the concept of stigma. Lastly, a model entitled, Stigma in Mental Health, is proposed from the findings of the concept analysis. Recommendations for effectively addressing the concept of stigma in mental health are proffered.

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## B 02 - Promoting Practice in the Perinatal Patient and Family

### Parents' Experiences of Communication with Neonatal Intensive-Care Unit Staff: An Interview Study

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*Helena Wigert, PhD, RN, Sweden*

#### Purpose

Present the current nursing research in neonatal intensive care Getting in touch with other researched nurses in the same area for future partnerships worldwide

#### Target Audience

Nurses working in the neonatal area and midwives in childbirth. Even lecturers who teach nursing students and nurses at the clinic.

#### Abstract

**Background:** An infant's admission to a neonatal intensive-care unit (NICU) inevitably causes the parents emotional stress. Communication between parents and NICU staff is an essential part of the support offered to the parents and can reduce their emotional stress. To better meet the communication needs of parents, it is important to know how they experience communication with the staff at the NICU. The aim of this study was to describe parents' experiences of communication with NICU staff.

**Methods:** A hermeneutic lifeworld interview study was performed with 18 families whose children were treated in the level III NICU at a university hospital in Sweden. The NICU has a family-centred care policy and parents are welcome to spend as much time as they want in the unit with their child. The interviews were analysed to gain an interpretation of the phenomenon of how parents in the NICU experienced their communication with the staff, in order to find new ways to understand their experience.

**Results:** Parents' experience of communication with the staff during their infant's stay at the NICU can be described by the main theme 'being given attention or ignored in their emotional situation'. The main theme derives from three themes; (1) meeting a fellow human being, (2) being included or excluded as a parent and (3) bearing unwanted responsibility.

**Conclusions:** This study shows that parents experienced communication with the NICU staff as essential to their management of their situation. Attentive communication gives the parents relief in their trying circumstances. In contrast, lack of communication contributes to feelings of loneliness, abandonment and unwanted responsibility, which adds to the burden of an already difficult situation. The level of communication in meetings with staff can have a decisive influence on parents' experiences of the NICU.

The staff should thus be reminded of their unique position to help parents handle their emotional difficulties. The organization should facilitate opportunities for good communication between parents and staff through training, staffing and the physical health care environment.

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## B 02 - Promoting Practice in the Perinatal Patient and Family

### Stress Beyond the NICU Discharge: Implications to Outcome

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Amy Nagorski Johnson, PhD, MSN, RNC-NIC-E, USA

#### Purpose

The purpose of this presentation is to examine the relationship of the high risk family experience in clinical settings to the consequences of unresolved family stress to identify collaborative strategies to normalize stress.

#### Target Audience

The target audience of this presentation are nurses who work in acute clinical settings as well as collaborative partners in academia who work with families of young children.

#### Abstract

**Purpose:** The high risk family experience in the NICU is a major stress event that is not necessarily resolved with discharge. Many families report worry and stress for up to a year beyond the birth of their NICU infant, yet this is not currently a focus of assessment for this population. Because stressors can induce behavioral, physiological, and biochemical changes to such a degree that family adaptation is challenged, resolving the stress before discharge and supporting the family with collaborative follow-up care should be a nursing priority. The purpose of this study was to examine the relationship between unresolved family stress and high risk family experiences.

**Methods:** This cross-sectional correlation design had fifty-four mothers of infants 6 months of age or older enrolled in a University child care setting. The Family Emotion Expressiveness (FEE) tool was completed by the mothers at the time of enrollment. This tool measures the emotional climate of the family, indicating high and low emotions and yields information on infant behaviors and adaptation. Data was analyzed using Pearson correlation coefficients to determine relationship between variables.

**Results:** The initial findings of this pilot study demonstrated a positive correlation between NICU admissions and family stress ( $r = .88$ ) and high risk primiparous births without NICU admissions and family stress ( $r = .72$ ). Of interest, previous studies have used positive correlations of FEE as predictors of infant and toddler behavior patterns as a response to the family emotions.

**Significance of Findings:** The findings illustrate a lasting unresolved family stress well beyond the birth of the baby. It appears that the NICU admission is much more stressful than the high risk pregnancy, and that the majority of the NICU admissions were not for extremely premature infants. Because stress seems to have become the “normal” for these families at more than 6-months out from the birth, clearly early identification of at risk families and collaborative interventions to normalize stress is indicated. This might, in fact, make us rethink discharge teaching.

**Conclusion:** Identifying and providing support for at risk families as an early intervention before discharge can enhance infant and family outcome through transformative nursing practice changes. These changes serve families locally, but can transform outcome regionally while prioritizing family needs as a global quality indicator.

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## B 02 - Promoting Practice in the Perinatal Patient and Family

### Evaluation of the Effectiveness of a Community-Based Behavior Change Campaign in Haiti: Newborn Umbilical Cord Care

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*Susan M. Walsh, DNP, MSN, BS, RN, APN, C-PNP, USA*

#### Purpose

to present compelling reasons for developing a community campaign focused on reducing neonatal mortality in Petit-Goave, Haiti. These data highlight how understanding cultural aspects of local traditional health beliefs impacted the design, implementation and evaluation of the campaign. This strategy can be formative for advancing local and international nursing practice.

#### Target Audience

for those seeking a deeper understanding of the influence cultural and local or traditional health care can have on individuals and their communities and how these influences impact the synthesis of evidence-based interventions into nursing practice.

#### Abstract

Great strides in reducing under-five mortality have been made globally since 1970. The reduction of under-five mortality is occurring at a faster rate now than any other time within the past 20 years. Still, approximately seven million children under the age of five died in 2012 with 99% of these deaths occurring in low- and middle-income countries (WHO, 2014a). The proportion of under-five childhood deaths occurring within the first month of life in 1990 as compare to 2012 has escalated from 37 percent to 44 percent respectively even though the prevention of most neonatal mortality is possible (UN, 2014b). One of the greatest coverage gaps in fulfilling the Millennium Development Goals' health agenda for children includes addressing interventions to prevent neonatal mortality (Requejo et al., 2014).

Sepsis is the third leading cause of neonatal death worldwide (WHO, 2014b). Bacterial infections originating in the umbilical cord (omphalitis) can lead to sepsis and neonatal death (Faridi, Rattan & Ahmad, 1993; Mir et al., 2011; Mullany et al, 2007). Simple affordable interventions are available and may prevent such deaths (Countdown, 2013; Mullany et al., 2006b). In low-income countries, the use of daily applications of 7.1% chlorhexidine digluconate, a topical antiseptic delivering 4% chlorhexidine, to the newborn's umbilical stump during the first week of life can decrease omphalitis and the risk of developing neonatal sepsis (Arifeen et al., 2012; Imdad et al., 2013; Mullany et al., 2006b; Sazawal et al., 2012b; Soofi et al., 2012). The World Health Organization has recommended the application of 4% chlorhexidine to the umbilical cord stump of infants delivered in the community setting in low resource countries since 1999 (WHO, 2013).

The benefits of chlorhexidine use may be particularly important in Haiti (Walsh, S. et al, 2015). Haiti is the poorest country in the Western Hemisphere, with 62% of the population living on less than \$1.25 (US) a day. Haiti's neonatal mortality rate is 25.5 per 1000 live births compared with less than 3 per 1000 live births in North America and 13.6 per 1000 in the Dominican Republic, Haiti's island neighbor (UNICEF, 2013). In Haiti, neonatal mortality accounts for one-third of the under-five deaths with 6 % of these newborn deaths caused by sepsis (WHO, 2014c). Although more than 90% of women in Haiti receive at least one antenatal visit, approximately 63 % of deliveries occur at home (UNICEF, 2013). Compared with institutional births in developed countries, evidence suggests that home births in low income countries incur a higher risk for cord infection (Imdad et al., 2013).

Local cultural beliefs can have a strong influence on cord care practices including unhygienic and traditional cord care practices common in low-resource settings (Herlihy et al., 2013; Smith, 2009; Walsh, S., et al, 2015 ). Several studies have sought to understand implications for chlorhexidine use among mothers and health workers in Bangladesh, Nepal, Pakistan, Tanzania and Haiti (Alam et al., 2008; Alper, 2007; Arifeen et al., 2012; Imdad et al., 2013; Mullany et al., 2006 a,b; Mullany et al., 2007; Sazawal et al., 2012b; Soofi et al., 2012; Walsh, S. et al, 2015). A number of unhygienic substances such as goat

scat, dirt/dust, burnt nutmeg and cotton, crushed charcoal, ash, palm oil, recipe of leaves were reported in Petit-Goâve, Haiti as substances used for neonatal cord applications (Walsh, S. et al, 2015). Similar substances were applied to the neonates' cords over 50% of the time in Sylhet District, Bangladesh (Alam et al., 2008). The application of mustard oil and other potentially unclean substances to the umbilical cord increases cord infection; one study conducted in Southern Nepal indicated an increased neonatal cord infection risk from 29% to 62% (Mullany et al., 2007). The effectiveness of chlorhexidine to prevent omphalitis is likely to decrease if such traditional cord care practices are not restricted (Alam et al., 2008; Mullany et al., 2006a).

We previously explored cord care practices and demonstrated a potential acceptability for introducing a new cord care practice such as chlorhexidine use in Petit-Goâve, Haiti (Walsh, S. et al, 2015). We then sought to evaluate the effectiveness of a community-based behavior change campaign among women who deliver at home with a traditional birth attendant (TBA). This campaign aimed to increase the proportion of women who apply chlorhexidine to their newborn's umbilical cord daily for the first 7 days after birth while preventing the application of unhygienic substances to the umbilical cord during the first 4 weeks after birth. We used a controlled trial in Petit-Goâve, Haiti to evaluate this campaign which was based on the recommendations made by the World Health Organization (WHO) for newborn care (WHO, 2013).

The setting for the campaign was in Petit-Goâve, Haiti, a district served by Global Health Action (GHA), a non-profit organization that conducts community-based health and development programs in Haiti (GHA, 2014). GHA trains and supports TBAs, who assist in approximately 900 home-based deliveries annually, and Community Health Workers (CHW), who visit mothers and neonates during the post-partum period. Eligible women were greater than 18 years of age and experienced an uncomplicated delivery by a TBA and gave birth to an apparently healthy baby who was one week of age ( $n \approx 200$ ). Our intervention group included mothers who received prenatal care from the nurse at the local community clinic who had been trained in the WHO cord care protocol. A natural occurring comparison group were mothers who delivered within the catchment area of the trained TBAs who either received antenatal care at a facility other than the community clinic or did not receive any antenatal care. A verbal questionnaire was given to the consenting mothers at 1 week post-delivery, following the CHW's routine newborn assessment. A second questionnaire was given when the infant was 4 weeks of age.

[Data collection and analysis to be completed 6/2015] Descriptive statistics and unadjusted and adjusted analyses will be used to determine the differences in the mother's cord care practices between the intervention and control groups. Preliminary data ( $N=80/200$ ) indicate compliance with chlorhexidine application and an absence of other topical substances used. However cloth coverings were frequently applied. Potential implications include recognition of traditional beliefs and practices of newborn cord care being essential to ensure acceptability of a new cord care practice to reduce neonatal cord infections. Haitian mothers and local caregivers appear willing to adopt a new cord care practice. An important cultural consideration to the campaign might include directives for clean cloth cord coverings. If a non-traditional cord care practice delivered by community health providers is successful, this strategy can be used for improving other aspects of newborn care.

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## B 03 - Engaging Interprofessional Teams

### Project Empower: An Interdisciplinary Project

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#### Purpose

The purpose of this presentation is to describe Project Empower; a multidisciplinary project providing mental health services and case management to low income individuals and families from diverse backgrounds and providing training opportunities for students from various disciplines. The partners in this program represented Social Work, Nursing and Counseling.

#### Target Audience

The target audience of this presentation are nurses and nurse educators seeking new strategies for forming interdisciplinary partnerships to educate undergraduate and graduate students, as well as provide service to underserved populations.

#### Abstract

The purpose of this presentation is to describe an interprofessional project that brought together Social Work, Nursing and Counseling. Project EMPOWER was a grant funded project began by Social Work faculty from WKU. The acronym E.M.P.O.W.E.R. represents the overall goals for the project of Enhancing skills and abilities while providing Motivation for goal attainment and Prosperity, Overcoming challenges with the use of team Work through increased positive Energy to reach higher and gain Respect for self and others. Project EMPOWER offered free psychosocial assessments, referrals, counseling services and resources for children, adolescents, adults and families. The primary populations served by Project EMPOWER were residents in the local Housing Authority, women staying at a local domestic violence shelter and refugees from various countries that migrated to the local area. Services were provided by partnerships between the university, local mental health providers, the Bowling Green Housing Authority and the Bowling Green International Center. Graduate nursing students in a Masters program for Psychiatric Mental Health Nurse Practitioners (PMHNP) joined the team to gain hours to complete a required practicum. The nursing students, along with students from Social Work and Counseling, were allowed to conduct initial psychosocial assessments, make referrals to other service providers as needed, run group education and empowerment sessions for children, adolescents and adults and conduct therapy/counseling for adult clients under the supervision of an expert Licensed Clinical Social Worker. This provided the nursing students experience in assessment and conducting therapy, which are required competencies for completion of a PMHNP program and to sit for certification. Nurses also participated in the project by serving on the Project EMPOWER Board of Directors and in provision of education to community providers and board members on topics related to mental health.

Challenges and benefits for the project were numerous. The challenges for the project included finding funding and resources to continue the project beyond the initial grant funding, provision of services to clients who spoke numerous languages and had varying levels of comfort with mental health services, and finding space to conduct assessments and groups. Benefits from Project EMPOWER were noted for faculty, students and community participants. Faculty formed new interprofessional partnerships that continued past the end of the original grant funded project. In addition, faculty obtained research and practice opportunities. Faculty for the project were licensed mental health professionals and services provided could be counted toward maintaining clinical competence and certification. Students were able to learn new skills in a safe environment with supervision from expert clinicians. Interprofessional meetings also provided students with learning opportunities and the ability to see client care issues from a variety of disciplinary perspectives. Finally, those benefiting most from Project EMPOWER were those in the community who received services. In the local community where Project EMPOWER provided services, it can take up to 6 months to obtain an appointment with a psychiatric provider. Project EMPOWER provided high quality services free of charge within days or weeks of the initial assessment.

Community participants typically received about 8 sessions of therapy/counseling by a graduate nursing or social work intern or LCSW and referrals to other providers were made as needed. Approximately 450 clients were served in some capacity during the three year duration of Project Empower. Other outcomes included the incorporation of health and wellness education and training for underserved populations, expanded mental health services for refugees and victims of domestic violence in the local community, training of interns from three health service disciplines, and expanded community partnerships to provide services to underserved populations.

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## B 03 - Engaging Interprofessional Teams

### A Global Nursing Initiative: An Interdisciplinary, Multicultural Collaboration for Nurse Practitioner Students

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#### Purpose

The purpose is to convey to nurses, students and nurse educators the importance of international and interprofessional involvement. The description and objectives of the program and experiences will be of interest to other faculty who may be considering a similar program or expanding an existing one.

#### Target Audience

The target audience will be nursing educators, students, and administrators who may be interested in collaborating with professionals from other countries and cultures to develop and expand programs for international experiences for nursing students.

#### Abstract

This paper describes a collaborative program between St. Georges University, Grenada, West Indies and Regis College, Weston, Massachusetts, where faculty from both schools worked to provide an international, interdisciplinary health care experience for nurse practitioner students at Regis College, and for the medical and nursing students in Grenada.

The literature review presented provides a strong rationale for the benefits of this project which relates to the theme of the convention to Serve Locally, Transform Regionally and Lead Globally.

In March 2010, four family nurse practitioner students from Regis College School of Nursing, Sciences and Health Professions (SNSHP), in Weston, Massachusetts, spent a week at St. George's University (SGU) Grenada, West Indies. The goal was to understand health care in Grenada in order to broaden students' competency in treating patients from other cultures. Research has shown that nursing students who participate in an international nursing experience reap many benefits, including but not limited to: increased cultural sensitivity, increased self-awareness of one's own cultural values, and increased self-confidence skills (Smith & Curry, 2011). Working with local health care providers helped students to bridge the gap between diverse international health care systems. As a result of such experiences, the academic, professional and social lives of nursing students have been changed, with an increased appreciation and understanding of poverty, socio-political health issues, and world geography.

The goal of educating the Nurse Practitioner is to develop clinical and professional expertise necessary for comprehensive primary care and specialty practice in a variety of settings. Nurse practitioners must achieve core competencies in management of the patient problems, nurse practitioner-patient interaction, teaching and coaching patients, students and staff, managing and negotiating health systems, ensuring quality of health care practices, and cultural competence. (American Academy of Nurse Practitioners 2013 Position Statement on Nurse Practitioner Curriculum)

The specific objectives of the Grenada international experience were to engage in a hands-on clinical learning experience, learn challenging decision making and clinical diagnosis with limited options for diagnostic testing, and interact with patients from races and cultures other than the students own. Additionally the students were tasked to learn how culture, lifestyle and diet affect general health in Grenada, to understand how patient education and learning takes place in Grenada, and to participate in the care of the underserved.

Students from Regis College were invited to submit a written application, with a statement of personal and professional goals, for selection to the Grenada experience. There were several criteria for selection

of students which included good academic standing at Regis College, personal and professional maturity; capability of adapting to a new culture; a positive attitude during challenging situations; and an interest and /or experience in international learning. Recommendations from faculty at Regis College were helpful in determining some of these criteria.

The varied clinical experiences that provided cultural immersion included governmental clinics, private practices, university health services and health fairs for residents of Grenada. However, clinical experiences were designed to meet each student's specific educational focus, such as women's health, pediatrics, general medicine, or geriatrics; the process enabled by individual sessions with preceptors. Group visits to a local nursing home, and a psychiatric hospital included performance of physical exams, with a specific focus on breast exams, and vision exams for the residents. In addition, students visited a home for severely disabled children and adults, where they participated in assessing the residents' health status and any recommended treatments. They also participated in rural community health fairs, located in schools or community centers, working under the supervision of licensed health care providers. During the entire program they worked alongside medical and nursing students from Grenada, as well as other nursing programs who were visiting at the same time.

The paper also presents in-depth information on the evaluation process. In every clinical session, preceptors provided a written evaluation of each student, and students, in turn evaluated their preceptors. A summary and analysis of these evaluations are described in the paper. At the end of the experience, there was a joint meeting for students who have participated from Regis College, St. George's University and other nursing programs that were present that week. This provided a venue for sharing and reflection on the varied experiences.

The opportunity for interdisciplinary education enabled students from varied health care Programs, to benefit from the exchange of ideas and approaches to health care. An Institute of Medicine report (2011) called upon health educators to incorporate more interprofessional learning into the curriculum. This was restated in 2013 by the Joint Commission where improved interprofessional communication was found to be a critical area to help prevent patient errors.

The program expanded student learning and awareness of the necessity for cultural competence in health care; a required component of health education in the US. The welcome reception, with emphasis on culture, the island and hospital tours, all oriented the American NP students to Grenada. Working directly with Grenadian residents, and with physicians educated there, or in other countries, the NP students gained a different perspective on health care systems, patient expectations, and provider-patient relationships. In addition, students lived in the community and worked with minimal equipment and technological support. They spoke with patients, staff, and residents of the surrounding communities, took public buses, and ate in local restaurants.

The program, now in its fifth year, has expanded from four to six students, and approximately half of those who apply are accepted. Some students had many years of nursing experience while others had backgrounds in biomedical research, Peace Corps, military, journalism, business, and public health.

The international visiting nursing student programs have become the St. George's University Global Nursing Initiative, which has included nursing students from Barry University, Indiana Wesleyan University, and University of Toronto. It has expanded the Regis International experience, and brought a new dimension to the St. George's University's (SGU) Program in Nursing. Some of the many benefits reported from the experience were an increased confidence in clinical skills, becoming more culturally sensitive and competent, and a broader view of health care delivery.

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## B 03 - Engaging Interprofessional Teams

### Health Team Members' Perceptions of Strategies for Patient-Centred Care in Acute Care Settings

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#### Purpose

to provide learners with the opportunity to explore the issue of patient-centred care in the acute care settings, based on health professional and patient/family perspectives of strategies that could enhance the patient/family experience of involvement in their own care with an interprofessional team in the acute care setting.

#### Target Audience

nurses in acute care settings, managers committed to enhancing the quality of the in-patient experience, and nurse educators preparing pre-licensure students for professional patient-centred practice.

#### Abstract

Patient-centred care is an ideal of interprofessional collaborative care, and an expectation of patients and their families. Patients and their family members are often referred to as members of the interprofessional team for their care. However, according to patient surveys, this ideal of Interprofessional collaborative care and patient-centred care is often not achieved in the acute care setting. In this session, we report on a qualitative study examining the perceptions of 15 healthcare professionals about patient-centred care on an acute care medical unit in a tertiary care teaching hospital. Professions in this study included nursing, pharmacy, physical therapy, occupational therapy, social work, home care coordination, and unit administration. The perceptions of these healthcare professionals are compared to those of 28 in-patients and family members on the same medical unit. Perceptions of how patient-centred care should be enacted and the effectiveness of this implementation differed somewhat among various health professionals as well as their patients. Most offered suggestions as to how patient-centred care could be improved, many suggestions which differed from the suggestions of their patients and families. These suggestions from healthcare professionals and their patients will be explored for feasibility and possible efficacy.

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## C 01 - Clinical Education Strategies

### Mastering Clinical Dilemmas: A Newly Licensed RN Clinical Management Best Practice

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#### Purpose

to report on an evidence-based practice project conducted at Magnet-designated hospitals to analyze issues for newly licensed RNs to resolve the clinical dilemma of "getting work done," discuss the major challenge identified, managing clinical situation for multiple patients simultaneously, and implementation of a nurse residency program best practice.

#### Target Audience

nursing leaders and clinical educators that support the role transition of newly licensed RNs in acute care settings.

#### Abstract

Seven clinical nurse practice issues challenge the successful role transition and integration of newly licensed RNs (NLRNs) into acute care clinical nursing practice. Of the seven--delegation, autonomous clinical decision-making, prioritization, RN-MD collaboration, restoring self-confidence through feedback, conflict resolution and getting work done--"getting my work done" was identified as the issue of greatest concern and the only one for which 907 nurses (NLRNs, experienced clinical nurses, managers, and educators) participating in a nation-wide nurse residency program study in Magnet-designated hospitals could not identify effective strategies. It is the management component of nurses' clinical practice that was cited as causing the most difficulty. This presentation will discuss an evidence based management practice project conducted with NLRNs 6-8 months post-hire working in Magnet-designated hospitals. The purpose of the study was two-fold: analyze the interview data and literature to understand the dimensions of the "getting work done" issue and then implement a potential best management practice project and evaluate its effectiveness. Data analysis included asking NLRNs "what are the similarities and differences in your nursing practice now (6-8 months post-hire) and when you were with your preceptor?" A spontaneously NLRN-drawn sketch, conceptualizing differences in the clinical practice role when NLRNs care for patients assigned to their preceptor (transition stage of professional socialization—post-hire to 3 months) and when they are in the integration stage and assigned their own patients. The sketch was later validated by 20 hospital site investigators. These differences in conceptualization of the nurse practice role, combined with interview data and literature review, led to identification of the major challenge faced by NLRNs—managing clinical situations for multiple patients, simultaneously—labeled "multiple patient-simultaneity complexity" (MP/SC). Mastering "simultaneous" responsibility for a multiple patient assignment is unique for nurses practicing in acute care inpatient settings and is different from "sequential" responsibility for a series of patients practiced by other professional health care providers. NLRN perceptions of not making the "right" decisions when managing multiple, competing patient needs contributed to their feeling "bad about themselves" and feeling as if they "let their patients down" and was identified by some as the reason why they would leave nursing. The literature review of complexity science and complex, adaptive systems provided the framework for the development and testing of a best management practice. This practice consisted of NLRNs reading a clinical practice dilemma scenario, followed by individual action commitment and then a class discussion using principles of complexity science. After reading the MP/SC scenario the NLRNs answered three questions: what would you do in this situation?; how would you feel about yourself as a nurse after making and acting on the decision?; and what could you do, to prevent the situation from happening again? The individual action commitment stimulated NLRNs to practice clinical reasoning and decision-making with the data at hand. At the end of the class discussion, NLRNs were asked for feedback on the activity and would they make a different decision after the class discussion. Class educators were asked about the usefulness of the practice in helping NLRNs master MP/SC dilemmas. Educators reported that after the class, NLRNs did gain insight into the multiple, potential correct answers to the MP/SC dilemma and all but one educator in the nine Magnet hospitals reported plans to incorporate the practice into their residency

program. Evidence also indicated a reduction in NLRNs negative feelings about the consequences of MP/SC decisions and an increase in collaboration after the class discussion. Based on the results of the study, the investigators concluded that the residency class has the potential for resolving the MP/SC issue cited as the NLRNs major challenge in getting work done.

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## C 01 - Clinical Education Strategies

### A Process for Nurse Practitioner Students to Find Preceptors and Clinical Sites

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#### Purpose

The purpose of this poster presentation is to provide a process that meets the needs of Advanced Registered Nurse Practitioner (ARNP) students needing clinical experiences provided by competent, credentialed, licensed ARNPs, and to help ARNP faculty and students navigate through the legal placement process.

#### Target Audience

The target audience of this poster presentation is for academic faculty who teach ARNP students, administrative staff looking to facilitate ARNP students' clinical placement for recruitment and retention, and for ARNP students looking for clinical sites and preceptors.

#### Abstract

As a result of the Affordable Care Act, nurse practitioner programs have steadily increased across the country. To meet the demands for more providers, many academic institutions have developed distance learning programs leaving students to find preceptors and clinic sites on their own. At UI Hospitals and Clinics, many of our rising-star staff nurses were enrolled in such programs and needed clinical sites. Because of perceived and real barriers to placing students for clinical rotations within our institution, they often sought placement elsewhere, which often lead to them taking a position outside our organization upon graduation. In an effort to remove barriers and promote employee retention even if their future role changed, we developed a process to help both the students and the academic ARNP faculty navigate through our system to obtain clinical experiences provided by competent healthcare providers. The Department of Nursing's affiliation agreement that already existed was used and an addendum contract for the placing department was developed with hospital legal services. All UI Hospital and Clinics ARNPs were asked via a survey for permission to be placed on a master list of staff willing to be preceptors for ARNP students. A checklist was developed to guide the ARNP students through the steps of the placement process. The checklist involved three major categories: requesting official placement from school, information on how to secure a preceptor, and other required regulatory paperwork. Once the checklist was completed, the addendum was routed for signature from hospital administrators and the department head of the preceptors.

Since the inception of this process in 2012, ARNP students not employed by UI Hospitals and Clinics have also navigated through our system. To date, we have established affiliation agreements with twenty one ARNP academic programs in nine states. There have been 63 ARNP students covered under 103 addendum contracts for clinical experiences. Future plans include exploring alternate clinical experiences for students beyond 1:1 preceptors, developing recruitment and recognition strategies for preceptors, and migrating the paperwork process to an electronic workflow.

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## C 01 - Clinical Education Strategies

### It's a Matter of Time: Formative Feedback in Online Learning Environments

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#### Purpose

The purpose of this presentation is to describe the results of a study to determine student satisfaction with timeliness of instructor feedback in online graduate nursing courses with a focus on the statistically significant relationship between timely feedback and student satisfaction ( $p = .000$ , Chi-square = 33.9,  $df = 1$ ).

#### Target Audience

The target audience for this presentation is faculty and nurse educators teaching in distance or online learning environments.

#### Abstract

Students desire to know how they are performing in online learning environments. The challenge for instructors teaching in the online learning environment is providing students with information to improve their performance prior to the assignment of a final grade. Formative feedback is an assessment element used to provide learners with information about how they are performing. Formative feedback is defined as "information communicated to the learner that is intended to modify the learner's thinking or behavior for the purpose of improving learning" (Shute, 2008, p.1). The formation of learning goals are assessed and evaluated in a manner that allows students to make changes and expand learning based on suggestions from instructors (Shute, 2008). Students perceive effective instructor feedback to be feedback provided in a timely manner with specific, constructive guidance to make changes and apply to future assignments (Getzlaf, Perry, Toffner, Lamarche, & Edwards, 2009). Failure to provide timely feedback may decrease motivation to make changes and decrease deeper learning (Stein, Wanstreet, Slagle, Trinko, & Lutz, 2013).

What is meant by "timely" feedback? Timely feedback can range from 24 hours to two weeks, depending upon the setting for the instruction (Ferguson, 2011; Getzlaf et al., 2009). The purpose of this presentation is to describe the results of a study to determine student satisfaction with timeliness of instructor feedback in online graduate nursing courses. Using a mixed-method approach, a mid-semester survey was distributed to 611 students enrolled in an online graduate nursing program. Results of the study will be discussed with a focus on the statistically significant relationship between timely feedback and high student satisfaction with feedback to make changes to future assignments ( $p = .000$ , Chi-square = 33.9,  $df = 1$ ). The target audience for this presentation is faculty and nurse educators teaching in distance or online learning environments. With increasing demands on organizations to decrease costs, the techniques provided in this presentation will demonstrate specific tools to improve timely feedback to learners in multiple learning environments. Using tools as Blackboard Collaborate®, Blackboard IM®, and Join.Me®, learners will discover virtual communication tools to implement and share feedback with students and colleagues (Blackboard, 2012; Join.Me, 2015). Upon completion of this session, the learner will be able to describe at least three approaches to improve student satisfaction with timely feedback and differentiate at least three preferred generational strategies for providing timely feedback.

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## C 02 - Teaching and Learning in a Virtual Environment

### Using Multi-User Virtual Environments (MUVE) in Nursing Education

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#### Purpose

The purpose of this presentation is to describe use of multi-user virtual environments (MUVE) in nursing education. Avatar student and instructor presence in solo, one-on-one and small group learning activities will be discussed, as well as performance outcome findings from research on over 400 learning activities in Second Life.

#### Target Audience

The target audience of this presentation is nurse educators on all levels of nursing education as well as educators in the clinical practice.

#### Abstract

Multi-user virtual environments have been called the most important teaching innovation of the 21st century. An outgrowth of multiuser gaming, MUVEs are not games, but rather three dimensional virtual worlds in which multiple users can interact in their avatar forms. When used for learning purposes, MUVE environments can be a useful form of simulation learning that can easily and inexpensively offer a wide variety of learning activities. The purpose of this oral presentation will be to introduce and describe MUVE learning, including its history, development, and pedagogical advantages over traditional learning methodologies. Second Life, the largest free, public MUVE will be described in detail. On the basis of data from over 400 nursing learning activities, the presenter will review four general types of MUVE learning activities, and review the literature for what is known about learning outcomes in MUVE learning. The presentation will conclude with an explanation of best practices for MUVE learning in nursing.

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## C 02 - Teaching and Learning in a Virtual Environment

### College of Nursing Response to the Ebola Education Crisis: The Need for a Safe, Interactive, Clinical Education Strategy

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#### Purpose

The purpose of the Ebola Treatment Center education model is to create a realistic and protected learning environment free from the risk of contracting the disease by simulating and animating best-practices and crisis management that translates into knowledge and skills applied in real world practice.

#### Target Audience

Nursing students, all nurses including specialty practice and inter-professional team members.

#### Abstract

In 2014, reports emerged about spread of the deadly Ebola virus from South Africa to the United States (US) (Centers for Disease Control & Prevention, 2014). News media, political figures, healthcare professionals, and the public showed grave concern and fear over healthcare delivery system failures to protect against cross contamination across US borders, in the community, and within hospitals. As the Ebola crisis played out in multi-media forums and around the world, hospitals and providers voiced the need to know how to render safe and effective care and how to protect from acquiring the virus while treating an infected patient (American Nurses Association, 2014). The College of Nursing immediately responded to the Ebola pandemic recognizing the need to incorporate the global crisis into a safe and accessible 3D virtual learning environment (VLE) free from the risk of exposure to the virulent infection. A Virtual Ebola Treatment Center was built by an interprofessional education and simulation-animation team that included nursing students, a faculty mentor, a virtual environment designer and developer, a virtual world specialist, and supportive administrative leadership. With mentor guidance, the students proposed an architectural design for the Center in the School of Nursing virtual learning space that was underpinned by an education model designed to provide realistic and protected learning for students, partner organizations, and stakeholders. The Ebola Treatment Center came to life with scripted simulations and animations framed in the novel education model. The model provides unlimited access to learning opportunities and data that enhances education delivery for each student. The simulated- animated clinical practicum is grounded in project management principles and the data, information, knowledge, and wisdom (DIKW) model using an interprofessional practice framework (McGonigle & Mastrian, 2015). The model includes 3D simulated infrastructure, teaming processes, crisis and disaster management workflow, and assessment of costs necessary to prevent, treat, and contain a biological public health crisis. The importance of the interactive learning education model to the conference theme is that the model demonstrates how web-based clinical education strategies, coupled with clinical simulation and animation methodologies, disseminates evidence-based practice standards in a safe, effective virtual learning environment. The model provides an opportunity to acquire screening, treatment, crisis management, and leadership knowledge to apply in the real world without the risk of contracting communicable diseases. The methods used include practicum faculty acting as mentors to facilitate learning, to monitor and evaluate clinical learning outcomes, and to guide critical debriefings. The disruptive innovation model is used to drive virtual learning experience process change in real time based on formative and summative data analyzed from student performance and success criteria. Expanding the virtual Treatment Center infrastructure, in strategically planned steps, and the inclusion of fixed and live avatar patients and providers, personal protective equipment, robotics, air ambulances, and emergency services, excite the interactive learning. Protocol driven patient admissions include safe donning and doffing of personal protective gear, HazMat Suits, patient containment transport units, a Bio-containment room, and a Quarantine ante-room. The learning simulation-animation scripts will be updated to mimic lessons learned based on real world root cause analyses. The implications for the use of evidence-based clinical education strategies is focused on protecting the US Homeland from the spread of Ebola and other infectious disease and will include disaster response to biological, biochemical,

and other terrorist threats. Using new knowledge gained, and depending on the student demographic, the Homeland may be simulated in different parts of the world or use scripted avatar role play with diverse ethnicity creating culturally competent learning while students share vast differences in values, beliefs, and worldviews. The disparities provide the learner with the wisdom to engage in evidence-based clinical, political, and global decision-making in the best interest of the public good in the real world.

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## C 02 - Teaching and Learning in a Virtual Environment

### An Interprofessional Web-Based Approach to Critical Care Education: Development and Financial Impact

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#### Purpose

The purpose of this project was to create a web site to be used for the online clinical orientation and continuing education of nurses in three specialized critical care units in a non-profit community hospital.

#### Target Audience

The target audience for this presentation would clinical nurse educators, nurse managers and clinical directors responsible for clinical orientation, continuing education and cost management.

#### Abstract

The purpose of this project was to create a web site to be used for the online clinical orientation and continuing education of nurses in three specialized critical care units in a non-profit community hospital. Review of the previous educational model identified the need for additional evidence-based content. The former face-to-face orientation classes and supplemental online courses were time consuming and expensive. In addition, revision of the program was needed to address the various levels of experience of nurses starting to work in the units: experienced critical care nurses, experienced non-critical care nurses and graduate nurses. The team also identified the need to provide an opportunity for periodic remediation of educational content for nurses currently working in the units.

To begin, the interprofessional team was assembled consisting of a Clinical Nurse Specialist Consultant, Critical Care Educator, Cardiothoracic Clinical Nurse Specialist, Respiratory Therapist and Information Technology Specialist. A survey was completed by the management team and staff to identify priorities to be included in course content. A prototype of the prospective website was created. Administrative approval to purchase a unit-specific portal was obtained in order to establish a secure website. The unit-specific portal allowed off-site access by the management team and staff. The range of capabilities of the existing learning management system (LMS) was reviewed for compatibility with the new web site. Testing capabilities of the LMS allowed for the creation and application of post-tests to accompany each module. Results of scores from the post-tests identified problem areas that needed to be addressed with each newly hired nurse. The team conducted a review of current educational content. Each team member was asked to compose learning modules that focused upon their specific areas of expertise. Evidence-based unit policies and procedures were included in the creation of each module. Upon completion of the modules, the Information Technology Specialist supervised team members in providing narration for each module before posting them to the website. All newly hired nurses were required to complete a pre-hire online assessment which assessed (1) clinical competence, (2) personality and attitude, (3) interpersonal skills and (4) critical thinking. The management team reviewed each assessment prior to the beginning of orientation to determine content areas that may need specific remediation prior to and during working in the units.

A review of the potential financial impact of the changes was significant. The previous educational model required face-to-face classes in addition to a licensing fee for supplemental online courses. The licensing fee cost \$2,000.00 per year. With the previous model, the cost for each orientee to complete the online program was approximately \$2,140.00 (60 hours)-\$3,400.00 (100 hours) per person depending upon the length of time necessary to complete all courses. In 2011, 15 people completed orientation resulting in an approximate cost of \$32,000.00. The average number of clinical hours spent with a preceptor ranged from 320-640 hours at an average of \$16,254.00 per person. The orientation of only 3 graduate nurses resulted in a cost of \$48,762.00. The website will result in substantial cost savings over time.

This project promoted collaboration through interprofessional review of content for the development of a critical care web site. The financial savings was substantial. The modules enhance continuing education for nurses currently working in the units by providing access to content review. In the future, capabilities to monitor yearly clinical competencies and results will be recorded on the website. Verification of professional certifications, required for all critical care nurses, will be maintained on the site providing ease of access for the management team. This individualized web-based approach to critical care education promotes quality and safety for critically ill patients by promoting a consistent standard of nursing education for new and experienced critical care nurses.

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## C 03 - Enhancing Clinical Education

### Evaluating and Developing Supplemental Clinical Faculty Competency

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#### Purpose

The purpose of this presentation is to describe a program designed to evaluate the educational needs of supplemental nursing clinical faculty and develop pertinent professional development workshops.

#### Target Audience

The target audience of this presentation is nurse faculty, academic and clinical leaders, and clinical faculty.

#### Abstract

**Purpose:** Due to the shortage of nurse faculty, employment of clinical experts as supplemental clinical faculty is essential. As a result, nursing programs are challenged to offer strategic development and evaluation methods which address the unique needs of the supplemental clinical faculty. In order to support students' learning needs and program outcomes, it is essential that these faculty are provided ongoing professional development. To create a supplemental clinical faculty development program, assessment of their challenges and needs is necessary. Data from the initial supplemental clinical faculty evaluation and initial development workshop are presented.

**Methods:** Focus groups and online surveys were used to identify the challenges and educational needs of supplemental clinical faculty, which include adjunct clinical faculty, clinical teaching partners assigned to dedicated education units, and clinical teaching associates used in a senior nursing internship course. The supplemental faculty's ability to assess student learning and the benefits and challenges the faculty experience were evaluated. The focus group discussion involved open ended questions eliciting participant feedback. The online survey questions mirrored the focus group questions; however, they were scored using a Likert scale. This data was then used to develop an initial educational workshop for supplemental clinical faculty.

**Results:** Fifteen supplemental clinical faculty attended the focus groups and 18 completed the online surveys. The results from the online surveys indicated that over 90% of the supplemental clinical faculty felt confident in their ability to address student issues and provide feedback. The participants were confident in their ability to coach student critical thinking. Despite this level of confidence, 23% of the online respondents felt more training and education would help them better meet the needs of the nursing students. Focus group responses suggest supplemental clinical faculty need more tools to better evaluate the level of students. They felt it was difficult to differentiate between the expectations for the less experienced students. In addition, the supplemental clinical faculty felt the course specific clinical evaluation forms were ambiguous and lacked consistent guidelines for assessing student outcomes. This feedback supports the need for further formal development workshops for supplemental clinical faculty specifically addressing the leveling of student performance and fostering a greater understanding of the clinical evaluation metrics.

**Conclusions:** Common practice in many undergraduate nursing programs is to utilize supplemental clinical faculty; however, current literature regarding ongoing development of these individuals is limited. Ongoing supplemental clinical faculty development is necessary to ensure successful attainment of program and student outcomes. This pilot study is an initial step in identifying and addressing the unique needs of clinical experts placed in the role of supplemental clinical faculty.

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## C 03 - Enhancing Clinical Education

### Strategies for Developing Expert Clinicians into Clinical Faculty: Lessons Learned from a Hybrid Faculty Academy Experience

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#### Purpose

to describe lessons learned from offering a faculty academy experience to over fifty expert nurse clinicians. Delivered through a combination of online and face-to-face sessions, this collaborative between three nursing programs in a geographically rural area is in its fourth year of operation.

#### Target Audience

expert nurse clinicians with an interest in teaching at the undergraduate level and current faculty who might wish to develop a similar initiative.

#### Abstract

Background: Across the U.S., the scarcity of nursing faculty has been identified as central to the ongoing nursing shortage. Recruitment and retention of highly qualified individuals from diverse backgrounds to teach students in clinical settings is challenging regardless of locale, but is more acute in rural and physically-isolated communities. Educating practicing nurse experts about the complexity of the clinical academic environment requires a multidimensional approach along with ongoing mentorship and support during the transition from one role to the other.

The Eastern Shore Faculty Academy and Mentoring Initiative (ES-FAMI), a regional educational program serving a geographically-isolated peninsula in Maryland, is a partnership among three schools of nursing: a four-year comprehensive public university, a two-year community college, and a four-year private institution with an Afrocentric focus. The ES-FAMI experience, offered in a hybrid format, includes face-to-face meetings, interactive online modules, simulated clinical teaching experiences, and mentoring. Specific goals of the ES-FAMI are to recruit a racially, ethnically, and gender-diverse group of participants with special emphasis on the clinical specialties of psych/mental health, maternal/newborn, pediatrics, and community health. Topics for the online modules include exploration of the similarities and differences in curriculum design of the three partner programs, legal aspects of clinical teaching, how to create an environment for student learning while protecting patient safety, approaches to structuring for pre-and post-clinical conferences, alternative approaches to evaluating student performance, dealing with difficult student situations, and managing the personal challenges of multiple simultaneous roles.

Originally designed as a three year grant, the project was so successful that a one-year extension was sought to continue offering the academy and expand the mentorship aspects of the program. Mentoring activities include periodic face-to-face meetings to discuss challenging clinical situations and how to manage them, one-to-one shadowing with experienced faculty, site visits to academy graduates who had undertaken clinical teaching assignments for one of the partner schools, and workshops on such topics as “organizing a clinical experience”, “methods to track student assignments/patient diagnoses/clinical skills”, and “providing constructive feedback on student written work”. To date, seven academies have been held, yielding forty-four graduates, 77% of whom have taken clinical adjunct teaching assignments with one or more of the three partner schools. At the conclusion of the four year Maryland Higher Education Nurse Support Program-II grant project, nine academies will have been held with a projected total of sixty participants.

Conclusion: This structured faculty academy experience has given clinicians the foundational tools needed to transition to a clinical faculty role and has provided the partner schools with a pool of talented part-time educators. Ongoing challenges include the need for continued mentorship of academy

participants, redefinition of roles and expectations with each of the partner schools, the need for strong leadership from at least one of the partners to assure quality and continuity in online course management and implementation of simulated teaching experiences, and the importance of a flexible plan for sustainability when grant funding ends.

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## C 03 - Enhancing Clinical Education

### Creating Caring Learning Environment Practice Partnerships (CLEPPs)

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#### Purpose

The purpose of this presentation is to describe the process of developing caring learning environment practice partnerships between selected healthcare organizations and Nevada State College School of Nursing anchored in Jean Watson's Caring Science Theory.

#### Target Audience

The target audience of this presentation is Deans or Directors of Schools of Nursing, Chief Nurse Executives of healthcare organizations, nurse educators and clinical educators.

#### Abstract

Reports by the Institute of Medicine (IOM) and the Robert Wood Johnson Foundation (RWJF) (2010) call for nurse leaders to improve how nursing students are educated by improving the bridge between theory and clinical practice. Such partnerships facilitate collaboration between academic and clinical practice settings for better utilization of resources and the development of creative ways to prepare nursing students in providing safe and effective patient-centered care to higher acuity patients in a complex healthcare systems (Glazer, Erickson, Mylott, Mulready-Shick, & Banister, 2011). Creating new and innovative models that utilize the traditional dedicated education unit (DEU) model presents unique and valuable opportunities for nursing students and staff nurses. The utilization of existing philosophical frameworks within a baccalaureate nursing program and a large healthcare system serves as the guiding theory of establishing academic – practice partnerships in an effort to stabilize, structure, and strengthen relationships. Creating such relationships, based in the caring sciences offers both academic units and clinical sites rich opportunities to ameliorate learning opportunities for all stakeholders. This bi-directional learning model benefits nursing students, staff nurses and academic/clinical administration.

In August 2014, Nevada State College's School of Nursing initiated discussions with two selected healthcare organizations, Dignity Health St. Rose Dominican Hospital's Siena Campus and the VA Southern Nevada Healthcare System to gauge interest in creating caring learning environment practice partnerships (CLEPPs) anchored in Jean Watson's caring theory. The creation of caring science units (CSUs) offers a novel approach to the dedicated educational units (DEUs). This innovative collaboration benefits nursing students and clinical units by offering a structured and consistent model of clinical experiences for all stakeholders.

The two healthcare organizations were chosen due to similar values and ideals related to the environment for nursing care delivery. The chief nurse executives, the clinical educators, the Dean of the School of Nursing and a nursing faculty responsible for clinical coordination met to discuss the vision, structure, and outcomes of the caring science units and the practice-partnership. Meetings continued during the implementation of the CSU's. The clinical liaisons from both organizations attended a faculty development workshop in January 2015 in which Jean Watson's caring theory was explored for integration into both the curricular and the clinical settings.

Caring science units (CSU) are similar to the dedicated education unit (DEU) models described in the literature where the unit staff nurses play a role in the education of the nursing students by functioning as a clinical instructor. Specific units are designated as a CSU in each healthcare organization and the nurse manager and clinical educator identified clinical nurse mentors on those units. Each practice setting designated a clinical liaison that communicates with the Nevada State College (NSC) clinical instructor,

the NSC nursing students, the nurse mentors at each organization and the NSC clinical coordinator to enhance communication and success of the CSU.

These practice partnerships create a caring learning environment that benefits both the healthcare organization and the school of nursing. The nursing students are in an environment that facilitates learning both the art and science of nursing care, as well as the transition from nursing student to new graduate nurse. The team of leaders developing the new, innovative CLEPPs shares exemplars of how nursing practice grounded in caring science leads to improved patient outcomes and patient satisfaction. The clinical nurse mentors receive education regarding the nursing curriculum, learning objectives for the course, teaching strategies to promote critical thinking/clinical reasoning, and effective feedback and evaluation. This enhances education and professionalism of nursing in the healthcare organization and introduces nurses to the nurse educator role.

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## C 04 - Improving Clinical Teaching Methods

### One School's Journey through High Fidelity Simulation Curriculum Integration

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#### Purpose

The purpose of this presentation is to allow the learner: 1. To examine the process of integrating HFS into a BSN curriculum. 2. To learn about the experience of integrating HFS into a BSN curriculum across three programs tracks. 3. To identify success and challenges encountered in the experience.

#### Target Audience

The target audience of this presentation is nurse educators involved curriculum development in pre-licensure nursing education. Nurse educators involved in clinical simulation education will benefit from the information shared in this presentation.

#### Abstract

**Background:** This abstract describes one BSN program's journey in HFS curriculum integration. The IOM report on the Future of Nursing (2010) recognized the need for a highly educated nursing workforce to address the realities of health care in the 21st century. Nursing education facing the challenge related to clinical practice sites, many nursing program has adapted use of simulation as an educational tool to enhance clinical education. Simulation has been found useful for teaching to improve clinical judgment, increase safety and decrease errors (Bearson & Wiker, 2005). The use of simulation can help prepare clinically proficient health care professionals (Harder, 2010). Recent findings by the NCSBN national simulation study found substantial evidence that substituting for up to half of traditional clinical hours with high-quality simulation experiences produces comparable end-of-program education outcomes (Hayden et. al., 2014).

**Curriculum Development and Simulation Program Implementation:** Our school's simulation program began small and has undergone many changes since 2005. Our program started using low fidelity simulation in the foundations nursing course to prepare students for their first clinical rotation. The overwhelming response from students encouraged faculty to move forward in using this methodology in other courses. A shared clinical simulation center in the state was established in 2009. Faculty training in immersive simulation methodology by expert simulation faculty was provided for faculty identified as simulation champions. Educational packages for simulation education were initially used to match curricular needs to enhance learning. Clinical faculty, who had various degrees of comfort and skill in setting up, implementing, and debriefing, conducted the simulations. However, variability in students HFS learning experience and costs of using the packages were no longer financially sustainable. The program's simulation coordinator worked with faculty simulation champions from each level of the program to identify student learning needs, mapped out the curriculum with faculty teaching the didactic courses and developed clinical HFS scenarios that were congruent across the curriculum. Jeffries (2005, 2007) framework was used to guide the development and design of the scenarios. Schedules were mapped out and logistical planning was addressed with the clinical simulation center SIM ops committee. During this time, the program established the concierge simulation model where a dedicated set of faculty trained in simulation methodology will facilitate the scenario and conduct debriefings. This provided consistency in the HFS learning experience for BSN students and simulation technicians.

**Outcomes:** Integrating HFS in the nursing curriculum takes time, resources, and dedicated faculty. Full implementation of the newly developed HFS scenarios were undertaken in summer and fall 2013 and continues to be implemented in the curriculum to augment student clinical learning experiences. With the HFS curriculum infrastructure in place, the program is now positioned to conduct a more robust research focusing on evaluation of student learning, knowledge transfer, simulation and debriefing practices.

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## C 04 - Improving Clinical Teaching Methods

### A Collaborative Project to Improve Associate Degree Nursing Students Knowledge, Skills and Attitudes about Quality Improvement

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#### Purpose

The purpose of this presentation is to enhance the knowledge of registered nurses and educators on a collaborative endeavor to improve associate degree nurses knowledge, skill, and attitudes about quality improvement in acute care settings.

#### Target Audience

The target audience of this presentation is registered nurse educators and clinicians who work at or do clinical rotations in acute care settings.

#### Abstract

Problem: Associate degree nursing (ADN) students were having challenges understanding their role in the quality improvement (QI) process furthermore, NCLEX was including more questions on QI.

A collaborative project was developed between a community college ADN program and the county hospital. The topic selected was the nonconformity on restraints from the most recent hospital regulatory survey.

Students attended a class on QI, EBP, regulatory agencies, and how to create scientific posters. Students were randomized into groups of 4. The student groups then created a group charter outlining each team member's responsibility, timelines, and consequences of failing to participate fully in the project. Students received copies of most recent regulatory survey findings, current hospital policy, and web links to Center for Medicare & Medicaid Services (CMS) information on restraints. Students examined the regulations regarding restraints, differentiated the types of restraints and learned about the nurses responsibilities when caring for patients in restraints. This information was then translated into a scientific poster. Students also participated in QI during clinical rotations by helping during NDNQI Skin Survey day, and attending Quality Management (QM) meetings.

Students presented posters at hospital shared governance council meeting. Posters were set up conference style and students presented as hospital staff rotated between posters. Hospital staff completed an evaluation form and a winning poster was determined. Students also presented posters to second and third semester nursing students and advisory board members. Posters were then given to hospital educators to use for in-services on restraints.

The project helped address QSEN competencies in the areas of evidence-based practice (EBP), quality improvement (QI), teamwork and collaboration.

Students were asked to evaluate the project process and accomplishment of identified objectives and evaluate their team members participation in the project (peer eval).

Outcomes: Improved scores on ATI predictor test Indicator: QI from 78.5% to 91.2%, students stated they "felt professional during the presentation", became more "focused on safety", began "looking for ways to improve care", and were more "patient centered when providing care during clinical rotations". Several students connected to the project on an emotional level, and discussed how they would feel if their family members were restrained.

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## C 04 - Improving Clinical Teaching Methods

### An Adapted Clinical Teaching Model: Shifting from Traditional to Targeted

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#### Purpose

The purpose of this presentation is to share an innovative approach to clinical education that is part of a new integrative curriculum for a Bachelor in Science Nursing degree program.

#### Target Audience

The target audience of this presentation is nursing educators, health care program educators, administrators, and all health care professionals that have contact with health care students in clinical practice.

#### Abstract

Health systems and care environments are faced with increasing complexity as a result of advancing knowledge and technology. At the same time, many agencies are experiencing financial resource and human resource constraints. These factors come together to generate a wide array of ethical and safety challenges for both health care and health care education.

Nursing programs, similar to several other health education programs, have struggled to provide graduates with the knowledge, skills, and abilities needed to enter such complex health care environments. The natural temptation is to add more content, assessment, and practice to already dense curricula. The result can create the perfect academic crisis; mounting stress and overload for both the student and the teacher. Further, nursing programs encounter increasing inability to meet their determined demands for safe, quality practice placements in the overtaxed care environments that are also often saturated beyond capacity with the volume of practice placements required from multiple health care programs.

In an effort to address these multiple challenges, our School of Nursing engaged in a curriculum review which included an extensive environmental scan. The environmental scan revealed several pieces of evidence that informed the development of an integrative curriculum for the development of entry level competencies for the graduate nurse. The newly developed curriculum includes an innovative clinical education model adapted from the Oregon Clinical Education Model developed by the Oregon Consortium of Nursing (Nielsen, Noone, & Voss, 2013). Our clinical education model shifts the early practice learning from random chance practice learning to targeted, focused practice learning experiences through the usage of Intentional Learning (IL) activities (Gubrud-Howe & Schoessler, 2008; Taylor Huber & Hutchings, N.D). The threading of concepts and learning outcomes across suites of courses, and the use of (IL) activities within several practice courses, are the hallmarks of the revised curriculum. Intentional Learning activities integrate knowledge, lab learning, and practice, thereby supporting the student to develop deep thinking and strong reasoning abilities (Benner, 2010; Taylor Huber & Hutchings, N.D; Tanner, 2006). As the student gains knowledge, skills, and abilities in an integrative manner, their level of responsibility for complex, holistic patient care is steadily increased.

An integrative curriculum with the adapted innovative clinical education model balances targeted learning with quality experiential learning to produce strong graduates who provide safe, competent, ethical professional nursing care. Integration and intentional learning are pedagogical approaches that could be adapted and infused into the curriculum of other courses and other disciplines.

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## D 01 - The Use of Simulation in Nursing Education

### Teaching the Nursing Process through the Use of Simulation in the Lecture Hall

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#### Purpose

discuss an innovative teaching strategy to introduce simulation to the classroom and improve student understanding of the nursing process

#### Target Audience

nursing faculty in an undergraduate program

#### Abstract

The nursing process is a difficult concept for undergraduate students at any level to grasp. Yet, nursing faculty members expect students to apply this problem solving strategy as they individualize care for their assigned patients. According to Novak (2013) and Kirkman (2013), stimulation may be a more effective method to transfer knowledge than reading a textbook or listening to a lecture. Not all students have experienced a hospital setting prior to the beginning of nursing school which can lead to increased anxiety and fear about the first "real" patient encounter in a clinical assignment. Traditionally, a computerized slide presentation has been used to convey the steps of the nursing process in the classroom. Lack of a clear understanding of the concept became evident as faculty reviewed the students' written care plans during clinical rotations. Thus, a new strategy was conceptualized by faculty to improve students' understanding and application of the nursing process. Given the literature support for varying the methods used for instruction of a large student body (Foronda & Bauman, 2014), the faculty incorporated simulation into the classroom to teach the interrelated topics of clinical reasoning and the components of the nursing process as key factors for comprehensive nursing care.

The nursing process, otherwise known as ADPIE (Assessment, Diagnosis, Planning, Intervention, and Evaluation), was taught to junior students in the didactic setting by using simulation techniques with a standardized patient in the lecture hall. After a brief lecture using a computerized slide presentation highlighting the elements of the nursing process, the simulation strategy is introduced to the students sitting in the classroom. A standardized patient is brought into the classroom via stretcher with full moulage in place. A faculty member approaches the patient and models a real life encounter as would be performed by a registered nurse. The faculty introduces herself to the patient and performs a five minute clinical assessment to gather data which is verbalized to the students as it is identified. The standardized patient interacts with the faculty by answering questions about his current medical status. Students are expected to take notes throughout the demonstration identifying any abnormal data which can be used later to construct a patient-specific plan and nursing care interventions (steps of the nursing process). In front of the students, interventions are incorporated into the scenario such mobilizing the patient to a chair, using of an incentive spirometer, and administering medications. The patient data obtained is the foundation with which students build a concept map. The standardized patient is used to accomplish learning objectives for junior level students. This strategy acts as a bridge between the conceptual understanding of the nursing process and the reality of a hospitalized patient. The real time interactions portrayed between the faculty "nurse" and the "patient" allows the students to observe a comfortable way to approach and interact with a hospitalized patient during their future initial encounter. By observing this teaching strategy, the students become actively engaged in the activity, thus reducing their anxiety and uncertainty experienced when approaching patients for the first time. Students report that the use of simulation in the lecture hall provides a method to envision their role as student nurses in the clinical setting. This innovative teaching approach changes the classroom environment to a setting characterized by active and experiential learning.

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## D 01 - The Use of Simulation in Nursing Education

### A Poverty Simulation for Health Care Professions Students

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*Lori I. Kidd, PhD, RN, CNS, USA*

*Sheri Hartman, MSN, RN, CPNP, USA*

#### Purpose

to describe planning and implementation of an interprofessional simulation to help health care professions students become more aware and sensitized to the experience of living in poverty. The presentation will also present results of research conducted to evaluate changes in attitude.

#### Target Audience

nurse educators, clinicians, or administrators. The information is useful to anyone working with vulnerable populations or those engaged in interprofessional collaborations.

#### Abstract

**Purpose:** Research was conducted to evaluate whether a poverty simulation presented for health care professions students effected a change in attitudes toward those living in poverty.

**Problem:** Poverty is on the rise in the United States (National Center for Health Statistics, 2012). Poverty is a significant social determinant of health, impacting mental illness, obesity, cardiovascular health and other acute and chronic illnesses. It is essential that nursing students and other health care professionals develop an empathic understanding for the complexity of poverty and related health outcomes, yet few undergraduate students may have real life experience or exposure with this vulnerable population (Patterson & Hulton, 2011; Yang, Woome, Agbemenu, & Williams, 2014). It is also important to educators and clinicians to work in collaborative interprofessional groups to provide the most comprehensive and highest quality health care for clients.

**Methodology:** Undergraduate students (n=80) enrolled in nursing, social work, and child life specialist programs in a large midwestern University participated in a poverty simulation. An interprofessional team organized and conducted the simulation. The simulation lasted approximately 3 hours and required the students to role play being part of a low income family for a month. An effort was made to put students from different health care majors together in families and during debriefing to allow different perspectives to emerge. Community volunteers who had real life experience living in poverty staffed resource agencies providing assistance. Students were asked to complete a pre and posttest that assessed attitudes toward those living in poverty (Short Form of the Attitude Toward Poverty Scale, Yun & Weaver, 2010). A section for general comments collected qualitative data.

**Analysis:** Paired sample t-tests were used to determine differences in attitude toward those living in poverty pre and post simulation. T-test analysis was completed on questionnaires that were fully completed (n=37), contained <10% missing data (n=58), and with mean replacement for missing data (n=58). Qualitative comments were insufficient to analyze beyond basic descriptive statistics (i.e. percentages of objectives met, etc). Additional analysis of data from a scheduled simulation April 2015 will be included in the presentation.

**Findings:** There was no significant overall change in attitudes pre and post simulation; however, multiple items of the scale demonstrated significance ( $p < .05$ ). Subjective comments about the experience were very positive.

**Implications for Nursing:** Although subjective data indicated effectiveness of the poverty simulation, more rigorous methodology is necessary to collect reliable empirical evidence. Additional simulations emphasizing interprofessional collaboration will be offered to subsequent classes of students. Simulations can also be adapted to incorporate more vulnerable populations such as more older adults and clients with chronic mental illness.

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## D 01 - The Use of Simulation in Nursing Education

### Unfolding Case Study Using Human Patient Simulation in an Advanced Practice Nursing Program

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*Linda A. Mason Barber, PhD, MS, BSN, APRN, ANP-C, USA*

#### Purpose

The purpose of this presentation is to describe the development and implementation of a human patient simulation learning experience in an advanced practice nursing program using an unfolding case study approach with standardized patients.

#### Target Audience

The target audience of this presentation is dean's and faculty of nursing programs, nurse educators, graduate students in advanced practice or nurse educator nursing programs, and advanced practice nurses.

#### Abstract

**INTRODUCTION:** The use of human patient simulation (HPS) in nursing education has expanded in recent years, in part due to the increasing challenges educators face in finding sufficient clinical placement for students. Limitations imposed by clinical entities deemed appropriate for precepted experiences for students in advanced practice nursing programs have increased. HPS using standardized patients offers a viable adjunct to clinical experiences in which advanced practice nursing students can develop and be evaluated in terms of their clinical knowledge, skills, and attitudes. HPS has been shown to be an effective alternative to traditional clinical experiences for students in an undergraduate nursing program. Literature, however, is limited on the use of HPS for the purpose of educating and evaluating advanced practice nursing students.

**PURPOSE:** The purpose of this presentation is to describe the development and implementation of a HPS learning experience in an advanced practice nursing program using an unfolding case study approach with standardized patients.

**METHODS:** Advanced practice nursing students in their final semester of a family nurse practitioner program at Mercer University in Georgia participated in a clinical experience conducted in the school's simulation laboratory as part of a clinical practicum course. A faculty developed unfolding case study consisting of three distinct, sequential patient scenarios served as the basis for the experience. Standardized patients recruited for the scenarios were provided background information and scripts to familiarize them with the patient presentation of joint pain, initially, and subsequent abdominal pain, and to coach them in terms of appropriate actions and responses to student questions and examination during the progressive scenarios. Program faculty served as observers and evaluators of student performance throughout the experience. Students were presented with the standardized patient for evaluation in a simulated outpatient setting. Consistent with an unfolding case study, each student engaged in three separate, supposedly time-lapsed, sequential encounters with the standardized patient over a three-hour time period. Patient charts and supporting data pertinent to each encounter were reviewed by the student prior to and during each visit. A health history and physical assessment were completed at each patient encounter, concluding with documentation of findings and a comprehensive treatment plan. Student assessment of evolving patient issues and evaluation of previous assessment findings and treatment plans served as the foci of faculty observation. Evaluation of student performance in the areas of communication, physical assessment, and documentation skills also was conducted. Debriefing, faculty feedback, and student self-evaluation of performance followed completion of the sequence of scenarios. In addition, students were asked to complete a written evaluation of the experience using an evaluation form designed by faculty.

**RESULTS:** Positive feedback from students and faculty supported the value of the simulated experience in reinforcing student clinical knowledge and skills. Written evaluation from students also supported

advancement of knowledge and, along with oral feedback from faculty, identified gaps in teaching and learning which served as a valuable outcome of the simulated clinical experience.

**CONCLUSIONS:** HPS using standardized patients and an unfolding case study approach may be a viable adjunct to traditional precepted clinical experiences for reinforcing knowledge and skills and assessing student learning in an advanced practice nursing program. In addition, identification of teaching and learning needs of students related to clinical knowledge, skills, and attitudes may be derived from these experiences. Debriefing, feedback, and student self-evaluation are important components of simulated learning experiences. Implications for educational and clinical practice and research are evident.

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## D 02 - Discussions of Quality of Life in Critically Ill Patients

### Factors Predicting Quality of Life of Thai Patients with End-Stage Renal Disease Depending on Hemodialysis

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*Geneva Chonpimai, MS, Thailand*

*Areewan Oumtanee, PhD, MS, RN, Thailand*

#### Purpose

The purposes of this research are to study the quality of life of patients with ESRD and to identify the factors in predicting the quality of life of patients with ESRD at a private dialysis center located on Bangkok, Thailand.

#### Target Audience

Hemodialysis Nurse, administrator, and Nurse manager

#### Abstract

**Introduction:** Quality of life is one of the indicators to identify whether a person could live in a society happily and be satisfied with life. In particular, patients with End Stage Renal Disease depending on hemodialysis (ESRD). The illness has various impacts on the physical, psychological and social well-being. Those are affected on their quality of life. Thus, nurses should enhance the patients' quality of life.

**Purpose:** The purposes of this research are to study the quality of life of patients with ESRD and to identify the factors in predicting the quality of life of patients with ESRD at a private dialysis center located in Bangkok, Thailand.

**Sample:** There were 180 patients from a private dialysis center, willing to participate in this study.

**Study instruments:** this study used a set of questionnaire consisting of 3 parts: 1) personal factors including, sex, age, marital status, educational level, duration of hemodialysis treatment, 2) Quality of life WHOQOL-BREF questionnaire, and 3) Evaluation form of Barthel Activity of Daily Living (ADL).

**Data analysis:** Statistics used in this study were Sum, Mean, SD, Pearson correlation, and stepwise multiple regression.

#### **Results:**

1. The quality of life of patients with ESRD was moderate level (Mean = 91.68, SD = 11.54).
2. Age was negatively and significantly associated with quality of life of patients with ESRD at the 0.05 level ( $r = -0.266$ ).
3. Different income of patients could make different quality of life.
4. Other personal factors: sex, marital status, education and duration of hemodialysis treatment did not make a difference on the Quality of life.
5. Performance of Activities of Daily Living (ADL) was positively and significantly correlated with the quality of life of patients with ESRD at the 0.01 level ( $r = .418$ ).
6. Factors predicting quality of life of patients with ESRD were ADL ( $R^2 = .175$ ), income more than 10,000 baht per month ( $R^2 = .062$ ) and age ( $R^2 = .039$ ), respectively. The overall percentage of prediction was 27.6. The study equation was as follows: Quality of life =  $.944$  activities of daily living +  $.194$  income +  $.008$  age.

**Conclusion:** The study findings indicate that patients with ESRD have moderate quality of life. Thus, nurses should promote patients' quality of life by counselling with their family for both ADL and financial support.

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## D 02 - Discussions of Quality of Life in Critically Ill Patients

### Patients with Advanced Lung Cancer: Quality of Life and Perception of Dyspnea

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*Barbara A. Roces, PhD, PhD, NP, RN, USA*

#### Purpose

To discuss the examined relationship between quality of life and perception of dyspnea in a group of advanced lung cancer patients.

#### Target Audience

Practitioners involved in palliative care and end of life care.

#### Abstract

**Background:** Dyspnea perception can be defined as a multidimensional experience of breathing discomfort, influenced by physiological, psychological, social, and environmental factors, that includes secondary psychological and behavioral responses and cannot be defined only by physical objective abnormalities. Dyspnea is the most common and distressing symptom in patients with advanced lung cancer and decreases one's quality of life (QOL). Furthermore, dyspnea has been found to interfere with physical activities such as walking, work, and psychological activities such as disposition, taking pleasure in life, relationship with others, and sleep. Thus, it can be hypothesized that quality of life is related to perception of dyspnea in advanced lung cancer patients; although no published reports have examined this relationship in this population.

**Objective:** The purpose of this study was to examine the relationship between quality of life and perception of dyspnea in a group of advanced lung cancer patients.

**Method:** This was a descriptive correlational, cross-sectional study. Quality of life was measured using The Assessment of Quality of life at the End of Life (AQEL). Perception of dyspnea was measured using the Cancer Dyspnea Scale (CDS). The participants were 22 patients in a hospice care setting diagnosed with advanced lung cancer that reported dyspnea.

**Results:** The findings supported the literature review suggestions that there was indeed relationship between the subscales, AQEL, and CDS measurement total scores. In the sample of advanced lung cancer patients in the hospice care setting, results revealed the AQEL subscales (basic function, activity, cognitive function and perception of care) had a significant correlation to the AQEL total score. In addition, the physical symptoms (pain and bowel movement) indicated a strong inverse relationship to the AQEL total score. As indicated by prior research, analysis revealed the CDS subscales (discomfort, anxiety, and sense of effort) had a strong significant relationship to the CDS total score. Furthermore, it is important to note that the result geared toward the second aim of this research study, indicated no significant relationships between the participants demographics, AQEL total score, and CDS total score.

**Implications:** Increased knowledge of the relationship between quality of life and perception of dyspnea in advanced lung cancer patients can provide a basis for the development of more refined assessment tools, enhanced symptom management, and overall improvement of the care of advanced stage lung cancer patients.

**Conclusions:** Precipitants of dyspnea included both physical and emotional sensations triggered by immediate reactions connected to participants' experience of dyspnea perception amongst advanced lung cancer patients in the hospice setting.

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## D 02 - Discussions of Quality of Life in Critically Ill Patients

### Determinants of Quality of Life Among Congestive Heart Failure Persons

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*Aporn Deenan, PhD, MSc, BHe, RN, Thailand*

#### Purpose

The purpose of this presentation is to understand quality of life and its predicting factors of congestive heart failure persons

#### Target Audience

1. Nurses who work with congestive heart failure persons both in clinics and communities  
2. Nurses researcher who interested in congestive heart failure population

#### Abstract

Most of cardiovascular diseases usually end up with congestive heart failure and hospitalization. Symptoms of congestive heart failure are illustrated by dyspnea, edema at legs, fatigue, and restless and affect functional performance, mental health, and quality of life among congestive heart failure persons. The objectives of this descriptive study were to examine quality of life and its determinants. A sample of 200-congestive heart failure persons who received health care services at outpatient department was recruited. Instruments were a package of interviewing questionnaire including demographics, quality of life, health perception, functional performance, mental and emotional problems, food consumption, physical activity, illness adjustment, and depression. Data were analyzed using descriptive, Pearson's correlation, and Multiple Regression. The results were as follow:

Majority was male (56.0%), mean age 57.31 (SD. = 15.60), marital status (90.0%), employee (53.5%), illness duration average 42.42 (SD. = 66.27; 83.0%), and history of hospitalization (74.0%). The results also found that significant factors related to quality of life included health perception ( $r = .290, p < .001$ ), functional performance ( $r = .471, p < .001$ ), illness adjustment ( $r = .324, p < .001$ ), mental and emotion problems ( $r = .559, p < .001$ ), physical activity ( $r = .178, p = .006$ ), food consumption ( $r = -.200, p < .001$ ), and depression ( $r = -.317, p < .001$ ). Stepwise Multiple regression suggested that predicting factors of quality of life were mental and emotional problems (Beta = .433,  $p < .001$ ) and functional performance (Beta = .267,  $p = .001$ ). Total variance explained 36.8%

From the research results, health care providers should develop intervention and conduct research based on promoting functional performance and managing mental and emotional problems to improve quality of life among congestive heart failure persons.

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## D 03 - Preventing Disease through Promoting Healthy Food Choices in Children

### Adolescent Food Choices: A Two City Comparison Cape Town and the Bronx

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*Eleanor T. Campbell, EdD, MEd, MA, BS, RN, USA*  
*Natasha Nurse, RN, CNS, USA*

#### Purpose

The purpose of this presentation is to inform the health care community about factors influencing adolescents' healthy and unhealthy food choices and the impact of these factors on the rising international rate of childhood obesity

#### Target Audience

The target audience of this presentation is nurses working with children, adolescents and their families particularly in school and community settings, including policy makers and other stakeholders interested in school health and prevention of child and adolescent obesity.

#### Abstract

A mixed method design including survey questionnaires and focus group interviews was used to gather information about the daily food choices and factors influencing food choices among a cross-section of adolescent youths from seven schools in Cape Town, South Africa and two faith-based youth programs in the Bronx, New York. The purpose of this study was to compare responses between the schools and the two international cities in order to shed light on the global impact of food choices on childhood obesity rates.

Findings showed no significant differences in healthy food choices among subjects regardless of income level. However for unhealthy food choices, there were significant differences between adolescents from low and middle socioeconomic levels. Interview data indicated money, convenience of location, and parents as contributing to adolescents' unhealthy food choices. Low income students selected more unhealthy foods as a substitute for lunch while middle income adolescents purchased more unhealthy foods after school and on week-ends with families.

Barriers to healthy food choices at school were identified as: social stigma and lack of variety in school food menus. Powerlessness to initiate the process to effect changes in school lunch menu options was also identified.

The results of this study will add to the research on childhood obesity as it helps to explain the food choice patterns among adolescents in Cape Town, New York, and similar urban environments, and identifies areas for international community collaboration to improve food health literacy and food health policies.

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## D 03 - Preventing Disease through Promoting Healthy Food Choices in Children

### Patterns of Body Mass Trajectory among Japanese Children and Impacts of Life Style Factors during childhood

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Chiyori Haga, PhD, RN, PHN, Japan  
Yoko Aihara, PhD, RN, PHN, Japan

#### Purpose

Understanding the variations in growth patterns, while considering body size in children, is essential to determine the optimal time for initiating interventions to control body size. Here, we aimed to conduct an explorative analysis for identifying the variations in the developmental patterns of body size in Japanese children.

#### Target Audience

The target audience of this presentation is nurses working for public health to promote the health of children.

#### Abstract

**Introduction:** Childhood overweight and obesity are global health problems. Understanding the variations in growth patterns, while considering body size in children, is essential to determine the optimal time for initiating interventions to control body size. In this study, we aimed to conduct an explorative analysis for identifying variations in the developmental patterns of body size and the impact of lifestyle factors in Japanese children.

**Methods:** The data included details of all 155 children (76 boys, 79 girls) born from April 2, 2005 to March 31, 2006 in Tsuru city, Japan. We used a discrete mixture model to explore the patterns of body mass index (BMI) trajectories. BMI was calculated as weight (kg)/height (m<sup>2</sup>) and standardized using the z-score; it was measured at birth and then annually until the age of 9 years. We also used a multinomial logistic regression to identify factors associated with overweight in children.

**Results:** Five patterns of BMI trajectory were identified in both boys and girls. The three patterns associated with obesity or overweight in boys were being obese since the age of 5 years (4.0%), being overweight since the age of 5 years (20.0%), and gradually being overweight since the age of 7 years. The only pattern associated with overweight in girls was being overweight since the age of 4 years.

**Conclusion:** The results show that preschool age is a crucial period for becoming overweight in childhood; thus, intervention programs should target overweight preschoolers. Children who are not overweight but who show a gradual increase in their BMI during preschool should also be targeted by early intervention programs because they could become overweight after reaching school age. We also found that maternal working and children's extracurricular activities were associated with overweight or obesity. However, the factors may differ by sex.

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## D 03 - Preventing Disease through Promoting Healthy Food Choices in Children

### Keeping the Child with Food Allergies Safe at School

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#### Purpose

The purpose of this presentation is to provide best practice recommendations for keeping the child with food allergies safe while at school.

#### Target Audience

The target audience is pediatric nurses or advanced practice nurses. This lecture will provide best practice management for keeping the child with food allergies safe at school that can be disseminated to patients and patients families.

#### Abstract

Rates of children suffering from food allergies have increased dramatically in prevalence in the past decades. It has been documented that the overall prevalence of pediatric food allergies has increased 18% from 1997 to 2007 (CDC). Children having accidental exposures to allergens in the school setting are not uncommon. Literature demonstrates that many school staff has very little knowledge regarding the commonality and prevalence of food allergies and may lack awareness of the signs and symptoms of reaction related to food allergy. Research also shows that there may not be properly trained staff to treat a child experiencing a reaction related to food allergy. This concern becomes increasingly difficult in schools where a licensed nurse is not employed full time.

This lecture examines the initiation of a doctoral level best practice project for keeping the child with food allergies safe at school. A systematic review of the literature was conducted to identify the best evidence regarding keeping the food allergic child safe at school. After inclusion and exclusion criteria were applied, there were a total of 16 articles for review. An intensive analysis and synthesis of the literature was performed which culminated into best practice research on the topic. A food allergy management policy was implemented in the school that encompassed the literature findings. Best practice recommendations identified, include careful monitoring to achieve complete avoidance and the initiation of an emergency care plan. Also, emergency medications must always be available for the student. Education of staff regarding best practice for management of food allergies is of extreme importance. This lecture examines these key components and also reviews the initiation and findings of a best practice doctoral project in a local school that utilized the practice recommendations as designed by the project coordinator. At the end of this lecture, the attendee should be able to identify the key components related to school safety for the food allergic child.

#### References

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## E 01 - Psychiatric Clinical Education: Enhancing Mental Health Knowledge

### Clinical Education Focused on Providing Care for Clients Experiencing Delirium: Enhancing Nurses' Knowledge, Self-Efficacy, and Application to Practice

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#### Purpose

The purpose of this mixed methods study was: a) to assess nurses' knowledge and self-efficacy prior to and immediately after involvement in a clinical education session about how to provide care for the delirious hospitalized client, and b) to explore nurses' experiences of applying this knowledge to practice.

#### Target Audience

The target audience for this presentation is nurses, both in the academic setting and in the clinical setting. The findings of this study may be pertinent to continuing education programs and professional development for nursing leaders, advanced practice nurses, educators and students alike.

#### Abstract

Background: Delirium is an urgent health condition that requires treatment without delay to lessen the chance of increased morbidity and mortality. Despite the seriousness of delirium, it is reported that both nurses and other healthcare professionals fail to detect the presence of delirium in 60% of clients in acute care settings (Mitstarz, Elliott, Whitfield, & Ernest, 2011). A primary reason why delirium is poorly recognized is due to a lack of education (Gordon, Melillo, Nannini, & Lakatos, 2013; McCrow, Sullivan, & Beattie, 2014; Tabet, Hudson, Sweeney, Sauer, Bryant, Macdonald, & Howard, 2005). It was proposed that if education can support nurses' abilities to provide more effective and safer client care, then it was prudent and timely to generate deeper insights related to how nurses' knowledge and self-efficacy would be influenced as a result of participating in a clinical education session. In addition, given that knowledge translation is pivotal factor in nursing education and practice, it was important to explore how nurses' knowledge was applied to their practice after participation in an education session.

Purpose and Design: The purpose of this mixed methods study was two-fold: a) to assess nurses' knowledge and self-efficacy prior to and immediately after involvement in a clinical education session about how to provide care for the client at risk for delirium and for the acutely delirious client in a hospital setting, and b) to explore nurses' experiences of applying knowledge from the education session to the practice setting. The education session focused on objectives related to the risks, signs and symptoms of delirium, standardized screening tools available for delirium and management strategies of the client at risk for delirium and the acutely delirious client.

Methods: Upon receipt of ethics review board approval, unit coordinators and educators of two participating acute care hospital facilities were provided with a Letter of Information about the study, which was sent via email. The study information was distributed by unit coordinators and educators to nursing staff. Thus, all eligible RNs at the acute care facilities involved in point-of-care-nursing practice were invited to volunteer to participate in the education sessions. Recruitment posters were also distributed throughout the two facilities. At each education session, a package was distributed to attendees containing the Letter of Information, the Consent Form, and the Demographic Questionnaire. In order to address part 'A' of the study, the pre-test knowledge instrument and pre-test self-efficacy instrument were distributed for completion immediately before the education session. The post-test knowledge instrument and post-test self-efficacy instrument were distributed for completion immediately following the education session.

A total of six education sessions were held; four sessions at the first facility and two at the second facility. Fifty-six participants took part in the education sessions and completed the pre and post-test instruments. Each education session was held as a face-to-face 60 minute 'lunch and learn' session lead by the primary researcher. A pre-prepared slide presentation and the same case study were utilized in each session to ensure consistency of presented material.

**Instruments:** Two researcher-designed instruments were utilized for the quantitative methods part of the study: the Knowledge Instrument to Care for a Client at Risk for Delirium and of the Acutely Delirious Client and the Self-Efficacy Instrument to Care for a Client at Risk for Delirium and of the Acutely Delirious Client Instrument. Both instruments were completed prior to and immediately after the education session. In part 'B' of the study, seven nurses volunteered to participate in the individual audio-recorded interviews at least two weeks after the education session to explore their experiences of translating the knowledge developed from the clinical education session into practice. Individual interviews were conducted using a semi-structured interview guide and interviews were subsequently transcribed verbatim. Descriptive content analysis was conducted on the transcribed data in order to develop categories and themes related to nurses' experience of knowledge translation regarding the topic of delirium.

**Outcomes:** The results of the quantitative portion of the study indicated that nurses had a higher level of knowledge and self-efficacy about the care of clients at risk for or experiencing delirium as it relates to assessment, screening and management of delirium after participating in the education session. The qualitative findings highlighted participants' rich experiences and revealed the categories of: empathy, knowledge acquisition, competence, leadership, and confidence. Themes, which served to capture the essence of participants' experience included: enhancing emotional intelligence, strengthening clinical judgment to enhance quality of care, and increasing leadership competency.

**Implications:** Nurses' were found to have gained knowledge of the risks, signs, symptoms and management of the delirious client and for those at risk for delirium after attending the education sessions. This may allow for recognition of delirium and increase nurses' abilities to prevent exacerbation of delirium. Nurses' overall higher ratings of self-efficacy, as a result of involvement in the clinical education session, suggest that nurses who believe they can assess for and manage clients' delirium may decrease the overall incidence of delirium.

As a result of increased knowledge, nurses may be able to provide more comprehensive screening, and seek treatment modalities earlier, preventing further decline in the clients overall status. Providing a more timely diagnosis and early treatment may decrease the clients' length of stay, potential risk of institutionalization following discharge, loss of function and decrease the use of restraint. Further, increased self-efficacy for caring of this population may enable the nurse to manage clients experiencing delirium, while providing support the client and family with more confidence.

**Recommendations:** Delirium education is recommended to strengthen nurses' knowledge and self-efficacy of caring for this high risk population. Education programs for nurses should be based on evidenced-based practices. In this way, education being received should be consistent and the management of these clients will become a standard of care. Collaboration between academic faculties and hospitals is recommended to increase the awareness of delirium with both students and professional nurses.

**Conclusion:** Education sessions to prevent delirium increased nurses' competence and confidence. Delirium is one of the most common conditions found in the acute clinical setting, yet it remains one of the least recognized and understood conditions. Studies, such as this, have shown that simple and inexpensive clinical education programs have the potential to significantly decrease the prevalence of delirium (Tabet et al., 2005). Therefore, an investment and valuing of ongoing continuing professional development in education can ultimately positively impact quality and safe client care.

**Keywords:** nurses, delirium, education, clients, acute care, knowledge, self-efficacy, quantitative, qualitative

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## E 01 - Psychiatric Clinical Education: Enhancing Mental Health Knowledge

### Nursing Perspectives of an Advanced Psychiatric Mental Health Nursing Curriculum: Findings of a Qualitative Research Study

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#### Purpose

The purpose of this presentation is to share the results of a research study that aimed to assess the experience of and the impact that an advanced continuing education curriculum had on the nurses' psychiatric nursing practice utilizing Tidal Model Principles.

#### Target Audience

The target audience of this presentation are nurses in clinical practice, staff development and administration.

#### Abstract

Preparing psychiatric mental health nurses to provide holistic person centered care promoting self-management and recovery following principles of the Tidal Model presents an opportunity for consistent practice and clear articulation the nurses' role on the interdisciplinary team. Nursing staff from a Midwestern Behavioral Health Hospital in the United States attended an advanced nursing curriculum titled Advanced Psychiatric Mental Health Nursing Curriculum: A Journey of Therapeutic Engagement. This research study aims to assess the experience of and the impact that this advanced continuing education curriculum had on the nurses' psychiatric nursing practice and the application of the Tidal Model principles. A qualitative interpretive descriptive design will be used to gather and analyze data from participants. Such an approach provides a rich description and understanding of the nurses' experience. Focus group interviews will be the main method of data collection; utilizing open ended questions with the two cohorts of nurses that attended the 18 hour advanced Psychiatric Nursing Curriculum. A focus group schedule will be developed with a semi-structured interview guide. There will be two focus group moderators for each session. One moderator will lead the session and one moderator will take notes and ensure that the audio tape is working properly. Focus groups will be audio taped and transcripts will be transcribed. The constant comparative method of analysis will be employed by members of the research team that led the focus groups. After transcription and coding of focus group discussions has taken place, the research team will generate a set of statements and themes that embody each group's discussions and main points. Conclusions will be presented that describe the experience and impact of the advanced psychiatric mental health nursing curriculum and the application of the Tidal Model principles that the nurses' utilize in their daily psychiatric nursing practice. The implications of this research study have potential to transform psychiatric nursing practice and provide patient centered and recovery oriented principles of nursing care.

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## E 01 - Psychiatric Clinical Education: Enhancing Mental Health Knowledge

### Enhancing Mental Health Nursing Practicum with Clinical Simulation: A Comparison of Student Outcomes

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#### Purpose

The purpose of this presentation is to describe a modified mental health nursing practicum consisting of 31% clinical simulation and the resulting statistically significant student outcomes.

#### Target Audience

The target audience of this presentation is nurse educators, academic administrators, and simulation center directors who participate in the development, assessment, and innovation of clinical curriculum.

#### Abstract

**Background::** Opportunities for experiential mental health experiences in acute care settings are decreasing. In addition, acute care settings are restricting student practice opportunities thus, limiting the quality of learning experiences. An excellent experiential alternative is the use of clinical simulation. Simulations can be used to supplement and enhance mental health nursing practicums by providing students with opportunities to interact, assess, and manage common mental health nursing challenges.

#### **Objectives:**

1. The learner will be able to articulate the steps used to create an enhanced, comprehensive mental health simulation program, including topic selection and scenario development.
2. The learner will be able to compare and contrast student learning outcomes between a traditional mental health nursing practicum and the practicum enhanced with 31% clinical simulation.

**Purpose:** The purpose of the study was to compare student learning outcomes between two groups of students in the mental health nursing practicum, traditional practicum versus a practicum enhanced with 31% simulation.

**Methods:** The control group is a traditional clinical group, in which 8.8% (8 hours) of clinical hours are spent in simulation. The experimental group received 31% (28 hours) in simulation. Students were selected based on self-enrollment into practicum courses. The study was conducted over three semesters involving six clinical groups. The study assessed the students' didactic course performance such as exam scores and ATI standardized test performance as student learning outcomes.

The students in the experimental group experienced a series of seven simulations, progressing from an orientation to mental health nursing and assessment of common mental health disorders to a simulation depicting common adverse medication effects of antipsychotic and antidepressant medications. The students in the control group experienced two simulations, an orientation to mental health nursing and a simulation that could depict adverse medication effects or suicidal ideation.

Student learning outcomes were analyzed using matched pair t-tests and aggregate group data. Students were matched based on nursing grade point average (GPA) within and across semesters.

**Results:** Initial data reveals significant differences in both didactic course grades and standardized test performance of students in the experimental group with average nursing GPAs of 3.25 or lower and in students who had previously repeated nursing coursework, particularly on topics presented in the simulation scenarios found on the standardized test.

No significant difference was noted among students with nursing GPAs of 3.26 or higher on the didactic course grade or standardized testing performance.

**Conclusions:** Increased clinical simulation, focused on common mental health nursing topics, improves student learning outcomes and performance in higher risk student populations, those with nursing GPAs of 3.25 or lower or who have previously repeated nursing coursework.

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## E 02 - Promoting Sexual Health in the Adolescent Population

### Urban Adolescent Sexual Health Education: An Innovative, Nursing Student-Led Initiative

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#### Purpose

The purpose of the presentation is to share the perceptions of pre-licensure student in an innovative clinical placement. In this clinical, students delivered adolescent sexual health education within a public school system to fulfill Generalist Entry Master's Women's Health and Public Health nursing learning objectives.

#### Target Audience

The target audience of this presentation is nursing school faculty interested in developing innovative clinical sites and leveraging academic-practice partnerships to meet clinical objectives. Additionally, the target audience includes Public Health, Community Health and Women's Health nursing faculty interested in identifying opportunities for integrated clinical experiences.

#### Abstract

**Problem Statement:** A large urban school district resides in a county that reported the highest rates in the nation of gonorrhea, second highest rates of both chlamydia and syphilis, as well as a 43% increase in HIV diagnoses among 15-19 year-olds since 2000. Teens served by this district were also twice as likely as other teens in the same state to engage in sex before the age of 13, and to give birth (Chicago Public Schools, 2013a). Due to this high rate of sexually transmitted infections (STI) and pregnancies, the district adopted a policy requiring district-wide sexual health education by 2016 (Chicago Public Schools, 2013b). The school district developed an evidence-based curriculum and teacher certification program to meet this policy. This presented a challenge for some schools to find the resources necessary to deliver the curriculum.

During the same time period, a college of nursing was seeking a clinical site to integrate women's health (WH) and public health (PH) objectives within the Generalist Entry Master's (GEM) nursing program. As schools of nursing are expanding enrollment, it has become more challenging to find adequate sites for clinical education (Aponte and Agues, 2010). Early in 2014, eight GEM students were selected to pilot curriculum delivery at two schools to fulfill indirect hours required for graduation and to sit for the Clinical Nurse Leader certification boards. The initial group of GEM students found the experience valuable to their nursing education and unanimously reported that the content was "relevant" to the nursing role but there was no long term plan to continue the opportunity.

To address these problems, two student leaders in the GEM program worked with faculty to develop and implement an integrated WH/PH practicum by preparing GEM students to deliver sexual health education within the school district. Curriculum delivery is important because it meets the short-term needs of both the school district and GEM nursing students, and has long-term potential to reduce rates of STIs and teen pregnancies. This interprofessional experience also serves to broaden a student nurse's exposure to professional opportunities in the community that focus on prevention and emotional/physical wellness. These roles are crucial to meet the needs created by a changing healthcare system. The purpose of this presentation is to assess the GEM students' perceptions of success in meeting practicum objectives and measure change in knowledge, skills, and attitudes related to age and culture- appropriate teaching, leadership, and working with youth to promote healthier attitudes toward sex and sexuality.

**Theoretical/conceptual framework:** This project was guided by Benner's novice to expert model to measure student perceptions of increased proficiency in the role of a nurse outside of the hospital (Benner, 1984).

**Methodology:** A post-practicum survey design was used. GEM students were recruited by flyers and informational sessions. Interested students were interviewed by the student leaders and faculty. The 15 selected students completed on-line school district sexual health training, and then delivered the eight-week sexual health program (100 to 200 minutes a week) as part of their integrated practicum. Sixteen 5-9<sup>th</sup> grade student groups from three schools took part. GEM student pairs taught the program with each pair teaching two student groups. Post-practicum questionnaires assessed: success in meeting practicum objectives, comfort level discussing sensitive topics, and perception of nursing knowledge, skills, and attitudes.

**Results:** Ninety-eight percent of GEM students reported meeting practicum objectives; 93% reported feeling comfortable speaking about sensitive topics; 92% identified with attributes consistent with Benner's classification of competent or expert nurses.

**Implications:** An integrated practicum provides a way for GEM nursing students to leverage their skills teaching sexual health, meet both WH/PH objectives, and gain experience in the community. Such a practicum could result in a cost effective way for high-risk schools to deliver sexual health programs and lower rates of STIs and pregnancy.

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## E 02 - Promoting Sexual Health in the Adolescent Population

### Access to Information, Attitudes and Decision Making Regarding Pregnancy Prevention by Teenagers Using a Primary Health Care Clinic in Tshwane, South Africa

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*Sanah Mataboge, BCur, MCur, DCur, RN, South Africa*

#### Purpose

to communicate the access to information, attitudes and decision making regarding pregnancy prevention by teenagers using a primary health care clinic in Tshwane, South Africa. Inform attendees of the need to design interventions additional to information provision to address teenage pregnancy

#### Target Audience

reproductive health care providers and teenagers/adolescents care givers who provide health promotion programmes to this group.

#### Abstract

Teenage pregnancy is a global reproductive health problem even though numerous interventions to curb the incidence are in place. Teenagers access information and support on teenage pregnancy prevention within families, media, schools and community at large. Programmes such as national adolescents friendly clinic (NAFCI), Love Life, Soul City and life orientation subject are provided to teenagers in South Africa, however their attitudes lead to making decisions to fall pregnant.

The purpose of the study was to explore and describe access to information, attitudes and decision making regarding pregnancy prevention by teenagers using a primary health care clinic in Tshwane, South Africa.

A qualitative, exploratory and descriptive design was used. The population was teenagers who were teenage mothers or were pregnant. The research setting was a selected primary health care clinic in the western side of Tshwane. Purposive sampling was used and semi-structured interviews were conducted until data saturation was reached. Tesch's data analysis method was used, ethical principles were observed and trustworthiness was ensured.

The findings emerged with sources of information regarding teenage pregnancy prevention as peers, boyfriends, mothers, educators and media. Information on the need to access the contraception was provided however some teenagers never used the information towards prevention of pregnancy. It is recommended that teenagers should use the information accessed to prevent pregnancy positively.

Key words: teenagers, pregnancy, access to information, media

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## E 02 - Promoting Sexual Health in the Adolescent Population

### Sexual Health Advice Given on Popular Web-Based Magazine Sites Targeting Adolescent Women

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#### Purpose

The purpose of this study was to examine the sexual advice posted on four popular magazine sites adolescent women frequent.

#### Target Audience

Nurses Researchers

#### Abstract

Adolescent women are at greatest risk for contracting sexually transmitted infections (STIs; Centers for Disease Control (CDC), 2014). Sexual risk behaviors are the most common cause of transmission of STIs in adolescent and young women (CDC). One of the primary sources of information that adolescents will use for sexual health information is the web (Kaiser, Family Foundation, 2013); however, little is known about the type of content available on popular web sites specifically targeting adolescents. The purpose of this study was to examine the sexual advice posted on four popular magazine sites adolescent women frequent. Four web-based magazine sites were chosen based on rankings from amazon.com. An adaptation of PRISMA guidelines was used to guide the methods of this study (Moher, et al., 2009). The word "sex" was typed into the search box on each website. All link titles appearing from the search were examined for inclusion into the study. Inclusion criteria were any advice or articles related to: 1) sexual health/STIs, 2) sexual/romantic relationship content, and 3) sexual behaviors. A total of 541 links were found and 158 met the inclusion criteria. Data analysis is in process. All data are being content analyzed using McLaughlin & Mariscuilo's (1990) technique for types of advice presented around STIs, sexual health, sexual behaviors, and romantic relationships. Content within the categories will look at types of information and pictures portrayed on website pages. Descriptive statistics will be used to summarize findings the demographics of each magazine website, as well as, content in each category. The anticipated results of this study will delineate what types of information are being distributed by popular teen magazine websites and the specific content of those messages. Implications for future research are pending results. The practice implications of these findings will be to understand alternative sources of information for sexual health in this age group. This information will help practitioners discern which websites have evidence-based information and can be used for referrals.

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## E 03 - Evaluation of Clinically Relevant Tools and Methods

### The Efficacy and Reliability of Mobile Application as an Effective “Voice” of the Female Patients with Anorexia Nervosa (AN) in Silent Cultures, Which Regard Disordered Eating as Taboo

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*Princess Stephanie Fumi Hancock, DNP, MA, BSN, BA, RN, USA*

#### Purpose

The purpose of this presentation is to educate, inform, raise awareness and show nurses how the use of mobile application as a self-reporting monitoring tool in outpatient treatment of females with Anorexia Nervosa who are from silent cultures regarding AN as a taboo, can produce effective treatment outcomes.

#### Target Audience

The target audience of this presentation is the following: RNs, APRNs, Administrators, and Nurse Educations.

#### Abstract

Many people struggle with eating, poor body image, and mood disorder problems and do not know where to turn for help (National Eating Disorders Association, 2005). Anorexia Nervosa (AN), a type of Disordered Eating Behavior can be deadly. AN has the highest suicide rates of any psychiatric condition and is the third most common chronic illness among females in America (2005). Although associated primarily with western culture, EDs have been reported throughout the world in a variety of social and cultural contexts (Garcia de Amusquibar, 2000; Garcia de Amusquibar & De Simone, 2003; Pike & Mizushima, 2005). Only 1 in 10 people with EDs receive treatment and about 80% of the girls/women who have accessed care for their eating disorders do not get the intensity of treatment they need to stay in recovery.

**PURPOSE:** This parallel double-blinded program captured a range of detailed qualitative and quantitative data about the subjects' everyday functioning, in their natural settings. This qualitative data is generated through participants' observation, via clinician's web-based counterpart application. It evaluates the self-efficacy, reliability, and validity in whether the use of a mobile application (e.g. cell phone app) is a self reporting monitoring and intervention tool in female patients in non-communicative cultures over 21 years old with AN will produce better treatment outcomes compared to the face-to face standard of care intervention currently provided in outpatient settings.

**METHODS:** The subjects [N=6] were grouped using the “tossed coin” method. Using smart phones, Ecological Momentary Interventions/ Ecological Momentary Assessment (EMI/EMA) were delivered to participants. The experimental group (N =3) received the treatment. The control group (n=3) was exposed to only one on-one site assessment/ intervention. All (Hispanic, African American, and African) groups are an equal amount of cultural background.

**INSTRUMENTS:** They include a mobile application used to measure patients' behavioral pattern in real time. The recruitment involved the distribution of flyers. Consent forms were obtained, data collected through a Demographic Data Questionnaire and Weight & Mood (ED) Self-efficacy scale.

**FINDINGS:** At the end of the 90-day program, data revealed a decrease in the perception of AN as a taboo amongst the 2 of groups represented (African American & Africans) in the experimental group. It provided an avenue for discourse amongst family members before arrival at the clinic at the end of each month. In addition, it had a dramatic impact on patients' ability to provide actual real time data of their daily activities to the clinicians, which enabled clinicians to have a better understanding of patient's appropriate treatment needs. There was 3/3 (100%) response in all groups (experimental group) represented. Though 100% completion was accomplished, 1 (33%) of the participant (Hispanic) was still

on the fence about using mobile application to track their daily activities. Factors that contributed to their indecision included (Education and Social Status: Though participant was educated and understood the use of mobile apps, her family remained skeptical as they are afraid their immigration status may be monitored). Subjects participated fully and provided actual data, which ultimately assisted clinicians in providing a better-suited outpatient treatment for subjects as well as open the channel for further discussions and family inclusion in patients' treatment. This is reported to have led to better treatment outcomes such as patient's effect self-care management, compliance with treatment, stable Weight/BMI maintenance. With the control group, 1 out 3 (33.3%: African American) subjects completed their participation.

There were 3 expected monthly visits for both the experimental and the control groups in the 90-day research period. All participants in the experimental group completed 3 visits while only the African American participant completed 1 visit in the control group. By Day 30, post implementation data collection, clinicians reported a 100% increase in the reliability and efficacy of Recovery Record as an adjunct to their treatment for patients with AN in their outpatient clinic. In addition, they recorded a 100% increase in family participation in patients' treatment. In the control group, which concluded with only 1 subject (African American), mode of treatment remained, outcome remained the same with patients' family still guarded and not open to discussing patients' disease

The rationale and success in using mobile technology to disseminate EMA / EMI points to the self-report data that were, by tradition, collected retrospectively, requiring participants to summarize their experiences over time period is affected by information recall (Scallon et al., 2003; Smyth & Stone, 2003; Stone & Shiffman, 1999). Second, EMA/EMI via mobile technology provided the opportunities to record participants in their natural habitat rather than in the outpatient setting, which can be regarded as an artificial environment where participants may not necessarily share past events and occurrences accurately. Third, because data was collected multiple times a day, there were variables that were explored to assist in designing the best evidence-based practice treatment protocol for patients with AN.

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## E 03 - Evaluation of Clinically Relevant Tools and Methods

### Reflection Beyond Action: A Modified Version of Tanner's Clinical Judgment Model

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#### Purpose

The purpose of the presentation is to disseminate the work that led to the addition of another layer to The Clinical Judgment Model.

#### Target Audience

The target audience of the presentation are nurse educators, nursing students, and nurse administrators.

#### Abstract

The concept of Reflection-Beyond-Action emerged from the data analysis of a recent study that explored internationally educated nurses' (IENs) experience and understanding of clinical judgment when engaged in a simulated clinical environment. I observed that all participants corroborated that their worldview changed due to their experience in this study; further, participants illustrated this point as, through their participation, they gained a broader and more inclusive understanding of the influence of cultural differences and its overall impact on professional competence and clinical judgment. This understanding stemmed from the participants' reflection-in-action and reflection-on-action, which ultimately led participants to self-awareness and critical consciousness of the meaning of patient care and overall nursing practice. In the context of this study, I refer to this awareness as reflection-beyond-action. In this context, reflection-beyond-action refers to provide an ability to recognize how the reflection of societal influences and the dynamics of culture and communication impact the way one perceives oneself and others.

Reflection-beyond-action is an approach that provides one with the ability to interpret and view practice as a holistic approach to care. This process of reflection elicited the participants' interpretations by gaining access to their thoughts, feelings, values, and actions. In doing so, it led participants to recognize the challenges they face as they transition to practice, as illustrated by the notion of unlearning and unknowing. The findings of the study suggest that unlearning is a process of building expertise and that old knowledge is foundational to the creation of new knowledge. Through reflection, participants were able to recognize the need for self-observation in order to be self-informed and to unlearn. Unlearning brings one closer to developing as a professional and to gaining professional competence, as it provides a broader perception of both the world and the individual's role in it. Unknowing emerged through participants' experience of being underexposed or unexposed to circumstances presented in the study and was determined to be a prerequisite to knowing. Both unlearning and unknowing are integral to the education of IENs, as they call upon the learner to examine prior beliefs and assumptions and to consider their implications for practice. This, in turn, impacts practice, as who we are is who we bring to practice.

The analysis of this study led to a modified Tanner's Model of Clinical Judgment by adding another layer to the "reflecting" stage. The modified version includes the concepts of unlearning and unknowing. Ultimately, this integration provides the practitioner with the ability to reflect beyond action.

This paper provides potential approaches to apply the concept of reflection-beyond-action in the context of clinical judgment in both the education of IENs and the nursing profession.

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## E 03 - Evaluation of Clinically Relevant Tools and Methods

### Construct Validity and Factor Structure of the Posttraumatic Growth Inventory (PTGI) among Korean Americans

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#### Purpose

The purpose of this presentation is to share the psychometric properties of the posttraumatic growth inventory including Construct Validity and Factor Structure among Korean Americans.

#### Target Audience

The target audience of this presentation is mental health clinicians, nurses, and healthcare providers.

#### Abstract

**Purpose:** To examine the psychometric properties of the Korean version of Posttraumatic Growth Inventory (PTGI-K) including factor structure of the PTGI-K and potential construct bias in the PTGI-K across gender. PTGI is designed to measure positive changes emerging from traumatic experiences have been described as an enhancement of an individual's ability to cope with adversity.

**Design:** This study employed a purposive and non-probability sampling strategy, and a total of 310 Korean Americans from the Korean community in New York and New Jersey completed surveys. Data were collected between July 2014 and November 2014.

**Method:** Participants completed paper questionnaires consisting of socio-demographic inventory, PTGI-K, Trauma history questions. Exploratory, confirmatory, and multiple-group confirmatory factor analyses were used for data analyses. To ensure that the exploratory and confirmatory factor analyses were conducted with distinct sets of participants, the total sample of participants (N=310) was randomly divided into two equal subsamples (n1=155, n2=155). T-test and Chi-square analyses were used to determine no differences existed between the subsamples.

**Findings:** Results suggested that a three-factor structure of the PTGI-K was the best fit for the data and the new structure of the PTGI-K was variant across gender. The most frequent traumatic event was reported to be the death of a loved one (26.3%). Other frequent lifetime traumatic events were acute/chronic diseases (14.9%), financial problems (12.5%), or sudden accidents (10.7%). The sample consisted of 60.3% of women and 39.7 % men and the mean age was 54.8 years (SD = 16.24), ranging between 19 and 93. KA men and women showed very similar socio-demographic profiles, except PTGI-K scores and marital status. As compared with their KA men counterparts, KA women were more likely to have higher PTGI-K scores ( $t = -3.55, p < .001$ ) and less likely to be married or cohabited ( $\chi^2 = 9.16, p < .01$ ).

**Conclusion:** This study supports the use of PTGI-K in future research for measuring positive growth as a result of traumatic or highly stressful events PTGI among KAs. Study findings also imply the ways in which KAs experience trauma and growth is different from their American counterparts. The new factor structure of the PTGI-K can help mental health professionals and researchers better understand how KAs express their psychological changes after traumatic events. Further research is needed to investigate the psychometric structure of the PTGI-K with a large sample of data both cross-sectionally and longitudinally.

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## E 04 - Training Nurses in a Simulated Environment

### Transforming Nurse Residency Skills Training Using Simulation: A Deliberate Practice Approach

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#### Purpose

The purpose of this presentation is to discuss the development, implementation and evaluation of a simulation program for new graduate nurses informed by deliberate practice. Outcomes related to participants' comfort in performing clinical nursing skills are presented, demonstrating the efficacy of simulation in enhancing new graduates confidence performing these skills.

#### Target Audience

The target audience for this presentation is registered nurses engaged in providing skill and competency based education in any setting.

#### Abstract

**Background:** New nurses perceive that they do not have sufficient practice time for technical and clinical skills prior to and during orientation in professional practice (Candela & Bowles, 2008; Hartigan, Murphy, Flynn, & Walshe, 2010). Additionally, nurses have indicated that their preparation should be more reality based (Hartigan, Murphy, Flynn, & Walshe, 2010). Since 2005, a National Cancer Institute-designated Comprehensive Cancer Center has implemented a Graduate Nurse Residency Program that is committed to building confidence in graduate nurses through a structured, professional transition-into-practice experience that is customized to individual developmental needs. A review of participant evaluations from the Graduate Nurse Residency program over a 2-year period identified clinical skills that graduate nurses were least confident performing at the end of one year of practice. It is believed that a combination of infrequency of exposure to these skills, coupled with insufficient practice and demonstration of these skills may have contributed to these responses. Graduate nurse responses indicated they were least comfortable performing the following clinical skills: set up of blood administration sets, use of a complex intravenous tubing set-up, peripheral intravenous (IV) insertion, Foley catheter insertion, nasogastric (NG) tube insertion, central venous catheter (CVC) dressing change, tracheostomy (trach) care/airway management, and chest tube management.

The National Council State Boards of Nursing (NCSBN) Simulation Study recognizes the challenge for students to obtain high-quality clinical experiences (Hayden, Smiley, Alexander, & Kardong-Edgren, 2014). There are only seven Boards of Nursing that have a specific number of mandated clinical hours in their Bachelor of Science in Nursing (BSN) programs (NCSBN, 2009), which can lead to variability in the amount of clinical skills experience a graduate nurse obtains. Graduate nurses (GNs) hired from BSN programs across the nation participating in the Graduate Nurse Residency program have stated during debriefs that they had limited opportunities to perform some of these skills during nursing school. Clinical skills practice was dependent on type of clinical rotation sites available which has resulted in a wide range in level of preparedness of new graduates for performing clinical skills on patients.

A committee was formed to review the identified skills and determine methods to increase confidence and competency in performance. Healthcare simulation was selected as the instructional approach. The Dick and Carey Systems Approach Model for Designing Instruction was selected as the guiding framework for the simulation based instruction. Simulation of the skills identified above were planned strictly for practice and not for competency assessment.

**Aim:** The aim of these simulation education sessions was to improve learner confidence in the performance of selected skills as measured by self-report.

**Intervention:** The committee separated the skills into two skill sets: beginner (peripheral IV starts, Foley catheter insertion, NG tube insertion and CVC dressing change) and advanced (trach care/airway management, chest tube management and blood administration and intravenous tubing set-up). Baseline learner knowledge and the instructional setting was considered. Simulation skills sessions were designed in 2 four-hour segments during months two and three, respectively of the residency 12-month curriculum. For each of the sessions, learner objectives were developed to guide instruction. Institutional policies, procedures, and Mosby's Nursing Procedures and Skills checklist were selected for content development and learner self-evaluation of performance.

Ericsson's Deliberate Practice was selected as the theoretical foundation for the simulation methodology. Deliberate practice is continuous practice with a focus on competency mastery. Deliberate practice encourages learner-centered and paced educational approaches where learners are provided supervised practice until mastery in a skill is achieved. The goal is to move the learner from novice performance to mastery in a particular skill set (Ericsson, Krampe, Tesch-Romer, 1993; Ericsson, 2008). Partial task trainer simulators in a low fidelity environment comprised the simulation technique. The focus of the technique is to increase the validity of the training by minimizing the effects of increased situational fidelity to teach skills that can be easily transported into a real world situation. In essence, we sought to ensure technical skills in the areas identified were mastered so in escalating patient situations learners have a strong appreciation of the skills to perform competently in their roles. Skills were divided into stations. Developers conducted practice runs of procedures and skills to determine flow and timing. Subject matter experts (SME) for each skill were identified. The SMEs provided the content for orientation of facilitators for each of the skills stations. Additionally, an orientation for learners and facilitators was developed.

The first skills simulation day was implemented in May 2013. Nurse Educators and clinical staff with expertise in specific skills volunteered as facilitators for the stations. The participants were provided an orientation to the simulation lab and expectations. Stations were set up for each skill and printed procedure guidelines were provided. The participants were divided into small groups and each group was given 30 minutes to rotate through each of the skills station.

The program was piloted with two residency groups who completed the beginner and advanced simulation days. From feedback during this pilot period the developers identified that more didactic overview of chest tube and trach/airway stations was required. Also, the advanced skills stations required additional time for completion. It was identified that the blood administration sets and complex intravenous tubing set-up session could be moved to the beginner skills day and coupled with the peripheral IV start station. Port-a-cath accessing and de-accessing was added to the advanced day due to request from previous evaluations and recent past learners.

**Outcomes:** At the beginning of the nurse residency program, the GNs are asked which skills they feel uncomfortable performing. After completion of the residency program 12-months later, their comfort with these skills is again assessed. With two groups of residency classes attending the program, there was a reduction in request for skills by 86.3%. Only 13.7% of respondents said they were uncomfortable with the skills. A further reduction in request for skills by 92.7% was noted after program revisions were made following the pilot period where only 7.3% of respondents said they were uncomfortable with the skills. Additionally, after each skills session, GNs attitude towards the benefits of the simulation experience was assessed. 99% of the survey respondents reported that they agreed or strongly agreed that the simulation was beneficial.

**Conclusions:** Simulation can be introduced into the nurse residency period for new graduate nurses to successfully enhance participants' comfort with both fundamental and advanced clinical skills. Integrating a deliberate practice approach to this training can further enhance both participants comfort with performing these skills, and ultimately their efficacy in delivering safe, effective care at the bedside.

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## E 04 - Training Nurses in a Simulated Environment

### Nurses' Reactions of an Emergent Pediatric Educational Simulation

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#### Purpose

The purpose of this study was to examine nurses' reactions to an emergency simulation exercise, specifically: 1) what went well, 2) what did not go well, 3) their confidence level during the simulation, and 4) reasons why wrong orders are followed in an emergency situation.

#### Target Audience

All staff development and nurse educators involved in simulation exercises

#### Abstract

**Introduction:** Resuscitation of critically ill children has long been associated with poor outcomes (Cheng, et al., 2012). One way to train staff to respond to resuscitation is through simulation. Simulation is used to increase repetition and enhance competence before performing complex tasks, which allows errors to be made in relative safety (Chan, et al., 2012). While there is much information on simulations with adult models, there is little concerning pediatric simulations (Barata, et al., 2007). Pediatric patients' symptoms during deterioration vary from their adult counterparts and can often go unrecognized (Straka, et al., 2012); hence it is important to study how pediatric nurses' reactions are affected in emergency simulation situations. The purpose of this study was to examine nurses' reactions to an emergency simulation exercise, specifically: 1) what went well, 2) what did not go well, 3) their confidence level during the simulation, and 4) reasons why wrong orders are followed in an emergency situation.

**Methods:** Forty-three nurses participating in 10 simulations were videotaped during an in-service on non-critical care inpatient units. Data were analyzed and reported by simulation group (N = 10). After IRB approval two independent reviewers, who extracted utilizing a form created around the research questions, reviewed all videotapes. Specific data extracted were: 1) what went well (observed and self-reported), 2) what did not go well (observed and self-reported), 3) their confidence level during the simulation (self-reported), and 4) reasons why wrong orders are followed in an emergency situation (self-reported). There was a 100% agreement on data extracted from the videos (self-report of groups and observed correct technique by reviewers). Data were analyzed using McLaughlin and Marascuilo's (1990) three-phase content analysis technique. First, units of analyses were identified. There was 100% agreement between the reviewers. In the second phase, one of the reviewers created categories and definitions using the units. Finally (third phase), the second researcher sorted the units into the defined categories using the definition. Again, interrater reliability was 100%. Frequencies and percentages for each category were calculated. Groups were divided by those who had more experience (3 or more years; n = 5) and less experienced (less than 3 years; n = 5).

**Results:** More experienced groups reported catching med errors, rapid response, and good communication compared to less experienced groups regarding what went well during their simulation. In regards to what didn't go well, experienced groups reported a lack of response to critical indicators (signs and symptoms); whereas, less experienced groups focused on incorrect technique. Less experienced groups also reported less confidence in emergency simulations compared to more experienced groups. Reasons why wrong orders were followed were similar between subgroups. Both subgroups reported chaotic situations and the assumption that the person giving the orders is correct were the most cited reasons for following incorrect orders. In regards to observed performance, there was an actually equal level of correct assessment and performance across experienced and less experienced groups. Moreover, during debriefing both groups could answer questions about assessment and technique correctly.

**Implications:** Non-critical care pediatric nurses perform assessments and techniques correctly in critical care simulations. Staff development measures need to focus on improving confidence levels, response times to critical indicators, and remaining calm and thinking through orders in chaotic situations. Further research needs to the effects of simulation on confidence levels and improving performance over time. Other avenues for research need to focus on why wrong orders are followed and how this translates into real patient situations.

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## E 04 - Training Nurses in a Simulated Environment

### Navigating a Disaster: A Capstone Simulation Integrating Leadership Skills, Ethical Principles, and Clinical Reasoning

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*Denise B. Isabel, MSN, RN, RN, USA*

#### Purpose

The purpose of this presentation is to share a novel simulation approach that incorporates assessment, prioritization, patient care, and clinical reasoning skills with leadership and ethical principles when teaching disaster preparedness in a pre-licensure BSN curriculum.

#### Target Audience

The target audience for this presentation includes educators and service personnel who are interested in creating a simulation experience that combines clinical reasoning and psychomotor skills with leadership and ethical principles that are utilized when providing care to patients injured in a manmade or natural disaster.

#### Abstract

Disaster preparation is a way of life in this southeastern coastal community that is home to the largest US Navy base in the US. Recent disasters include hurricanes, nor-easters, severe thunderstorms with tornados, and several aircraft incidents involving multiple injured patients. Likewise the heavy joint-forces military presence and the region's reliance on bridges and tunnels for transportation provide a potential terrorist threat. The opportunity to practice disaster management skills prior to participating in a manmade or natural disaster has a realistic meaning for nursing students at this university.

Disasters can be natural or manmade, intentional or accidental, and may come with or without warning. Typically, the event overwhelms available resources. Health care professionals and community volunteers are forced to work outside of their comfort zone and find that patient care often stretches both human and material resources. When disasters occur without warning the community relies on providers having background knowledge of how to respond with emergencies occur. Until such time as pre-made plans are able to be implemented and resources assembled, search, rescue, and treatment of victims is accomplished by bystanders who may or may not have prior training.

Disaster preparedness content is required in all BSN programs accredited by the Commission on Collegiate Nursing Education. A literature review yielded few examples of the integration of disaster planning in nursing curricula. It is believed that faculty may not be adequately prepared to teach content. One study reported that nursing students were unaware of the scope of disaster nursing, lacked recognition of available resources, and did not understand the role of nurses during disasters.

Clinical simulation provides an opportunity to develop the skills nursing students need to respond to manmade and natural disasters. This simulation focuses on the response phase of a natural disaster that occurs without warning. Students are asked to use clinical reasoning to save life and limb. Additionally students must practice their leadership and communication skills when planning and provide care and apply ethical principles of beneficence versus non-maleficence and teleological versus deontological theory related to mass casualty triage.

Students in the final week of their BSN program participate in this capstone clinical simulation. The setting is the School of Nursing building in the aftermath of a severe thunderstorm causing partial building collapse of the adjacent bookstore and eateries. Using a combination of live actors and simulation equipment, ten patients arrive in the skills lab seeking help for a variety of illnesses and injuries. The age range and clinical conditions of the patients represent each of the clinical courses in the nursing curriculum and include chest pain, hypoglycemia, injuries ranging from minor orthopedic injuries to life-threatening trauma, a non-English speaking female who is in labor, and a former military member who's

Post Traumatic Stress Disorder has been triggered by the destruction. The lights in the lab are dimmed to mimic a power outage, running water is turned off, and students are able to use only the supplies found in the lab and do not have access to the supply closet that requires a prox card, thus electricity, to enter it.

Students are assigned to assume the role of nurse, triage nurse, or incident commander. Those in the nurse role assess their patients and use mass casualty triage tags to communicate pertinent information to the triage nurse and use existing supplies to provide care to patients as deemed necessary. The triage nurse collaborates with the incident commander to make immediate decisions on the severity of patients and to prioritize which two of the 10 patients will be transported from the scene- one by ground and one by air. Additionally, the incident commander is given the opportunity to ask for one piece of equipment from both the helicopter and the ground transport unit and collaborates with the team to establish what equipment meets the needs for the greatest number of remaining patients. The simulation lasts approximately 15 minutes.

During 45 minute debriefing session students analyze organizational challenges that arose as they made decisions based on patient status, immediate needs, and available resources. The legal and ethical consequences and emotional responses of mass casualty triage are explored. Faculty members provide students with feedback about assessment, clinical reasoning, and communication skills including clarity of report and the use of SBAR. As a team, students reflect upon the appropriateness of their decisions and predict how different decisions might have altered the outcomes affecting multiple patients, thus linking the simulation to patient outcomes.

Students are provided the opportunity to apply the nursing process, demonstrate leadership concepts, nursing skills, and effective communication to coordinate patient care. Designating patient triage categories provides an opportunity to initiate discussions about professional standards related to moral, ethical, and legal conduct and requires students to reflect on their beliefs. Additionally this disaster simulation addresses the best practices, core knowledge and nursing skills outlined by the Association of Community Health Educators and the Emergency Nursing Association including critical thinking, assessment, technical skills, and communication.

This capstone simulation incorporates the clinical reasoning and psychomotor skills learned throughout the program with leadership, team building and management skills learned during the students' final semester. This novel approach uses simulation to meet the BSN curriculum requirements as well as provides the opportunity to practice the concepts in a realistic setting. This can easily be adapted for use in areas of the country where earthquakes, landslides, and other natural disasters are a concern.

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## F 01 - Health Promotion in the Oncology Patient

### Indigenous Peoples' Perspectives and Experiences of Cancer Screening Services in Southwestern Ontario, Canada

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#### Purpose

The purpose of this study was to gain an understanding of the perceived and experienced barriers that prevent or delay participation by First Nations and Métis populations in breast, cervical and colorectal cancer screening, as well as those factors that are likely to promote their use of cancer screening services.

#### Target Audience

The target audience of this presentation includes those who provide health care services to Indigenous populations and those who provide cancer education and screening services cross-culturally to Indigenous and other vulnerable population groups.

#### Abstract

**Background:** First Nations and Métis (FNM) peoples experience a disproportionate burden of cancer as compared with non-indigenous populations in Canada. Their perceptions of cancer and their unique worldviews of health have a significant impact on the choices they make regarding participation in cancer screening.

**Purpose:** The purpose of this study was to gain an understanding of the perceived and experienced barriers that prevent or delay participation by FNM populations in breast, cervical and colorectal cancer screening, as well as those factors that are likely to promote their use of cancer screening services.

**Setting and Sample:** The study was conducted with 12 FNM communities located in both urban and rural areas of Southwestern Ontario. The sample included 107 participants.

**Method:** A qualitative interpretive study design was used within a participatory action research framework. Data were collected through personal interviews and focus groups. Thematic data analysis was completed to define the underlying common themes of experience in relation to cancer and cancer screening.

**Results:** FNM perceptions and experiences of cancer and cancer screening services are complex, deeply seeded, longstanding and vary by community. The collective experience of increasing rates of cancer within their close-knit communities has resulted in much fear about cancer.

The most commonly expressed barriers to participation in cancer screening among FNM groups were fear of being diagnosed with cancer, lack of knowledge about cancer and cancer screening, transportation issues, and mistrust of mainstream health care providers. Cancer screening procedures for breast, cervical and colorectal cancer were often perceived as painful, invasive, and offensive to FNM ways of being; especially in relation to their beliefs and values about privacy and modesty.

**Conclusions:** Cancer is a major concern among FNM peoples and they positively value ongoing community involvement in cancer education and screening activities. Participation in cancer screening among FNM peoples presents significant challenges due to a wide range of historical, socio-cultural, geographical, infrastructural and economic barriers.

Educational programs about cancer and screening processes need to be more culturally congruent with FNM worldviews of health and health care. Direct and ongoing consultation with FNM groups is essential to increase cancer awareness and screening rates within their communities.



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## F 01 - Health Promotion in the Oncology Patient

### Exploring Cervical Cancer Treatments, Coping and Women's Sexual Self-Concept after Cervical Cancer

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*Barbara Hollie, PhD, RN, ANP-BC, USA*

#### Purpose

Assist nurses to help identify and provide interventions for women at risk for sexual self-concept problems after cervical cancer treatment

#### Target Audience

nurse educators and nurses

#### Abstract

**Background:** There is a long history of physical, psychological and sexual sequelae and stress associated with cervical cancer and treatment. The disease is stressful and it dramatically impairs sexuality and how women adjust after the disease and treatment. Yet, women and their families usually content with these circumstances in silence and for prolonged periods of time. How well women cope with cervical cancer and the related issues has long been thought to be important to their survivorship. Which strategies would help and when, was equally important. No empirical studies were found that focused on the relationship between coping and its association to women's sexual self-concept. Sexual self-concept was defined as a combination of perceptions, beliefs, attitudes, and feelings that women hold about their sexual selves (Vickberg & Deaux, 2005). Just as self-concept is believed to be integral to being whole (Roy, 2009), sexual self-concept is conjectured to be an important part of women's holism.

**Purpose:** The purpose of this study was to identify predictor sexual self-concept variables and examine associations among cervical cancer treatment, select demographic variables, coping and women's sexual self-concept.

**Methods:** A cross-sectional, descriptive correlational design was utilized to examine relationships among cervical cancer treatment (e.g. surgery, radiation therapy, chemotherapy and combinations), select demographic variables (e.g. age, race, cervical cancer stage, SES, subjective-objective health status, time since treatment began), coping (e.g. cognitive coping, positive or negative religious coping), and sexual self-concept (e.g. sexual-esteem and sexual satisfaction).

**Results:** No significant relations were identified between age, race, and cancer treatment. Cognitive coping concepts were important predictors of sexual self-concept and important associations between the coping variables and selected demographics were found. Significant relationships were found between health status and religious coping and overall the further women were from treatment the less cognitive coping was used. The sample of 99 women was diverse with 55% white women, 17% women of color that included African American, Hispanic, American Indian/Alaska Native and mixed race, including heterosexual and homosexual women from 20 years to over 70 years of age, 70% had some college or a degree and reported a \$35, 000 or more income. Findings revealed support for the coping variables as predictors related to women's sexual self-concept.

**Conclusions:** Understanding how women cope prior to cancer treatment can be instructive to strategies to maintain/encourage a positive sexual self-concept and lessen stress during cervical cancer treatment.

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## F 01 - Health Promotion in the Oncology Patient

### Women's Global Health Initiative: Prevention of Cervical Cancer Using Visual Inspection with Acetic Acid and Cryotherapy

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*Amy K. Moore, DNP, RN, FNP-C, USA*

*Laura L. Opton, DHSc, RN, CNE, USA*

#### Purpose

The purpose of this presentation is to describe the implementation of a women's health program in Jinotega, Nicaragua focused on visual inspection of the cervix with acetic acid and immediate treatment with cryotherapy if indicated. The program could be replicated and sustained in other low resource countries.

#### Target Audience

The target audience of this presentation undergraduate and graduate nursing students and faculty, licensed vocational nurses, registered nurses, and advanced practice nurses interested in women's health and global health.

#### Abstract

Cervical cancer is the most common type of cancer in women between 15 and 44 years of age in Nicaragua (ICO Information Centre, 2014), yielding one of the highest cervical cancer rates in Latin America, and the incidence is on the rise (Soneji & Fukui, 2013). The ICO Information Centre on HPV and Cancer (2014) estimates that 934 women are diagnosed with cervical cancer annually in Nicaragua, resulting in 424 deaths. In an effort to reduce the cervical cancer risk in this region, a partnership has been formed with a health sciences center in the United States, the Nicaraguan Ministry of Health, and a non-governmental organization to establish a women's health program to promote early diagnosis and treatment of cervical dysplasia. A framework for this effort was fashioned after similar programs implemented in regions of Africa and Guatemala (World Health Organization, 2012), and the program is enhanced by the interprofessional focus of the partnership, which includes faculty and students from the schools of allied health, medicine, nursing, and pharmacy. The plan involves training health care workers in the Jinotega region, with a combined rural and urban population of approximately 500,000, to perform visual inspection of the cervix using acetic acid (VIA) and treatment with cryotherapy if indicated. Faculty and students from the health sciences center traveled to Jinotega in January 2014 to begin the first phase of the program and to conduct the first VIA clinics. Three goals of the women's health initiative include developing a sustainable regional program to (a) create awareness in the Nicaragua region about prevention of cervical cancer, (b) screen women in the region using VIA, and (c) treat patients with a positive test using cryotherapy or refer patients for further evaluation if not eligible for cryotherapy. The women's health initiative in Nicaragua has grown, resulting in six to seven annual trips to Jinotega. Faculty are also exploring the possibilities of replicating the program in other low resource countries.

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## F 02 - Clinical Education Topics in the Emergency Department

### The Lived Experience: How Emergency Department Nurses Resolve Emotional Pain after Patient Perpetrated Workplace Violence

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Wanda J. Christie, PhD, RN, USA

#### Purpose

The purpose of this presentation is to share the feelings and thoughts of interviewed RNs in order to increase awareness about workplace violence perpetrated by patients and promote discussion of methods to prevent or reduce incidents.

#### Target Audience

The target audience for this presentation is all RNs who have patient contact and anyone in a management position.

#### Abstract

Background: Patient perpetrated workplace violence (PPWPV) is recognized as a high risk against Registered Nurses (RN) and can result in unresolved emotional pain. Sensitizing framework for this study was the Theory of the Nurse as Wounded Healer (NWH) which explored recognition, transformation, and transcendence of emotional pain after PPWPV.

Aim: The aim was to: 1) describe the ED RNs thoughts, feelings, and behaviors after experiencing PPWPV.

Methods: After IRB approval, descriptive phenomenology with purposive sampling allowed for recruitment of thirteen ED RNs in southeast US who reported PPWPV. Semi-structured interviews were audio-taped and transcribed verbatim. Content analysis and constant comparison identified different codes and themes developed.

Results: Four themes were identified: Feelings: anger, fear, sadness, helplessness, seeking revenge, dissociating and distancing themselves emotionally from patients and environment. Working in the ED: perceptions of peer support were high; but administrative and safety support perceptions were low. Perceptions included upper level administrators lacked understanding and security was not as 'present' as needed. Crisis intervention classes were not helpful. Changes: the ED RN discussed both physical and psychological changes in themselves and their peers after PPWPV. Coping: Both effective and ineffective resolutions after PPWPV were found. Effective methods included humor, exercise, and talking to the facility's employee health program therapists, administrators, peers, family or friends. Ineffective methods included excessive alcohol intake, smoking, eating too much, and depending on prescription medications for stress and sleep.

Conclusions: The ED RN may experience PPWPV that can have negative ramifications on their emotions. The NWH theory promotes recognition of emotional pain. Nurses need to be open, supportive of the team, and verbalize feelings after PPWPV. The ED RNs wanted administration policies that require strict enforcement by nurses, patients, and families. Nurses wanted written policies to ensure legal protection and guidance. The nurses wanted administrators to be more visible in their stance against PPWPV. Additional studies are needed to examine effective resolution of emotional pain after PPWPV, and to compare ED RN satisfaction with administration support after PPWPV.

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## F 02 - Clinical Education Topics in the Emergency Department

### The Relationships between Patients' Perceptions of Nurse Caring Behaviors, Nurses' Perceptions of Nurse Caring Behaviors and Patient Satisfaction in the Emergency Department

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Theresa Bucco, PhD, RN-BC, USA

#### Purpose

The purpose of this presentation is to examine the relationships between the PATIENTS' PERCEPTIONS OF NURSE CARING BEHAVIORS, NURSES' PERCEPTIONS OF NURSE CARING BEHAVIORS AND PATIENT SATISFACTION IN THE EMERGENCY DEPARTMENT. perceptions of nurse caring behaviors

#### Target Audience

The target audience of this presentation is nurses, educators and administrative executives interested in the ED and/or patient satisfaction.

#### Abstract

**Background:** Approximately 100 million people seek care in Emergency Departments (ED) yearly which can be overwhelming for many Emergency Department nurses. Thus, caring for these patients and meeting their needs is challenging for Emergency Department nurses. It is the patients' perceptions of the first caring encounters in the ED that can have a significant impact on patient satisfaction.

**Objective:** The purpose of the study is to examine the relationships between patients' perceptions of nurse caring behaviors, nurses' perceptions of nurse caring behaviors and patient satisfaction in the Emergency Department.

**Methods:** This was a descriptive cross sectional study that examined the relationships between patients' perceptions of nurse caring behaviors, nurses' perceptions of nurse caring behaviors and patient satisfaction in the Emergency Department. Eighty-six nurse/patient dyads participated in this study. Nurse participants completed the Nurse's Background Information questionnaire and the Caring Behaviors Inventory-24. Patient participants completed the Patient Background Information questionnaire, the Caring Behaviors Inventory- 24 (CBI-24) (Wu, Larrabee & Putnam, 2006), and the Patient Satisfaction Instrument (PSI) (Hinshaw & Atwood, 1982).

**Results:** Data collected and analyzed indicated that there was a positive relationship between patients' perceptions of nurse caring behaviors and patient satisfaction in the Emergency Department. However, patient satisfaction was statistically significant and negatively associated ( $\beta = -.41$ ,  $p < .001$ ) for the categories of CBI dyad difference scores for the group of nurses who rated themselves more caring than patients rated the nurses. In addition, patient satisfaction scores were not statistically significant for nurse gender, marital status, ethnicity, professional education, employment status or ED experience. There was no statistical significance detected for patient satisfaction scores in relation to patient gender, race, ethnicity, marital status, highest level of education, employment status, previous ED visits and Emergency Severity Index. Additionally, there were statistically significant differences ( $p < .001$ ) between nurses' and patients' perceptions on the subscales of the CBI. These differences were noted on the assurance and connectedness subscales.

**Discussion:** This study indicated that patient satisfaction was significantly related to the patients' perceptions of nurse caring behaviors in the ED. The results of this study may help ED nurses to meet the need and expectations of ED patients to deliver individualized patient care.

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## F 02 - Clinical Education Topics in the Emergency Department

### Emergency Room Nurses Transitioning from Curative to End-of-Life Care: The Rural Influence

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*Roberta Rolland, PhD, RN, FNP, USA*

#### Purpose

to share the results of this study that explored the needs of rural ER nurses with the intent to help develop education, resources, and support unique to end-of-life care in rural communities.

#### Target Audience

all professional nurses in the clinical setting, in addition to, nurse educators considering the topic covers nurses in an acute care setting and the cultural influences of rural communities.

#### Abstract

Emergency Room (ER) nurses in rural communities face unique obstacles and barriers while caring for patients and families at end-of-life. Standard guidelines, programs, and resources may be more difficult to implement in smaller rural hospitals with a limited budget and staff. For this reason, it is important to explore the needs of rural ER nurses to develop education, resources, and support unique to end-of-life care in rural communities.

A secondary content analysis was performed to examine rural influences on ER nurses transitioning care from curative to end-of-life care. The preliminary study using grounded theory explored the personal transitioning of ER nurses (N = 10) when the focus of care changes from curative to end of life. Participants included both rural (n = 6) and urban (n = 4) registered nurses working in ER settings. Urban nurses served as a contrasting group to enhance the likelihood of identifying rural components and influences.

Rural concepts and characteristics as outlined in Lee and McDonagh (2006) were used as a guide for examining the content of the categories and sub-processes of the preliminary study. The categories were preparing caring, immersion, making sense, changing gears, and reflecting with a core category, caring driven. The sub-processes involved focus, feelings, and conflict. Both rural and urban ER nurses moved through the categories in a forward sequence.

The secondary analysis revealed several rural components within various sub-processes. Rural concepts including lack of anonymity, distance, and informal networks were evident among rural nurses. Differences found among rural and urban nurses involved the sub-process, conflict. Staff resources and connectedness had a greater effect on the transitioning of ER nurses. In addition to support for patients and families, rural nurses expressed a need for personal and emotional support. Knowledge and experience influenced both groups. Education was essential among rural nurses since they commonly found themselves in charge of critical situations. Such rural concepts as time and distance were compensated in some aspects with technology however, barriers remain.

Implications for nursing include strategies to improve staff resources, end-of-life education, and personal support. Educational strategies may involve traditional methods and more innovative methods using simulation with end-of-life care. Staff resources were essential elements to support nurses caring for dying patients and their families. Mentoring programs designed to create a culture of support may influence preparedness, decision making, and coping, and consequently, enhance end-of-life care.

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## F 03 - Outcomes of Nursing Interventions

### A Retrospective Study Exploring Nursing Sensitive Interventions for Patients on a Skilled Nursing Unit in a Rural Midwest Hospital

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Carol-Ann Moseley, PhD, MS, BAN, RN, USA

#### Purpose

The purpose of this presentation is to present research findings to assess the impact of nurse sensitive indicators on patient outcomes on a skilled nursing unit. The presenter will correlate patient characteristics with specific outcomes that could assist nurses to improve patient outcomes through implementation of specific individualized nursing interventions.

#### Target Audience

The target audience of this presentation is nursing staff and administrators interested in examining patient characteristics on a skilled nursing unit as they relate to patient outcomes, including the Rothman Index score and 30-day readmissions.

#### Abstract

**Purpose and Research Questions:** The purpose of this study was to assess the impact of nursing interventions on a skilled nursing unit (SNU) when a change in patient health status was identified. Patient characteristics were correlated with specific variables such as Rothman Index (RI) scores and 30-day readmission status. Nurses could then implement specific individualized interventions to improve patient outcomes. The study questions were: a) What are the characteristics of our SNU patients? and b) Can use of the RI discharge score alert the nurse to the need for increased interventions to lower the risk for 30-day hospital readmission?

**Background and Significance:** It is imperative that nurses use evidence based practice and research as a basis for making patient care decisions. This is especially important in the context of the rapidly changing healthcare environment of today. The SNU at our hospital was concerned about improving discharge outcomes and reducing hospital readmissions. Research studies have shown that when a patient with heart disease is admitted to a SNU that has specific nursing interventions developed for patients with heart disease, there are improved patient outcomes (Allen et al., 2011; Jacobs, 2011). This led to the idea that a study of our SNU patients would help nurses improve patient outcomes (Hain et al., 2012; Li et al., 2012). The RI software uses clinical measurements from the following four categories: nursing assessments, vital signs, laboratory results, and cardiac rhythms in an algorithm that translates to a RI score reflecting patient progress or lack of progress over time (Rothman et al., 2013). Bradley et al. (2013) concluded there was a strong relationship between the RI score at the time of discharge and unplanned readmissions within 30-days. They found cutoff points in the RI that helped the health care provider to identify patients at high risk for readmission which was considered to be the first step to reduce readmissions. Health care clinicians who use the latest RI score to individualize the patient's discharge plan may help to reduce the risk for 30-day readmissions (Yale-New Haven Hospital, 2013).

**Design and Methodology:** This was a retrospective study of information gathered from medical records of patients on a SNU during 2013. Variables were extracted from the medical records and sent to the principal investigator in the form of a Limited Data Set and analyzed with the statistical program SPSS Statistics Desktop, V22.0.

**Results:** Table I: Descriptive Statistics of Patient Characteristics in Percentages

	Age <65	Age 65-74	Age 75-84	Age >85	Married	Gender	DNR	
						Male	Female	Order
Study Group	18.3	22.2	33.3	26.1	45.0	39.8	60.2	29.3

Comparison Group	11.2	17.3	34.3	37.2	28.4	38.3	61.7	38.1
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Patients were classified into the following RI cutoff points related to their risk for 30-day readmission: high-risk (RI <70), medium risk (RI=70-79), low risk (RI=80-89), and lowest risk (RI = 90-100) (Bradley et al., 2013).

**Discussion:** Our SNU population had similar characteristics as populations identified in other studies, such as gender, race, education, and language. The analysis between our study group and the comparison group (Li et al., 2012) on the patient characteristics showed the following: our group of patients had a higher percentage in the <75 age group and a lower percentage in the >85 age group. Our group of patients showed a significant difference in percentage of married patients as compared to the comparison group. Our group of patients had a 29.3% of DNR orders as compared to 38.1% in the comparison group. Data analysis showed the following percentages by RI risk category for the 30-day patient readmission rate: RI high-risk group = 36.4%, RI medium risk group = 21.8%, RI low risk group = 28.6% and RI lowest risk group = 11.5%. This is comparable to the findings discussed in the Bradley et al. (2013) study.

**Implication:** Patient characteristics on our SNU in 2013 differed from some patient characteristics found in other studies. Prior to implementing evidence based interventions, our staff needs to look closely at how patient characteristics were applied in other studies. Nurses need to consider if a specific intervention could be used in our distinct patient population or if it needs to be modified to be effective within our population. Nurses need to identify any declining trend in the RI score and implement evidence based interventions to improve the overall patient condition as indicated by an increasing RI score. Our SNU needs to address the issue that 36.4% of our RI high-risk patients are readmitted within 30 days. An RI score in the high risk category (<70) at discharge should alert the nurse to implement interventions focused on individualized needs for health care and support services at home or an alternate health care facility. Nursing interventions should include education to promote health practices, to increase coping skills, and to ensure patient and family know when and how to contact health care providers to decrease potential 30-day readmissions.

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## F 03 - Outcomes of Nursing Interventions

### Patients' Perceptions of Hope and Hope-Engendering Nurse Interventions

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*Debra Haas Stavarski, PhD, RN, USA*

#### Purpose

The purpose of this presentation is to share findings from a research study that explored patients' perceptions of hope, hope-engendering nurse interventions, and the relationship between patients' perceptions of hope and patients perceptions of hope-engendering nurse interventions.

#### Target Audience

The target audience of this presentation is practicing nurses, nurse educators, nurse administrators, nurse researchers, and students.

#### Abstract

Hope is a basic human need and has the ability to restore health. Hope enhances quality of life, promotes health and healing, and has been shown necessary for recovery. Patients with an acute illness may have feelings of hopelessness or reduced hope. Hospitalized patients experience health/illness transitions which require preparation for discharge. If patients experience healthy transitions they may have a better sense of well-being about their health/illness condition upon discharge. Nurses play a role in fostering hope during health/illness transitions such as patient hospitalization. Nurse patient relationships, communication, and nurse actions may influence patients' perception of hope. The National League for Nursing identifies caring as one of the core values for nursing of which promoting hope is an essential component. However, with increased emphasis on cost control and productivity, time for hope-engendering nurse interventions may be in jeopardy. There is a paucity of research about nurses' influence on patients' perception of hope in the acute care medical-surgical setting, therefore the need for this study.

The purpose of this descriptive correlational study was to explore patients' perceptions of hope, patients' perceptions of hope-engendering nurse interventions; and to explore the relationship between patients' perceptions of hope-engendering nurse interventions and patients' perceptions of hope during a health/illness transition.

A convenience sample of 97 patients from five acute care medical-surgical hospital settings participated. Patients completed the Hope-Engendering Nurse Intervention – Patient Version (HENI – PT) Instrument, the Herth Hope Index (HHI), and a demographic questionnaire at the bedside. The HENI – PT instrument was developed and pilot tested prior to use in this study. The instrument measures perceptions of hope-engendering nurse interventions, which are behaviors designed to promote patients' feelings of hope for positive outcomes. The HENI – PT contains four subscales, which are attributes of hope-engendering nurse interventions. The 44 item instrument has a 5-point Likert Scale and consists of two parts, Part A with ratings for the frequency of nurse actions and Part B the effectiveness of nurse actions. For this study, the Cronbach's alpha reliability coefficient was .97 for the HENI – PT total scale. The HHI measures patients' perceptions of hope. The instrument has three subscales, which are factors associated with hope. The 12 item instrument has a 4-point Likert Scale. The HHI is used extensively and is reported to be valid and reliable. For this study, the Cronbach's alpha reliability coefficient was .88 for the HHI total scale.

Descriptive and inferential statistics were computed using SPSS®. Patients' perceptions of hope were high, with a mean score of 41.92 for the total scale, and a possible range of scores from 12 to 48. Patients' perceptions of hope-engendering nurse interventions were low, with a mean score of 358.07 for the total scale, and a possible range of scores from 44 to 1100. There was a statistically significant, weak relationship between HENI – PT and HHI ( $r = .27$ ;  $p = .008$ ).

Findings suggest a need to understand hospitalized patients' perceptions about and sources of hope, in order to implement appropriate nursing interventions. Nurses may not be providing hope-engendering nurse interventions in the acute care setting, which suggest a need for nursing education in pre-licensure and practice settings, and establishing expectations for nurse hope-promoting activities in the provision of care.

This study explored the use of the Hope-Engendering Nurse Intervention – Patient Version (HENI – PT) Instrument and the Herth Hope Index (HHI) in a population of patients in an acute medical surgical setting and further developed a new instrument to measure hope-engendering nurse interventions. Further research is needed to determine what other factors influence patients' perceptions of hope during a health/illness transition, as nurses are in a position to foster those other factors that influence patients' hope.

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## F 03 - Outcomes of Nursing Interventions

### A Retrospective Study of the Impact of Educational Intervention on the Use of the Rothman Index System on Patient Outcomes

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#### Purpose

The purpose of this presentation is to present the findings from a research study designed to assess the impact of increased nursing staff use of the Rothman Index on patient outcomes of two medical-surgical units in a rural regional mid-western hospital.

#### Target Audience

The target audience of this presentation is nursing staff and administrators interested in continual measurement of adult medical-surgical patient condition over time based on data that is available through the Electronic Health Record (EHR).

#### Abstract

**Background & Significance:** The Rothman Index (RI) provides a tool to continually track and trend the patient's condition based on data extracted from the Electronic Health Record (Wolters Kluwer Health, 2013). The patient's RI score is calculated from 26 data points. These data points originate from four categories: nursing assessments, vital signs, laboratory result, and cardiac rhythm (Rothman, Rothman, & Beals, 2013). The RI is a measure of patient progress or lack of progress over time (Rothman, Solinger, & Rothman, 2012, Yale-New Haven Hospital, 2013). Research has found the use of the RI in patient care can positively impact outcomes (Wolters Kluwer Health, 2013; Yale-New Haven Hospital, 2013; Bradley, Yakusheva, Horwitz, Sipsma, & Fletcher, 2013). The RI was implemented in 2011. Nursing staff viewing of the RI was minimal prior to August of 2012. Then intensive nursing staff education was presented and RI viewing increased. This study compared patient outcomes prior to the intensive education with patient outcomes post education. The population was medical surgical on two units.

**Purpose:** This research assessed the impact of increased nursing staff use of the RI on patient outcomes of medical-surgical units at Midwestern rural hospital.

**Research Questions:** Does re-education have an impact on utilization of the RI? Does use of RI by nursing staff improve patients' outcomes?

**Methods:** The design was a retrospective study of data retrieved from medical records. Information Systems retrieved data from medical records of individuals admitted to two Medical-Surgical units. Data was collected during 3 time periods. The 3 time periods were chosen to coincide with low use (Group 1), post education use (Group 2) and sustained use post education (Group 3). These time periods were chosen based on previous studies of the RI that found its use by nursing staff improves patient outcomes.

**Results:** The total group of 8750 cases was tested for differences in discharge disposition (home or other than home) and patient outcomes. Cases discharged to home had higher RI scores than cases who were not discharged home  $p = .000$ . Significant differences between the disposition groups at the  $p = .000$  were found for the following variables: discharge RI scores, length of stay, number of diagnosis, 30-day readmit, Rapid Response time, and R I views. The cases were also analyzed by groups. The groups were determined to be similar related to unit, age, length of stay, number of diagnosis, 30-day readmit, last RI, and DRGs. Significant findings were found between the groups in RI views and Rapid Response times. The lowest viewing of the RI was in Group 1, the group prior to re-education. The highest viewing of the RI was Group 2, the group immediately after re-education. Group 2 had significantly more ( $p = .008$ ) staff views of the RI than Group 1. The numbers of viewing of the RI decreased for Group 3 but

remained higher than Group 1, but were not statistically significant. Rapid response calls were lower for Groups 2 and 3 than in Group 1. There was a statistical significance ( $p = .008$ ) between Group 1 and Group 2 in Rapid Response calls with Group 2 having fewer Rapid Response calls times. Rapid Response calls for Group 3 remained lower than Group 1 but were not statistically significant. Codes blue calls for Group 1 was eleven, for Group 2 was ten and Group 3 was four.

**Discussion & Implications:** RI graph re-education resulted in increased graph viewing by nurses. We conclude that due to increased viewing nurses identified downward trends in the patient's overall condition leading to earlier intervention and prevention of deterioration to the point of necessitating a rapid response or Code Blue.

Based on these patient outcomes it appears that routine re-education and requiring RI graph viewing at a minimum during all hand-off reports would be beneficial. Findings of the study will be shared with nursing leadership to set benchmarks for patient discharge.

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## F 04 - Simulation in the Clinical Education Environment

### Use of Standardized Patients to Enhance Health Assessment Skills of Undergraduate Nursing Students

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#### Purpose

The purpose of this activity is to educate nursing faculty on the use of Standardized Patients to enhance undergraduate health assessment course. This presentation will discuss the findings from our study on the use of Standardized Patients during our final health assessment return demonstration exam.

#### Target Audience

The target audience of this presentation are undergraduate nursing faculty and administrative personnel responsible for making curriculum decisions.

#### Abstract

**Background:** Standardized Patients (SPs) have been used in medical education since the 1960's however the concept of using SP's in the field of nursing education is a recent concept. The undergraduate nursing health assessment course has been taught in the same traditional manner for decades. In order to learn physical assessment skills, students are often asked to take part in peer physical examinations (PPEs), where students practice and validate assessments on one another. Although students may tolerate PPEs, this methodology often promotes simple memorization over critical thinking. Additional drawbacks with PPE's are some students may feel uncomfortable being examined by their peers, lack of opportunity to assess abnormal assessment findings, and potential exposure of student's personal medical conditions through PPS. An alternative to using PPEs for testing purposes is the use of SPs to portray patients in a health assessment course. Use of SPs can decrease student's anxiety, increase critical thinking, and also enhance learning through immediate feedback from the SPs. The purpose of our study was to evaluate student's satisfaction with assessing SPs versus their peers during the final physical assessment return demonstration.

**Methods:** Our health assessment course was revised in an effort to find innovative teaching modalities that would enhance critical thinking and decrease memorization of assessment skills. A major revision was the use of SPs for the final physical assessment return demonstration. Our instructional team incorporated the use of SPs and interactive case studies into the course and SPs were hired for the final head-to-toe return demonstration. For the final return demonstration, we developed 3 patient scenarios that all contained one abnormal physical assessment finding that students had to identify during the exam. The return demonstration started with students reading a brief summary of the patient's reason for admission. Students were then given 15 minutes to obtain a brief history on the reason for admission and then perform a basic bedside nursing head-to-toe assessment. Students were required to properly demonstrate all physical assessment techniques outlined on the form and correctly verbalize their findings in order to pass the final return demonstration. A survey was developed by the principal investigator to collect information on student preparation, comfort, and confidence in performing their final head-to-toe return demonstration on student partners or standardized patients. The survey was reviewed by two experts in nursing education, simulation, and health assessment for content validity, and the survey was finalized based on their feedback. The survey included the collection of demographic and cohort information and 13 Likert-type questions and 5 open-ended response questions related to the return demonstration experience. Two undergraduate cohorts were given the survey. Cohort 1 consisted of students who performed PPE's for their final assessment during the fall 2012 semester. Cohort 2 consisted of students who completed their final return demonstration on a SP during the spring 2013 semester. In this mixed method, descriptive, IRB-approved study, a convenience sample of 117 students (70 in the first cohort; 47 in the second cohort) participated.

**Findings:** The findings showed that students in the cohort 2 were more nervous and less comfortable with the use of SP's than cohort 1 ( $p < 0.05$ ). However, the second cohort felt that their final demonstration required more critical thinking and less memorization than cohort 1 ( $p < 0.05$ ). Cohort 1 reported that they did not like performing their assessment on their partner, felt the final demonstration required less critical thinking and more memorization, the final exam was not a realistic representation of the clinical experience, and they were nervous performing in front of their partner. Cohort 2 stated felt their final exam was more realistic, feedback from the SP's was valuable, and they felt more comfortable examining an SP versus their partner.

**Conclusion:** Nurse educators continually look for ways to improve teaching modalities and ensure we are preparing students to provide safe and competent patient care. Research has shown that the use of SPs in nursing education enhances communication skills, increases student self-confidence, encourages critical thinking, and assists students in overcoming nervousness and anxiety. Incorporating the use of SPs in the undergraduate nursing curriculum can improve students' assessment skills, which can then translate to clinical practice. Focusing on the essential assessment skills needed for the new graduate and incorporating case-based scenarios using SPs has shown to increase students' critical thinking skills and provide a more realistic clinical experience. Additional research should be conducted to examine the cost versus benefit of the use of SPs in the undergraduate nursing program.

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## F 04 - Simulation in the Clinical Education Environment

### Peer Assisted Learning in a Simulated Emergency Department Experience for Undergraduate Nursing Students

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#### Purpose

present an innovative simulation approach using peer assisted learning for junior and senior nursing students to increase their level of competence and confidence in the care of patients in the emergency department.

#### Target Audience

nursing faculty and staff involved with the planning and implementation of simulation scenarios in an undergraduate program.

#### Abstract

The role of peer assisted learning (PAL) in simulation is an emerging concept in nursing education and collaborative learning. Peer assisted learning is defined as “the act or process of gaining knowledge, understanding, or skill from students who are either at different or equivalent academic or experiential levels” (Henning, Weidner, and Marty, 2008, p. 85). According to Topping (2001), learning through teaching others, a key element of PAL, is the highest level in the learning approach hierarchy. According to Stone, Cooper, and Cant (2013), peer learning has been utilized to promote the foundations of nursing practice such as critical thinking and the acquisition of clinical knowledge and skills. Social cognitive theory (SCT) supports the use of peer learning strategies by joining students in activities that have similar knowledge levels and outcome objectives to build confidence in learning (Owen & Ward-Smith, 2013). In an effort to address IOM mandates for safety in nursing communication and to incorporate innovation into simulation experiences, the faculty developed an undergraduate simulated experience using standardized patients in an emergency department (ED) scenario. Nursing students at the junior and senior level participate in a simulation focused on five patients presenting to the ED. The five live actors (three adult patients and two pediatric patients with parents) have applicable moulage applied and are instructed to portray the specified clinical manifestations of their disease or injury. The use of standardized patients is an excellent approach to hands-on learning and offers the students more complex interactions requiring spontaneous responses. This strategy promotes active learning through the use of a dynamic learning environment and the application of previous and current knowledge in a simulated practice setting. Prior to the initiation of the simulation experience, all students are oriented to the clinical expectations of the learning activity and the documents required for data collection. Two junior students are assigned to a specific standardized patient. They then conduct an admission assessment using interviewing techniques and document vital signs. Subsequently, the senior students enter the ED area with outcome objectives to receive a SBAR report from the junior students assigned to each patient, gather any additional data about the patients through collaborative questioning of the junior students and the patient, and ultimately prioritize the acuity of the five patients based on their data collection. The junior students gain confidence and competence by repeatedly presenting their patient information to each team of senior students who rotate through the data collection process for the five patient scenarios. Through the process of cognitive modeling, the junior students elevate their clinical reasoning skills by observing enhanced assessment and interviewing techniques demonstrated by senior students. The junior students are able to identify data gaps from their initial patient assessment that are illuminated by the actions of their higher level peers. Peer assisted learning offers several benefits to a simulation experience. Students at both levels gain critical knowledge and skills about nursing concepts (i.e., disease and nursing processes). They practice professional communication skills through collaborative efforts to understand the acute care needs of each patient and family. Each student gains increased self-confidence by having the opportunity to practice in a safe, learner-centered environment, by interacting with realistic patients with unknown symptomology and natural responses, and by developing positive reciprocal relationships with their

peers. Through the use of peer assisted learning in a simulated educational environment, peers helping peers learn has been very effective.

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## F 04 - Simulation in the Clinical Education Environment

### Community Mental Health Clinical Experiences Utilizing High Fidelity Simulations with Baccalaureate Nursing Students

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#### Purpose

The purpose of this presentation is to share the results and rationale for using high fidelity simulation as an important educational tool in the delivery of community mental health clinical experiences. The simulations developed were based on real-life clinical situations that a student could encounter within the clinical setting.

#### Target Audience

The target audience of this presentation is mental health and community health nursing educators, nursing students, and community health and hospital based employers/educators.

#### Abstract

Historically nursing students have a fear of clients encountered in health care settings that have a mental health diagnosis. Unfortunately, this fear is often the result of the stigmatization present within society and the media related to individuals diagnosed with a mental health issue. Students for the most part have little experience with mental health care facilities and the populations who seek services at these sites. Additionally, there is a lack of mental health clinical sites that offer students the ability to interact with clients and there are more nursing programs competing for these few sites. Due to these reasons, the use of high fidelity simulation was implemented in the didactic portion of the mental health course. The overall goals of using simulations during the mental health course was to: address the fears students experience when interacting with clients with a mental health problem prior to clinicals; improve the ability and confidence to respond appropriately when faced with emergent mental health needs; decrease the stigmas students might have regarding someone diagnosed with a mental health problem; and improve the use of therapeutic communication skills to ensure safety. The high fidelity simulation utilized was developed to mimic a real-life emergent mental health situation that a student could possibly encounter within the clinical setting. Examples of some of the salient points included in the simulation were: recognizing signs and symptoms of depression, assessing for suicidal ideations and the importance of asking direct questions related to intent, how to deal with the asking of personal information and the expression of sexual advances, how to respond if a patient cries or becomes emotional, and how to respond to a patient who asks the student to keep a secret. Students were provided a de-briefing time immediately after the simulation to discuss perceived performance and feelings surrounding the scenario. During the debriefing session students were provided with immediate feedback from faculty surrounding their responses during the simulation. Overall, the majority of the students felt this was a positive learning experience.

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## G 01 - Alternative Methods of Nursing Care

### The Implementation and Use of Mindfulness to Reduce Compassion Fatigue and Attrition Rates with Faculty/Staff in an Urban School

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#### Purpose

The purpose of this presentation is to introduce the concept of mindfulness and how it can address stress and compassion fatigue.

#### Target Audience

The target audience of this presentation is for anyone who is experiencing stress in their daily lives.

#### Abstract

Urban cities in America are frequently cited for their perennial rates of poverty, violence, and crime. Children growing up in these cities are often plagued with emotional scars from witnessing crimes, being abused, and living in poverty. Providing a learning environment that is safe and nurturing for these children is an overall educational goal. However, faculty and staff of these urban schools, in trying to meet this goal, are experiencing a stress-like phenomenon known as compassion fatigue. Compassion fatigue is a serious entity, related to over-caring. Compassion fatigue has been linked to numerous psychological and physical health issues such as anxiety, depression, gastrointestinal disturbances, acid reflux disease, as well as, addicted behaviors. In addition, it has been associated with higher job attrition. To combat compassion fatigue, an intervention known as mindfulness and mindfulness-based stress reduction (MBSR) can be introduced. Mindfulness is an old Buddhist intervention turned new, thru the works of Jon Kabat-Zinn Ph.D. Mindfulness teaches the mind to develop an awareness and appreciation of what is occurring in the here and now. It orients one to current feelings, allowing one to respond rather than react. Mindfulness is practiced formally through meditation, as well as, other activities such as yoga, body scanning, and breathing; informally through continuous acknowledgement of moment-to-moment experiences. Today, mindfulness is being utilized as a safe, effective intervention in a variety of situations, such as chronic pain, fibromyalgia, stress, and cancer, in addition to, improving overall mental well-being. However, mindfulness as a nursing intervention is just beginning to evolve. It is hoped that this project, not only benefited, the population intended but will act as an introduction to the concept of mindfulness for the discipline of nursing.

**Purpose:** The purpose of this translational research project was to look at the feasibility of implementing mindfulness, as an evidence-based therapeutic intervention, to help reduce compassion fatigue and to improve faculty and staff attrition rates.

**Method:** Implementation of the mindfulness intervention included an educational didactic workshop, basic exercises in mindfulness, a take-home manual, and the development of a mindfulness web-portal to promote sustainability of the project. Outcomes were measured using Stamm's ProQOL-V Scale, in addition, to a descriptive analysis of demographics and a post-program satisfaction survey.

**Findings:** Scores obtained from the ProQOL-V scale confirmed the presence of compassion fatigue and burnout prior to intervention. Post-testing showed program satisfaction with a high interest in implementing mindfulness activities. Self-reported improvements were noted in mood/emotion (88%) following the workshop. ProQOL-V Scale was repeated in 6 months with only a 37% return rate. These scores, however, showed no indication of burnout or compassion fatigue. Faculty and staff attrition rate declined from 24% (2013) to 11% (2014).

**Conclusion:** It appears that Mindfulness training is a feasible intervention to implement with individuals experiencing the effects of stress and compassion fatigue. More research is needed to extend these preliminary findings into the realm of nursing both clinically and academically.

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## G 01 - Alternative Methods of Nursing Care

### Using Guided Imagery to Reduce Pain and Anxiety

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#### Purpose

The purpose of this presentation is to identify the impact of pain on physiological and psychological functioning and describe the effect of guided imagery on pain, anxiety, and medication use.

#### Target Audience

The target audience of this presentation is novice to expert nurses and advanced practice clinicians.

#### Abstract

Background: The Institute of Medicine in 2011 reported over 100 million American adults are affected by chronic pain which is more than the combination of those affected with heart disease, cancer, and diabetes. Also the United States is estimated spends up to \$635 billion annually in medical treatment and lost productivity due to chronic pain. The 2007 National Health Interview Survey reported 38% of American adults use some form of integrative or complementary and alternative medicine (CAM). The National Center for Complementary and Alternative Medicine estimates CAM use accounts for \$33.9 billion total health care expenditures spent out of pocket. Conditions associated with pain are the number one reason adults reported as the reason for using CAM therapies. Research on guided imagery has produced mixed results in its use in pain management.

Purpose: The study examined the impact of guided imagery on pain and anxiety in adult patients at a tertiary care hospital located in the Texas Medical Center in Houston, TX.

Materials & Methods: After Institutional Review Board approval, patients were recruited from an advanced practice nurse (APN)-led pain management service. Consented patients received an MP3 player with a guided imagery recording along with instructions to use the recording twice daily. Pain and anxiety scores along with analgesic and anti-anxiolytic use were recorded pre-intervention and 24 and 48 hours after enrollment.

Results: Thirty six patients were enrolled.

- Pain scores declined by 6 % (48 hour) pain score from pre-intervention score.
- 28% (24 hours) and 50% (48 hours) decline in anxiety scores when compared to pre-intervention.
- Analgesia use declined 16% (24 hours) and 19% (48 hours).
- Positive feedback was received from the participants.
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Conclusions:

- Statistical significance was seen with anxiety scores at 24 hours ( $p = 0.0001$ ) and 48 hours ( $p < 0.0001$ ) but not with the other measures due to small sample size.
- Clinical significance was seen with declines at 48 hours in anxiety scores (50%), analgesia use (19%), and pain scores (6%).
- Guided imagery appears to be a viable CAM approach to reduce pain, anxiety, and analgesic use.

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## G 01 - Alternative Methods of Nursing Care

### Effect of Ethnicity and Parental Illness Representations on Complementary and Alternative Medicine (CAM) Usage and Asthma Control in Childhood Asthma

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Kimberly J. Arcoleo, PhD, MPH, USA

#### Purpose

to explore lifetime and current prevalence, ethnic differences, and role of parental illness representations (IR) in CAM use and asthma control.

#### Target Audience

primary care and school nurses and NPs.

#### Abstract

**Background:** Asthma is the most prevalent chronic condition in childhood in the US. Puerto Ricans (PR) are disproportionately affected compared to Mexicans. In the last decade, the incidence of asthma in the United States has increased by nearly 15% (CDC Asthma's Impact on the Nation, 2013). Particularly concerning is the asthma incidence disparity between ethnicities: 7.7% of whites have been diagnosed with asthma, compared to 11.2% of blacks, and 6.5% of Hispanics. Despite the low prevalence in Hispanics as a whole, the statistics for different Latino subgroups tell a different story. 16.1% of Puerto Ricans have asthma, compared to only 5.4% of Mexicans (Akinbami et al., 2012). CAM usage in childhood asthma as high as 89% has been reported, but the evidence does not support CAM as an effective asthma management tool. Despite high CAM use, only 18% of parents reported CAM usage to the provider. There is potential to improve controller medication adherence while remaining sensitive to parents' ethnomedical beliefs.

**Purpose:** To explore lifetime and current prevalence, ethnic differences, and role of parental illness representations (IR) in CAM use and asthma control.

**Theory:** The Common Sense Model of Illness Representation provides the theoretical framework. The model describes a cognitive processing system that includes situational stimuli (perception of the child's symptoms), objective representation of the health threat (illness representation) with its treatment decisions (CAM and controller medication use) and appraisal of the outcomes (asthma control) for the success or failure of the treatment decisions. A feedback loop is included in the model with IRs potentially changing over time as the parents gain experience with their child's asthma. The model has three tenets: the parent is an active problem solver; the IR is the central cognitive contrast that drives the parent's treatment decision and appraisal of the outcomes; and IRs are personalized and may not be in agreement with the medical facts.

**Subjects:** 536 Latino parents and their children with asthma (aged 5-12 years). Families were recruited from 4 clinics located in Bronx, NY and Phoenix, AZ. To be eligible for the study, children must have met the following criteria: a) The child had to be between the ages of 5 and 12, b) had a diagnosis of asthma as obtained from their medical record, c) identified as Latino as described by the child's primary care caregiver, d) had no other significant pulmonary complications or conditions, e) participating parent must have had the majority responsibility for the child's day-to-day asthma management and care, f) no cognitive learning disability that would interfere with the parent or child's ability to participate in the interview process.

**Method:** Longitudinal study of parental IRs, treatment decision, and asthma control. Structured interviews with parents (including questions about specific CAM therapies), short interviews with children, children's lung function, and children's medical records reviews were conducted at enrollment, and 3, 6, 9, and 12 months post-enrollment. Baseline data used for these analyses.

**Results:** 74% of the sample reported lifetime CAM use. Significantly more Mexicans reported lifetime and current CAM use compared to PR (67% versus 33%,  $p=.04$ ; 65% versus 35%,  $p=.01$ , respectively). Parental IRs were significant predictors of current CAM use ( $OR=.49$ ,  $p=.05$ ) but not lifetime CAM use. There was significant interaction of ethnicity and CAM ( $p<.0001$ ). Mexican children are significantly more likely to have well-controlled asthma, regardless of CAM/controller combination. Parental beliefs aligned with the professional asthma management model were predictive of well-controlled asthma ( $p=0.4$ ).

**Conclusion:** This study demonstrated that Mexicans and PRs have different IRs, CAM usage, and asthma control. It is important to understand IRs and CAM, so effective communication and shared decision-making can occur. HCPs who are familiar with and sensitive to IRs and care needs of diverse groups can play a decisive role in improving health outcomes of patients with asthma by heightened awareness of and respect for cultural differences among the children and families they interact with. To develop effective interventions that target asthma health disparities, we must first understand the characteristics of these groups and how they interact to impact parental IRs, CAM usage, and asthma control.

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## G 02 - Learning While Serving: Clinical Education Strategy

### An Innovative Collaborative Approach for Applying Public Health Principles in a Global Setting

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*Mary Tanner, PhD, RN, USA*

#### Purpose

The purpose of this presentation is to promote an innovative collaborative approach for integrating baccalaureate public health nursing competencies and promoting principles for service-learning through course work and field experience in a global setting.

#### Target Audience

The target audience for this presentation is nurse educators, public health instructors, public health nurses, and nurses interested in promoting service-learning in an academic program.

#### Abstract

Nurse educators are accountable for addressing student competence in public health nursing practice within their baccalaureate undergraduate curricula. Factors that challenge this responsibility include limited availability of clinical sites, student enrollment in online programs and participation from remote sites throughout the United States. Other issues that exist are the need for meaningful student engagement with the community as they assess populations and promote the health of communities through advocacy, health teaching, and health related interventions. A recent Institute of Medicine report on "The Future of Nursing" also charges educators with promoting collaborative partnerships including interdisciplinary and intraprofessional efforts to promote health. The newly revised "Code of Ethics for Nurses" further elaborates on the obligation to support social justice and global health efforts. In our baccalaureate program, an educational service learning experience was implemented over a semester culminating in a two week field experience immersion in Belize. As a result of this experience, students effectively collaborated with numerous community partners leading to improvements in the health and well-being of various populations. Some examples of the community partners included the Ministry of Health, the district department of health, area elementary schools, rural health workers and clinics, local diabetes association, village council, and a cultural exchange company. Urban and rural populations that were targeted in these interventions included school aged children, adults, and individuals with diabetes or hypertension. Intraprofessional collaboration was successful because students from three different undergraduate programs: RN to BS, traditional, and post-baccalaureate worked cooperatively for the betterment of the community. In addition, students participated in meaningful self and group reflection throughout the semester. This innovative approach was successful in promoting collaboration with community partners and among the students in the various undergraduate programs. Nursing students exemplified professional values and ethically and culturally appropriate behavior during this service-learning experience. Our goal is that this experience will prepare students for their future practice to care for patients from all over the world and to empower communities toward positive change in health. Future recommendations include expansion of opportunities to promote group bonding prior to the field experience and increased availability of culturally appropriate and country specific health education resources.

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## G 02 - Learning While Serving: Clinical Education Strategy

### Health Care in Global Context: Service Learning to Increase Cultural Competency in Migrant Latino Health

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#### Purpose

To describe a seven year inter-professional service learning course to increase students' understanding of migrant Latino health. When training health care providers, the service-learning approach is an innovative pedagogical strategy that benefits both patients and students by creating collaborative partnerships among health professions schools, healthcare organizations and other community settings.

#### Target Audience

educators, nurses, health-care and community leaders.

#### Abstract

**Purpose:** To describe a seven year interprofessional service learning course to increase students' understanding of migrant Latino health. When training health care providers, the service-learning approach is an innovative pedagogical strategy that benefits both patients and students by creating collaborative partnerships among health professions schools, healthcare organizations and other community settings.

**Background:** According to the 2010 US Census report, the Hispanic/Latino population accounted for over half of the 27.3 million increase in the total US population. The US Department of Health and Human Services have set forth national standards on culturally and linguistically appropriate services (CLAS) for health care organizations and providers to deliver culturally competent care; intended to advance health equity, improve quality and help eliminate health disparities.

Present United States Latino health disparities include-

- Latino/Hispanic adults have the largest age-adjusted prevalence of diabetes.
- Prevalence of obesity is largest for young Latino males < 20 years old.
- Hispanic children are twice as likely to be hospitalized for asthma.

As educators, we should provide opportunities for students to experience interprofessional culturally competent health care. One way to do this is to provide service learning opportunities.

**Description of Program:** Part of our vision as a university is to increase inter-professional education, cultural competency and cultivate sustainable, long-term collaborations globally. This course offers a unique opportunity for an inter-professional team of students to learn experientially about the health needs of Latino immigrants. This course focuses on social justice and the need to work collaboratively by offering service learning opportunities both domestically and internationally within the local Latino community and abroad with Central America agencies.

#### **Goals of the course:**

At the end of this course the student will be able to:

1. Explain the relevance of culturally competent global health approaches to health assessment and interventions at home and abroad.
2. Identify factors affecting global health and Latino/Hispanic immigration to include travel, cultural, social, economic, political and environmental factors.
3. Understand and report Latino population health disparities, using epidemiological and demographic measures.

4. Identify evidence-based, cultural competency programs to improve Latino population-global health.
5. Apply ethical principles to global health and humanitarian aid.
6. Practice culturally-competent care through participatory service-learning
7. Effectively present and educate the public on global migrant health issues.
8. Be able to meet with Latino community agency leaders and stake holders to forge community partnerships, both locally and globally.

**Teaching methods:** Preparation for humanitarian assistance:

- Brief presentation by guest speakers on immigration and Latino health to provide current and relevant information to students along with agencies representatives who provide background on the services they provide.
- Inter-professional team based learning activities such as presentations around their professional training in providing care to Latino children and families.
- Directed study reading of Sonia Nazario's *Enrique's Journey: The Story of a Boy's Dangerous Odyssey to Reunite with His Mother* along with articles on both sides of the immigration debate prior to their service learning experience to discuss these issues in small groups and relate this to their current practice sites.
- Experiential service-learning activities per contract agreement with opportunities for work with local community agencies and/or spring break opportunities in Central America:

**Results:** This global service learning course helps students increase their cultural competency, understanding of health disparities and models for providing humanitarian aid.

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## G 02 - Learning While Serving: Clinical Education Strategy

### Nursing Students Serving, Transforming, and Leading within 5 Miles to 3000 Miles

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*Karen H. de la Cruz, MSN, AACNP, FNP, USA*

#### Purpose

The purpose of this presentation is to share how our chapter encourage students to serve, transform, and lead in a variety of settings. Settings include those in our neighborhood to far islands of the South Pacific. We will describe cultural diversity courses that our nursing programs offer.

#### Target Audience

The target audience of this presentation are any individuals interested in starting or improving courses designed to strengthen cultural competence within nursing students.

#### Abstract

**Purpose/Aims:** Our local chapter of Sigma Theta Tau includes students who serve, transform, and lead in a variety of settings. These settings include those in our own neighborhood to the far lying islands of the South Pacific. We will describe cultural diversity courses that our nursing programs offer. Essential components of discussion will include (a) selection and sustainability of the sites, (b) utilizing STT awards and other financial resources to help the student, and (c) interprofessional and community collaboration.

**Rationale/ Background:** Emphasis is being placed on educating nursing students to provide culturally competent care. One way of accomplishing this is for nursing schools to develop a carefully selected, sustainable cultural diversity courses that immerse students in another culture. Students from other disciplines may be included for interprofessional collaboration to broaden the experience. Establishing connections within the community is vital to a successful cultural diversity course. We have utilized many local and international sites over the years. Each of these sites have posed unique challenges in setting up effective cultural nursing learning experiences.

**Description:** In our presentation we will discuss: 1) The initial process for selecting a local or international site. These are based on key factors including student interest, cultural diversity, language feasibility, and potential healthcare opportunities. Ultimately, sites are chosen based on the criteria of sustainability, safety, diversity, cultural experiences and clinical opportunities. 2) Financial help to the student is another topic of interest. Along with awarding Sigma Theta Tau cultural diversity awards, our institution offers mentoring awards and research scholarships.

3) Students are able to practice collaborative care along with culturally-competent nursing care. We will identify "lessons-learned" examples on how we have included interprofessional collaboration.

**Outcomes/Conclusions:** Cultural diversity courses for nursing students can be a benefit to students, faculty and partners. Collaboration has provided enriching experiences preparing students to deliver culturally appropriate care both locally and internationally

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## G 03 - Strategies to Transition Education into Clinical Practice

### Translating Clinical Education to Nursing Practice in Rwanda: Enhancing Maternal and Child Health

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*Yolanda B. Babenko-Mould, BScN, MScN, PhD, RN, Canada*

*Sandra Regan, BScN, MA, MScN, PhD, RN, Canada*

#### Purpose

to present findings from a qualitative descriptive study about nurses' experience of translating clinical education knowledge and skills into practice to enhance maternal and child health in Rwanda, Africa after completing the Helping Babies Breathe continuous professional development course.

#### Target Audience

nurse researchers, clinical nurse educators, and administrators of clinical practice environments who have an interest in knowledge translation of clinical education to practice.

#### Abstract

Nursing is a dynamic profession for which nurses need to continuously update their knowledge and skills (Adeniran, Smith-Glasgow & Bhattacharya, 2013). As members of the healthcare team, nurses need continuing education to keep up with changes in the healthcare environment. Evidence shows that approximately 25% to 35% of acquired knowledge is forgotten one year after its acquisition (Custers, 2010). As nurses constitute the backbone of the healthcare system, the need to maintain and update their knowledge and skills is paramount to achieving improved patient outcomes. One of the areas which is important to update is newborn resuscitation. It is important for nurses to have the knowledge and skills about the current practices pertaining to newborn resuscitation.

According to the World Health Organization (WHO), each year, three million deaths occur during the neonatal period worldwide (2013). Approximately 99% of neonatal deaths occur in developing countries with the highest rates in Sub-Saharan Africa (Lawn, Cousens & Zupan, 2005). Despite a global decline in the mortality rates among children aged five years and under, neonatal mortality is either increasing or not changing in developing countries over time (United Nations International Children's Emergency Fund [UNICEF], 2013). Unlike developed countries where neonatal mortality rates are low, developing countries show excessive neonatal mortality rates (Lawn et al., 2005). For example, the neonatal mortality rate per 1000 live births is estimated around 43 in Burundi and 21 in Rwanda compared to Denmark and Canada where the neonatal mortality rates are approximately 2 and 4 per 1000 live births respectively (United Nations, 2011).

Lawn et al. (2005) highlight that about 23% of the neonatal deaths in developing countries are related to birth asphyxia. In Rwanda, neonatal asphyxia is the leading cause of mortality accounting for 38% of all neonatal deaths (Republic of Rwanda, Ministry of Health, 2012). It is documented that inadequate knowledge and skills for newborn resuscitation among birth attendants contributes to increased neonatal deaths in developing countries (Hoban et al., 2013; WHO, 2013). In an effort to reduce neonatal mortality in resource limited areas, the American Academy of Pediatrics (AAP) instituted the Helping Babies Breathe (HBB) course in 2010 (AAP, 2010). HBB is a hands-on short continuous professional development (CPD) course which is delivered through the train-the-trainer model. In this model, experts in newborn resuscitation train local birth attendants through theoretical knowledge and resuscitation skills (AAP, 2010). Afterwards, the local trainers train their fellow birth attendants in newborn resuscitation (Korioth & Writer, 2010).

Studies demonstrate a positive relationship between the reduction of neonatal mortality and in-service neonatal resuscitation education for nurses and midwives in developing countries (Carlo et al., 2010; El Fattah & El Dein, 2012). Lee et al. (2011) found that neonatal resuscitation education for practicing birth attendants reduce intrapartum-related mortality by 30%. Likewise, Carlo et al. (2010) found that the

neonatal mortality rate during the first week following births in Zambia decreased after two neonatal resuscitation educational programs were carried out for birth attendants. Similarly, results from a study conducted in Rwanda (Musafili, Essen, Baribwira, Rukundo & Persson, 2012) and another from Ethiopia (Hoban et al., 2013) indicated increased knowledge and skills in newborn resuscitation among nurses who attended HBB educational sessions. However, nurses face many challenges in applying the knowledge and skills gained through in-service neonatal resuscitation courses (Bream, Gennaro, Kafulafula, Mbweza & Hehir, 2005). The majority of existing body of literature to investigate the effectiveness of newborn resuscitation courses in reducing neonatal mortality in developing countries uses the post positivism paradigm and quantitative methods (Carlo et al., 2010; El Fattah & El Dein, 2012; Little, Keenan, Niermeyer, Singhal & Lawn, 2011; Musafili et al., 2012).

Despite the evidenced role of newborn resuscitation in reducing neonatal mortality in developing countries, birth attendants continue to face barriers to the application of the knowledge and skills they gain through neonatal resuscitation education. Only one study using qualitative approach to study factors that hinder or facilitate nurses from proper newborn resuscitation was retrieved. This study was done by Bream, Gennaro, Kafulafula, Mbweza and Hehir in 2005. Bream et al. (2005) conducted their study in one central hospital in Malawi. Nurse-midwives who participated in this study reported that their rich experience and commitment to their job were facilitators to performing newborn resuscitation. However, they also voiced several barriers that prevented them from performing newborn resuscitation. Participants reported that they often missed basic equipment for newborn resuscitation such as the linen to cover up the baby, warmer table, and the clock to estimate the APGAR. Understaffing was also considered by nurse-midwives as a barrier to timely newborn resuscitation. For example, nurse-midwives participating in the study reported having to leave the suffering baby unattended to care for the dying mother, which in some cases resulted in the death of the baby. Inadequate communication between the nursing, administrative, and equipment maintenance staff was reported by participants as a negative factor to newborn resuscitation. Above the mentioned factors, lack of posted newborn resuscitation protocols in delivering rooms constituted a big challenge to nurse-midwives to perform proper newborn resuscitation in Malawi.

The literature review highlights that 'in-service' newborn resuscitation courses increase knowledge and skills among nurses. Nonetheless, we still need to know about nurses' experiences of translating new knowledge and skills into practice after participating in clinically-based continuing education such as newborn resuscitation courses. In addition, factors that hinder or facilitate nurses in developing countries to apply the knowledge and skills they gained from participating in such courses in their professional practice need to be explored.

Therefore, the purpose of this research was to use a qualitative descriptive study design to explore nurses' experiences of translating knowledge acquired from education workshops focused on maternal, newborn, and child health (MNCH) into practice in Rwanda. After receiving ethics approval in Rwanda, nurses in the Eastern province of Rwanda were invited to participate in the Helping Babies Breathe (HBB) educational workshop. Prior to the start of the workshop, nurses were provided with a letter of information about the study and a consent form. Nurses who wished to participate in individual interviews at least 4 weeks after the workshop signed and returned the consent form to a research team member. Thus, a purposeful sampling strategy was used to select 10 nurses to participate in audio-recorded individual interviews to gain an understanding of how nurses described applying the knowledge they developed from the HBB course into practice. After the audio-recorded interviews were transcribed verbatim, content analysis of the transcripts was conducted to identify emergent categories and themes. The initial thematic findings, related to knowledge and skills gained from the education workshop and facilitators and barriers to applying knowledge in practice, will be presented at the convention. In particular, findings suggest that nurses' professional development would greatly benefit from additional maternal, newborn, and child health-focused educational workshops. It is proposed that, in turn, increased professional development through continuing education would lead to a higher quality of nursing care and improved patient outcomes. Further, Rwandan healthcare delivery could be improved and newborn mortality reduced if newborn resuscitation continuous professional development courses were established on an ongoing basis. Overall, the health care delivery in Rwanda could be strengthened by the service of more

knowledgeable nurses. These findings could inform continuing professional development offerings and health human resources policies and planning to address nurses' continuing education needs in Rwanda.

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## G 03 - Strategies to Transition Education into Clinical Practice

### An Academic-Practice Partnership to Transition Diverse Associate Degree Nursing Graduates into Acute Care and Community Health Settings

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#### Purpose

□The purpose of this presentation is to describe a current program to expand a diverse competent nursing workforce through a one year BSN program for the Associate Degree Graduate Nurse (ADGN) and concurrently increasing the ADGN's clinical competency with a nursing residency in acute care and public health.

#### Target Audience

The target audience of this presentation is Baccalaureate Nursing Educators, Acute Care Nurses and Administrators and Public Health Care Agency Nurses and Administrators.

#### Abstract

An exceptional academic-practice partnership, funded by the Health Resources and Service Administration (HRSA), has been developed by a Northeast University, two Associate Degree Nursing Programs, a Magnet Designated Medical Center and an urban Public Health Department to implement an innovative one-year RN-BSN program with a concurrent nursing residency. This enhanced one-year program has provided diverse Associate Degree Nurse Graduates (ADGN) to put theory into practice by teaming up with preceptors at the Medical Center and Public Health Department for an intensive, hands-on clinical experience. The success of the ADGN students was accomplished through financial assistance, mentoring, and a comprehensive network of student support services. A Summer Leadership Program has promoted the professional development and leadership abilities of the ADGN students. Data collection of year one is completed and year two is in progress on the following essentials of the program; clinical decision making, critical thinking, reflective journaling and the benefits of mentoring. At the completion of the program, each graduate has returned to their respective grade school to present on professional nursing to enhance recruitment of the next generation of diverse nurses. Through the implementation of this HRSA funded program, the University will graduate a total of 24 diverse BSN degree-holding nurses which will have completed the residency and be highly marketable and employable post-graduation.

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## G 04 - Preparing Nursing Students for End-of-Life Care

### Virtual Life and Death: Preparing Nursing Students for End-of-Life Care

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#### Purpose

to share educational strategies using technology to educate and prepare students to provide end-of-life nursing care. Methods such as a virtual patient and simulation experiences are used to expose students to the direct and psychosocial care activities.

#### Target Audience

educators of pre-licensure nursing students in a course with clinical component and healthcare organization educators who prepare staff for providing end-of-life care. Educators interested in incorporating various technologies to teach caring would also be in the targeted audience.

#### Abstract

How does the educator prepare students for the profound experience of providing care at end-of-life? Technology can be used to provide the knowledge and skills needed before the nursing student faces this situation in the reality of the clinical experience. The learning laboratory using simulation provides exposure in the affective area. In a gerontological course prior to the clinical experience, nursing students meet a virtual patient. Over the course of the semester, the students meet, interview, and assess this a virtual female adult patient. There is an unfolding case study that is presented to students throughout the semester. The students have practice communicating with the virtual patient before they are caring for patients in a long term care setting. This virtual patient is used as an exemplar in teaching various concepts such as communicating with a person who has sensory deficits related to aging or providing care to a person with a chronic condition. In addition to interaction in the virtual world, the faculty posts discussion board threads in BlackBoard incorporating other concepts related to caring such as safety risks or the social isolation that can happen to older adults. Students post and respond to each other to share their plan of care and feelings about the situation. Most of the students are in the sophomore year of study and may have limited contact with older persons outside of possible personal experience. The technology and virtual setting support classroom learning and provide a safe place to practice and confront feelings about caring for someone whose health issues may not resolve. The use of technology can meet diverse learning styles. The students can virtually experiment by practicing interviewing and assessment. One section of the virtual experience is reflection on performance. Novice nursing students may approach nursing as solely health restoration. The technology is used to introduce the concept of the provision of palliative nursing care. The experience with this virtual patient concludes with an experience in the laboratory on campus with the human patient simulator. During the simulation, the simulated patient experiences a deteriorating change in status. In this scenario, there is another person in the role of family member or support person. The simulated patient dies during the scenario. This technology presents the opportunity to confront the end of life and the nursing care required for the patient and the family. The students apply the skills and knowledge related to end-of-life. During the debriefing of the simulation, students verbalize their feelings related to the scenario. The student has flexibility to interact with the virtual patient. The student encounters with this virtual patient meets the student need to manage the amount of time and schedule. The student has unlimited access to learning in the virtual world. The use of simulation can provides experience that offsets the variability of experience in clinical sites. Multiple technologies including virtual patient experience, web assisted learning management system, and high-fidelity human patient simulation are used to educate and support nursing students on the caring and compassion given at the time of death.

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## G 04 - Preparing Nursing Students for End-of-Life Care

### Experiencing Loss in Simulation: A Meaningful Way to Integrate Theory into Practice

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*Judy Bornais, BScN, BA, MSc, RN, CDE, Canada*

#### Purpose

This presentation will describe how simulation based pedagogy can be used to integrate End-of Life competencies into practice. The scenario assists students in learning how to approach patients and family members and collaborate with other members of the healthcare team to deliver safe quality care in an emotionally charge scenario.

#### Target Audience

The target audience of this presentation is faculty teaching in theory and simulation, clinical instructors, and clinical preceptors.

#### Abstract

The Canadian Association of Schools of Nursing developed Palliative and End-of-life Competencies which were disseminated in 2012. Determining how to best incorporate competencies into a curriculum can be a challenge. As educators, it is not possible to expose every student to every clinical situation. Nursing graduates enter their professions often without ever having seen, much less obtained experience with, such high-stakes situations such as working with a patient who is living with or dying from a progressive life-threatening illness. But can experiencing death and dying be learned in a classroom setting?

One solution is to use a simulated learning environment to allow students to experience loss in a safe setting with opportunities to debrief. By complementing our traditional teaching with simulation, we, as educators, are addressing our need to do more with less. In making simulation real, we can deliver our teaching in an engaging yet effective manner, in so doing transform nursing education through a simulation-based pedagogy.

This presentation will describe the pedagogical approach and include feedback from fourth year nursing students involved in the end-of-life scenario. Suggestions and recommendations for how such a simulated learning environment could be replicated in other institutions will be shared. This will include assisting students in learning how to approach patients and their family members with respect and dignity during this time. As well as collaborating with other members of the healthcare team to deliver safe quality care in an emotionally charge scenario.

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## G 04 - Preparing Nursing Students for End-of-Life Care

### Care for Dying Patients in a Skilled Nursing Facility: A Train-the-Trainer Program

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Linda K. Norlander, BSN, MS, RN, USA

#### Purpose

describe a model for training staff in skilled facilities using a train-the-trainer format developed through a collaboration between hospice and skilled nursing facilities.

#### Target Audience

Clinicians working in long term care, end-of-life care and geriatric care.

#### Abstract

A growing number of patients are dying in skilled nursing (SN) facilities. It is estimated that by the year 2020 up to 40% of United States' deaths will occur in nursing homes. Many of the facilities are under prepared to care for patients at the end of life. In order to meet the needs of these patients, CHI Franciscan Hospice developed a train-the-trainer program in partnership with representatives from the SN facilities. Seed grant money for this project was provided by the Robert Wood Johnson Executive Nurse Alumni Association. This presentation will discuss both collaborative development of the curriculum and the results of the five session training program.

The curriculum was divided into five sessions occurring one month apart. After each session, SN staff were asked to go back to their facility and do a training session based on the information and tools from that session. One of the unique aspects of this project was the opportunity to debrief at the beginning of each session.

Session content included:

- An overview of hospice services in skilled nursing facilities including discussion of “what is a good death,” how to collaborate with hospice to provide care and what is the regulatory environment.
- Communication and relationships including discussion of advance directives, how to have difficult conversations about dying with patients and families and how to collaborate with hospice on developing a plan of care.
- Pain and symptom management.
- Regulatory and Compliance including discussion about what the regulatory environment is for both hospice and for skilled nursing facilities.
- Bereavement. Discussion of bereavement for families and for staff who have long-term relationships with patients.

The ELNEC Geriatric Curriculum provided the evidence based framework for the sessions.

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## H 01 - Promoting Cardiovascular Related Education

### The Relationship between Cardiovascular Risk Factors and Knowledge of Cardiovascular Disease in African Men in the North-West Province

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#### Purpose

The gap between cardiovascular risk factors and cardiovascular disease (CVD) knowledge has to be determined before prevention programs and policies can be developed. Therefore, the purpose of this study was to investigate the relationship between CV risk factors and knowledge of CVD disease in a group of African men.

#### Target Audience

The target audience of this presentation is policy makers, primary health care nurses and nurse educators.

#### Abstract

**Background:** In South Africa, the prevalence of cardiovascular disease (CVD) is often underestimated. CVD occurs commonly, especially in urban areas with two thirds of Africans presenting with multiple risk factors for CVD. Although several studies have been done on the high prevalence and burden of CVD, there is limited research investigating possible relationships between CV risk factors and CVD knowledge. **Objective:** This study aimed to determine the relationship between CV risk factors and knowledge of CVD in a group of African men. **Subjects and Method:** The study included 118 African men employed at the Vaalharts Water Scheme, North-West Province, South Africa. Participants completed questionnaires on general health information, as well as a Heart Disease Knowledge Questionnaire. Individual health screening included anthropometric measurements (height, weight, waist circumference and body mass index), blood pressure (BP), rapid testing of blood glucose and cholesterol. By using Pearson correlations we determined whether CVD knowledge scores relate to individual CV risk factors. **Results:** The mean CV knowledge score was 75% with an acceptable Cronbach's alpha of 0.64 (CA=0.64). Participants had a mean BP of 146/92 mmHg, which falls in the hypertensive range of the European Hypertension guidelines. Their fasting blood glucose levels of  $5.8 \pm 2.0$  mmol/L were higher than the normal cut-off range of 5.6 mmol/L. Their body mass index was  $25.9 \pm 5.9$  kg/m<sup>2</sup>. Overall, we observed a lack of association between CV risk factors and CVD knowledge. Only one borderline significant association existed between triglycerides and CVD knowledge ( $r=0.167$ ;  $p=0.071$ ). **Conclusions:** Despite African men having an increased CV risk and a relatively good understanding of CVD risk factors, there seems to be a disconnect between their CV risk and CVD knowledge. Our results suggest that a good CVD knowledge does not appear to influence changes in CV risk factor levels.

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## H 01 - Promoting Cardiovascular Related Education

### Walking for Heart Health in Rural Women

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*Elisabeth J. Marigliano, BSN, RN, USA*

*Pamela Stewart Fahs, PhD, RN, USA*

*Cristina Ludden, MA, BS, USA*

#### Purpose

The purpose of this presentation is to share the outcomes of a pedometer based walking program in a rural community in upstate New York. This health promotion endeavor was successful in increasing steps and improving select cardiovascular risk factors in rural women.

#### Target Audience

The target audience of this presentation are researchers, public health officials and policy makers interested in community based health promotion initiatives to improve cardiovascular risk factors.

#### Abstract

**Purpose:** To examine the effects of a walking program on outcomes such as blood pressure, total and HDL cholesterol, body mass index (BMI), 10 year cardiovascular risk and results of a 6-minute walk test for adult women in a rural community in upstate New York.

**Method:** A 10 week walking program was initiated in a rural community in upstate New York; a convenience sample of 70 eligible females was obtained from this walking program. We successfully retained 62 of those participants to study completion; however 2 participants did not have a post cholesterol reading. We collected pre and post BMI, total cholesterol, HDL, blood pressure and a 6 minute walk test on the selected women. Pedometer activity was collected throughout the program with computer downloads at 5 and 10 weeks. Socio-demographic variables such as age, self-identified ethnicity and reported educational level are used to describe the sample and trends in the data. In this quasi-experimental study we conducted eight paired t-tests of pre and post data with Bonferroni correction for multiple t-tests.

**Findings:** The age range was 29-79 with a mean age of 55 years. The mean pretest weight was 181 lbs. and the mean pretest BMI was 30.7. Upon completion of the walking program there was a statistically significant improvement ( $p < .05$ ) in the following measures: weight, BMI, total cholesterol, systolic blood pressure and the 6 minute walk test. All comparisons retained significance except improvement in total cholesterol after the Bonferroni correction. Although not statistically significant there was also an improvement in diastolic blood pressure, HDL and 10 year cardiovascular risk. We also discovered a statistically significant increase in aerobic steps from midway through the end of the study, after an incentive raffle challenge was implemented.

**Conclusions:** The data suggest that a community walking program utilizing pedometers with tracking capabilities was successful in increasing steps and improving select cardiovascular risk factors in a rural community in upstate New York.

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## H 01 - Promoting Cardiovascular Related Education

### The Impact of Cardiac Education on Changes in Lifestyle Behaviors

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Wanda Lawrence, PhD, RN, MSN, USA

#### Purpose

The purpose of this presentation is to share findings of a pilot intervention study that revealed that interventions to increase knowledge level of heart attack and reduce cardiac risk factors among African American women in a housing development resulted in changes in lifestyle behaviors.

#### Target Audience

The target audience of this presentation is practice nurses, student nurses, health educators, and nurse educators. Findings of this study reveal the critical need for client education in community, clinical and academic settings.

#### Abstract

Cardiovascular disease ( includes heart attack and chest pain) is the number one killer of American women and more than half of the deaths are directly attributable to "heart attack", resulting in many deaths within one hour of onset of symptoms and generally before reaching a hospital. Heart attack is a health disparity which has received attention nationally over the last decade. However, the death rate for African American women who have heart attacks continues to be twice that of white women. Literature addresses three specific problems facing African American Women who have heart attacks: they are not aware of risk factors, they do not know the signs and symptoms of a heart attack, and they delay treatment. It is documented in the literature that African American women tend to present symptoms of a heart attack that are atypical, thus not responding in a timely matter, resulting in delay treatment and death. Receiving treatment as early as possible can delay morbidity and mortality. Consequently, if African American women do not recognize these atypical signs, then they will continue to delay initiating emergency treatment resulting in a continued increase in deaths related to heart attack. Using a mixed research design, a pilot intervention study was implemented to determine if interventions used to increase awareness of heart attack prevention showed positive outcomes. Ten African American women ages 25-65 living in a government housing development, participated in a three month heart prevention education program, consisting of seven weeks of classroom education and seven weeks of exercise with a certified fitness trainer, for one hour, two days a week. In addition, participants were motivated and encouraged to use knowledge gained from the cardiac classes to implement lifestyle behavior changes, to include eating healthy and increasing physical activity. Baseline data was obtained to include a pre-test related to heart attack. Measurements such as weight, body mass index ( BMI) , blood pressure and body measurements such as hip, thigh, waist and upper arm were also obtained. The same measurements were obtained at the end of seven weeks and again at the end of the 3 month period, and a comparative analysis was performed. The women also completed a cardiac post-test at the 3 month period. Data revealed significant results at P-value <0.05 for increase in knowledge, decrease in blood pressure and weight. There was also some reductions in other body measurements. This presentation will focus on the methodology used in the study and the research findings. The presentation connects with the convention theme to serve locally, transform regionally and lead globally. The results of the study were significant to make a difference in the housing development of which the research occurred, and as a result, the researcher has received request to duplicate the program. Results of the program has significance to reduce heart attack risk factors which will impact health of the community, state, nationally as well as and internationally. This research can be duplicated in other countries to improve reduction of cardiac disease.

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## H 02 - Setting the Workplace Culture: Nursing Programs in the Clinical Setting

### An Exploratory Study on Nurse-to-Nurse Collaboration (NNC) in Baccalaureate Prepared Registered Nurses

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*Robert Anthony Mele, BS, RN, USA*

*Kiara J. Goldwag, BS, RN, USA*

#### Purpose

The purpose of this presentation is raise awareness of intraprofessional collaboration amongst nurses and prevent horizontal violence from causing harm to patients. By exercising collaborative behaviors, patients can receive safer quality care by utilizing multiple nurse's skills, education, and experiences synergistically.

#### Target Audience

The target audience of this presentation are nurses throughout all levels of education, experience, and specialties. All nurses can become advocates of intraprofessional collaboration or nurse-to-nurse collaboration (NNC).

#### Abstract

The purpose of our experiment was to assess the current state of Nurse-to-Nurse Collaboration (NNC) in baccalaureate prepared registered nurses (RN) who have graduated from Hartwick College. Due to the current scarce awareness of intraprofessional relations compared to interprofessional collaboration, aspects of healthcare ranging from nurse job satisfaction to patient safety are affected. From the research that was gathered, intraprofessional collaboration is critical to patient safety, outcomes, nursing satisfaction, and can affect a specific unit environment and culture. Data was collected via SurveyMonkey and utilized Dougherty and Larson's "Nurse-to-Nurse Collaboration Scale" (2010). This survey was distributed to 254 graduates, twelve emails failed to deliver, leaving 242 potential responses. From this pool, 67 responses were provided, creating a 27.69% response rate. This survey was available for a total of 30 days. Our findings showed exceptional collaboration in all five components that were tested. Our findings were later disseminated into a hypothetical research project. This project would hypothetically consist of a month long awareness month as a campaign, with an inservice to bring about revolutionizing current collaborative practices. By promoting collaboration patients can receive safe and quality care while health care professions will feel more trusted, respected, and empowered in their practice.

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## H 02 - Setting the Workplace Culture: Nursing Programs in the Clinical Setting

### Implementation of a Nurse Residency Program for Long-Term Care New Nurses in NJ

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*Edna Cadmus, PhD, RN, NEA-BC, FAAN, USA*  
*Susan Salmond, EdD, RN, ANEF, FAAN, USA*  
*Linda Hassler, MSN, RN, GCNS-BC, FNGNA, USA*  
*Katherine Black, MSN, RN, USA*

#### Purpose

The purpose of this presentation is to demonstrate implementation of an innovative Nurse Residency program in Long Term Care facilities in NJ to assist new graduate nurses in their transition into practice. Rutgers University, in collaboration with NJAC, (supported by \$1.6 million in funding from the CMS), led implementation.

#### Target Audience

The target audience of this presentation are nursing educators, practitioners, and leaders from academe and healthcare institutions who are interested in collaborating to provide a smooth transition from student to professional for new graduates, thereby reducing nursing turnover and increasing quality of care.

#### Abstract

Background: Long Term Care Facilities have a nurse turnover rate of 41% nationally, which results in a replacement cost of up to \$88,000/nurse. Beyond cost, staff instability leads to reduced quality of care; decreased resident and staff satisfaction; and increased hospital readmission. NJ has one of the highest re-hospitalization rates in the US, ranking 48th among all states for older adults with chronic diseases.

In response to this issue and the 2010 Institute of Medicine Report (The Future of Nursing: Leading Change, Advancing Health) recommendation, the New Jersey Action Coalition (NJAC) organized eight different task forces. One of its initiatives is to implement Nurse Residency Programs to assist new Registered Nurses in their transition into practice. In collaboration with Rutgers University School of Nursing (as well as a variety of stakeholding organizations) and supported by \$1.6 million in civil monetary penalty monies from the Centers for Medicare and Medicaid Services, NJAC is leading an effort to develop, implement, and evaluate a twelve month Nurse Residency Program in NJ's Long Term Care Facilities, the first of its kind in the United States. This poster presentation will focus on the implementation and preliminary evaluation of this ongoing project to date.

Method: LTC Facilities throughout NJ were recruited to participate. A unique curriculum was developed to educate experienced facility RNs to serve as Preceptors for their new RN (Nurse Residents). Prior to and following implementation of the educational intervention, data is collected at the individual, unit and organizational level using various standardized tools. Over 60 days of classroom, observational and simulation-based educational days are then provided to the Nurse Resident, incorporating the Nurse of the Future Core Competencies and the Nurses Improving Care of Healthsystem Elders (NICHE) Geriatric Resource Nurse Competencies, as well as other Evidence-Based Practice frameworks. Monthly education and support programs bring together the Preceptor and Nurse Resident cohort group. Each Preceptor/Nurse Resident dyad has a Rutgers Faculty Liaison as a resource and support. Two cohorts with a total of 31 facilities and 71 nurses are part of this study.

Results: Cohort One will finish in April 2015 and Cohort Two in November 2015. Data will have been collected for Cohort One by the time of this presentation; and baseline survey results will be available for Cohort Two.

Discussion/Conclusions: The long range goals for this project are to:

- increase LTC Facility resident (patient) satisfaction
- decrease nursing turnover in LTC Facilities
- develop this model into a sustainable statewide standard

The project will be approximately 90% completed by the time of this presentation, but already there is evidence of successful implementation and continuing interest throughout LTC facilities. Interest in the program is apparent outside of NJ as well, and plans are in place to share the program content for replication elsewhere.

Available results for Cohort One and Two will be included in the presentation.

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## H 02 - Setting the Workplace Culture: Nursing Programs in the Clinical Setting

### Use of the Ethical Positioning System for Solving Ethical Dilemmas

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*Joan Dorman, MSN, RN, CEN, USA*

#### Purpose

This presentation is intended to provide clinical nurses with a resource for dealing with the ethical dilemmas so common in nursing today. This is a six step system for resolving these dilemmas in a logical manner, using knowledge of ethical principles and the ANA Code of Ethics for Nurses.

#### Target Audience

This presentation is intended for nurses working in a clinical setting. It is common for nurses in today's health care environment to find themselves facing ethical dilemmas. These are situations in which the best response cannot be found on google or in even the best of resources.

#### Abstract

It is typical in nursing education to value critical thinking, clinical reasoning, and problem solving as necessary skills. Students practice these throughout their education, and generally feel confident in their ability to arrive at acceptable solutions.

At some point, however, students and nurses are faced with particular problems for which they do not feel prepared. These are the ethical dilemmas, so common in today's healthcare environment. The associated feelings of powerlessness, faced in these situations, have driven many nurses from the bedside.

It is apparent that nurses need a framework for systematically examining these dilemmas and reducing the feelings of despair. It became apparent that the nursing process, which students and nurses use on a daily basis, could be adapted for use in making ethical decisions. That is how The Ethical Positioning System evolved.

The tool consists of six steps. The first step involves assessing the situation, including all elements of its context. Next, the nursing dilemma is stated in a sentence or two. The third step, which is planning, calls for addressing all possible solutions to this ethical dilemma, along with the pros and cons of each choice. These choices are then evaluated in terms of the applicable ethical principles and the appropriate provisions of the American Nurses Association (ANA) Code of Ethics. To summarize and conceptualize this stage, all of this data is entered into a diagram, which is step four. At this point, it is usually clear that one tentative solution exceeds the others. The nurse then moves on to the final stages, implementation and evaluation.

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## H 03 - Can Nurses Care for Themselves?

### Shift Work and Nurses' Health: Understanding the Consequences to Take Action!

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*Letha M. Joseph, MSN, RN, AGPCNP-BC, USA*

#### Purpose

The purpose of this educational activity is to enable the learner to - 1. Familiarize the recent research on health consequences of working night shift. 2. Identify evidence based strategies helpful in reducing harmful effects of shift work.

#### Target Audience

Nurses who work rotating shifts and nurse managers and nurses who are in administrative roles who can impact work schedule and influence policy decisions to minimize harmful effects of shift work

#### Abstract

Shift work has negative impact on nurses' physical, mental and social health. It affects patient and staff safety as well as quality of care. Nurses who work night shift may experience professional isolation. Awareness of these risks will help nurses who work shift work and those nurses who are in the managerial roles to identify strategies to minimize the risk by life style modification and policy revisions.

Evidence supports the association between night shift work and several disease conditions such as certain malignancies, cardio vascular disease, gastrointestinal disease, metabolic syndrome, diabetes mellitus, sleep disorders and fatigue. Disturbed sleep- wake cycle has negative impact on mental health as evidenced by an increase in incidence of depression, anxiety disorders, and problems with concentration and memory among nurses who work night shift.

Fatigue and lack of attention or impaired concentration negatively affect patient safety. Rotating shifts challenge biological clock and adjustment. Strategies to improve nurses' ability to stay awake at work such as provision for 'power nap breaks' and presence of bright lights at nurses' station, may help nurses to remain alert and reduce errors. After night shift work, there is an increased risk of motor vehicle accidents due to the inability to stay awake while driving. Work place solutions to minimize the harm will improve patient safety and nurses' safety.

Shift work sleep disorders are preventable and manageable to a great extent with life style modification. Nurses need to identify helpful strategies to improve the quality of sleep. There are technological assistance which might offer help prior to pharmacological agents.

Management can organize activities to ensure professional involvement of nurses who work night shift. Today's technology allows nurses to be part of work place committees without needing to attend meetings in person during day time when they are not at work. Involvement with professional organizations and preparing for specialty certifications as a team, organizing and being part of a journal club and similar activities will ensure professional development of nurses who continue to work the night shift.

Activities designed for health promotion and prevention of shift work disorders can influence the life style and modify these risk factors. They should focus on improving the quality of sleep, social interaction, health status and work-life balance. Knowing the individual risk factors and identifying personal strategies to minimize the risk may help those 'night owls' to remain healthy and productive.

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## H 03 - Can Nurses Care for Themselves?

### Effective Use of Employee Vaccination Data to Improve Healthcare Workers' Seasonal Influenza Vaccination Rates

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*Fatsani L. Dogani, PhD, MPH, RN, USA*

*Aaron Mendelsohn, PhD, MPH, USA*

*Cassius Lockett, PhD, MS, USA*

#### Purpose

The purpose of this presentation is to highlight how seasonal healthcare influenza vaccination data can be analyzed to identify work areas that can potentially benefit from increased education.

#### Target Audience

The target audience of this presentation is healthcare workers, those that work in infection control and hospital administrators,

#### Abstract

Influenza is a global health problem annually resulting in excess mortality and morbidity. Vaccination is a well-established preventative measure for influenza and is especially encouraged in healthcare workers to prevent passing disease to patients. The objective of this study was to use employee vaccination data to assess factors associated with vaccination uptake (the percentage immunized) among workers at a large, healthcare institution in California during the 2006/2007 through 2011/2012 seasons. A combined cohort/cross sectional study design was utilized. Basic descriptive analyses were used to describe vaccination rates and reasons for vaccination declination by important subgroups. A logistic regression model was fit to examine factors (i.e., age, gender, job category, and work department) associated with vaccination uptake. The vaccination rates increased from 48% in 2006/2007 to 74.9% in 2011/2012. During the 2009 influenza pandemic, 72% of employees were vaccinated with the seasonal flu vaccine versus 68% who were vaccinated with the 2009 H1N1 vaccine. The most common reason for declination across all job categories was "personal reasons" (58%), followed by "I get ill from the flu vaccine" (16%). Data from the 2011/2012 season showed that vaccination rates varied by age (OR=1.005) and employee type (nursing assistants versus nurses, OR = 1.408), and location (working in a procedure area compared with working in medical surgical units, OR = .840). Although statistical differences were found, there were no real clinical differences seen as evidenced by small differences in percentage vaccination rates. The identification of factors related to vaccination uptake is an important step in developing targeted strategies to increase compliance with vaccination recommendations.

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## H 03 - Can Nurses Care for Themselves?

### Is Sitting Time Associated with Increased Health Risks in Nurses?

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*Eve Main, DNP, USA*

*M. Susan Jones, PhD, MSN, RN, CNE, ANEF, USA*

*Donna S. Blackburn, PhD, RN, USA*

#### Purpose

The purpose of this presentation is to explore the Sitting Time of nurses in the United States in relation to general health.

#### Target Audience

The target audience of this presentation is practicing nurses and nurse educators.

#### Abstract

**Background:** Sitting time (ST) has increased substantially in the last 50 years and is an emerging health risk. There is evidence that prolonged ST is a risk factor for all-cause mortality, independent of physical activity. Nurses are particularly at risk due to low baseline physical activity, older age, and the increasing use of computers in patient care, education, and research facilities. There are no studies of nurses in the United States that examine their average daily ST in relation to health risk.

**Objective:** The purpose of this descriptive correlational study was to explore the ST of nurses in the United States in relation to general health.

**Method:** A convenience sample (n = 86) was recruited from a 2014 Annual Research Conference held in the southwestern U.S. Participants completed demographic items, general health questions, and the Workforce Sitting Questionnaire (Chau, 2011), which asked ST while traveling, working, watching TV, using the computer at home, and doing other leisure activities on work and non-work days. Data were analyzed using descriptive and correlational statistics.

**Results:** The average age of the participants was 47.4 years and 91% of the sample was female. The average BMI was 26.6 (SD ± 5.0) and 75.9 % of the participants described their general health as excellent or very good. The percentage of participants indicating that they were currently taking a medicine for blood pressure was 25.3 %, for high cholesterol was 17.7 %, and/or for diabetes was 3.8 %. Total average ST was 10.5 hr (SD ± 3.7) on workdays and 10.3 hr (SD ± 4.9) on non-workdays. Across domains on workdays the average ST was 1.3 hr (transportation), 5.5 hr (at work), 1.3 hr (watching TV), 1.9 hr (home computer use), and 0.9 hr (other leisure activities). Total ST and ST domains for work days were not associated with self-reported BMI. Sitting time domain for working on a non-work day did correlate with BMI (r = -.26). There was also an association in the average ST for non-work days with current usage of blood pressure medications (r = -.44).

**Discussion:** Evidence from earlier studies indicates that sitting for prolonged periods of time each day leads to negative health outcomes; this study demonstrated a relationship between working on a non-work day and BMI. In addition, the usage of blood pressure medications was associated with average ST on a non-work day. These findings support and add to our understanding of the effects of sitting time on increased health risks.

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## H 04 - Technology that is Transforming Nursing

### Creating Innovative Educational Modalities to Transform Community Health Nursing

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*Elizabeth F. Sefcik, PhD, MSN, RN, GNP-BC, USA*

#### Purpose

The purpose of this presentation is to highlight the clinical component of a virtual-based course offered in a southwestern University for the past ten years. The virtual course adds flexibility for students in managing their course work, assists faculty in this time of faculty shortage, and is cost-effective.

#### Target Audience

The target audience of this presentation is faculty that are teaching community health courses traditionally or virtual-based. Because of the effectiveness of this innovation, health care programs could emulate this online community health course.

#### Abstract

**Introduction:** Nursing faculty have long been resolute in fostering an educational environment where high quality, fiscally-responsible, student-centered, and evidence-driven curricula are standard. Online education is growing exponentially and is a critical component of academic institution's long-term strategies. The perception of the value of online education increased from 57.2 to 69.1 percent between 2003 and 2013. (Allen & Seaman, 2013). The purpose of this presentation is to highlight the clinical component of a virtual-based course offered in a southwestern University for the past ten years. The initial virtual clinical was designed 10 years ago by an inter-professional team with two math faculty including the Team Leader who is the author of the abstract. The course was initiated by this nursing faculty in 2004 with Hesi exams to measure learning outcomes of students from the objectives in the virtual course and a real setting in which the students were in the community. This virtual course continues to add flexibility for students in managing their course work, diminishes costs associated with travel to campus, allows for creative development of their work, and produces a professional learner product .

**Methods:** A gap analysis was conducted in order to identify strengths and opportunities with course innovation. The gap analysis was conducted in 2014, and demonstrated areas within the virtual clinical that could be more user friendly and more adaptive to the current literature, and student population. Gap analysis recommendation led to the program redevelopment with townships added to the virtual Island (Lil-Wald) named after the Founder of Public Health Nursing—Lillian Wald.

Based on the findings, the designer, community health team members, and an undergraduate computer science major began revising the Island which includes 10 townships. Student feedback and a comprehensive review of the salient literature were obtained to provide a roadmap for incorporation of relevant evidence-based findings and structured revision of the course. The designer analyzed opportunities, delineated current and desired states, identified two-and five-year goal statements, and outcome indicators. The team also created interviews from individuals, families, and communities in each township that represented the theme of the township. For example, Clara Barton (founder of the American Red Cross) where interviews have proposed disasters, such as tornadoes.

**Scope:** The faculty was intentional in aligning the virtual education with national standards proposed by AACN guidelines. The innovative constructive pedagogy names townships on the Lil-Wald Island which includes the names of past nurse leaders. In-depth study about prominent nurse leaders revealed several noteworthy leaders from the past such as Florence Nightingale, Mary Brackenridge, Margaret Sanger, Mary Mahoney and present nurse leaders such as Jean Watson, Virginia Henderson, Margaret Leininger, and Luther Christman. These nurse leaders are not limited to these few mentioned. The students in the Blackboard course have the ability to review nursing history of these leaders in placing the cursor over the township that is named after each person with a drop down picture and brief history of

each. In addition, participants review the YouTube Windshield Survey (which assesses a town or neighborhood), and then conduct their own survey on the link provided in the course of google maps. The students have the ability of reviewing their real community setting of their choice from the region of the State that the student lives in by selecting a health department located online, and near them. The learner then selects online data from this health department following the guidelines provided for them. The community assessment is continued by utilizing the online resources available for the student, such as the Center for Disease Control, the US Census Bureau, the State Department of Health and Human Resources to name a few. Once the community is assessed, the learner analyzes the data obtained, and establishes three problems with two priority problem that is translated into two Nanda Community Nursing Diagnoses. The next steps include development of a plan and intervention for the Nursing Diagnoses. The plan is usually a teaching plan that is outlined. Evaluation follows.

**Results:** In choosing a student peer as a partner in the clinical virtual, the students have an opportunity to interact with each other in formulating their assessment of the community –both in the virtual setting, and the real setting. The pair search individually for online resources that are given them in resource links provided on Lil-Wald Island. Links such as the Center for Disease Control, the U.S. Census Bureau, and others enrich their data assessment including of course links to the University library. After the assessment of the individual, family, and aggregate/community, the students analyze their assessment data, and formulate priority problem lists culminating in two community health diagnoses. With the priority Nanda community diagnosis, the students integrate more evidence-based information for their plan and intervention. The plan which is designed to be delivered to the appropriate audience then is evaluated for effective learning outcomes, and a conclusion written that reflects their work and outcomes.

**Conclusion:** The community health nursing course is an online didactic with the virtual community health clinical innovation in Blackboard technology. The students are able to access on computer, and/or mobile device. This course has surpassed our expectations in providing both the knowledge base in community health nursing care, and meeting the clinical course objectives and learner outcomes. This innovation is inclusive of all cultures and genders, and it has a focus on the underserved populations with health disparities. The virtual Lil-Wald Island includes nursing history, as well as focuses on past and current nurse leaders. From there, the students apply and demonstrate knowledge and application of the nursing process and demonstrate these principles in a professional paper. This innovative clinical assessment has a long term record of effectiveness and student success with initial Pre-Post customized community health nursing Hesi Tests which demonstrated higher mean scores than the real community setting.

**Recommendation:** Because of the effectiveness of this innovation, this virtual modality is recommended for other academic health programs as well as community health nursing clinicals. Health care programs could emulate this virtual online community health course in similar community health clinical courses in this time of faculty shortage, distance education, and cost effectiveness.

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## H 04 - Technology that is Transforming Nursing

### In Their Shoes: A Poverty Simulation

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#### Purpose

The purpose of this presentation is to discuss a method designed to impact the affective domain of student nurses related to poverty. I will also enable the learner to compare poverty presented in a didactic format in contrast with a poverty simulation experience.

#### Target Audience

The target audience of this presentation is faculty of nursing schools and all nurses who instruct or precept nursing students in the clinical area.

#### Abstract

**Background:** Poverty is the most influential social determinant of health. Because nurses care for people from all socioeconomic groups, they will encounter people who live in poverty who often feel that health care providers are frequently insensitive to their needs and concerns. Therefore it is incumbent upon nursing faculty to address poverty-related-to-health issues with their students.

**Purpose:** The goal of this educational experience was to use and evaluate a poverty simulation that explores undergraduate public health nursing (PHN) students' attitudes about those living in poverty.

**Description:** A four hour poverty simulation was included as part of the students' clinical experience. The simulation was conducted within a school of nursing's conference rooms and classrooms, each of which offered an experience that a family in poverty likely has. These experiences included taking public transportation, paying bills, dealing with daily needs (groceries and school crises), filling out annual paperwork for various agencies, attending health care appointments, and interacting with the police. Prior to proceeding through these experiences, students completed attitudes toward poverty (ATP) scale and were preassigned to a "family" of three to four members. After completing the simulation the students again completed the ATP scale and participated in a debriefing session.

**Findings:** Debriefings with students illuminated themes, including: 1) Receiving government assistance is harder than people think; 2) Poverty isn't about being lazy; 3) Poverty creates a snowball effect in the family. Based on student feedback, the simulation was successful in sensitizing PHN students to the experiences of living in poverty.

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## H 04 - Technology that is Transforming Nursing

### Peer Review in the Online Environment

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#### Purpose

The purpose of this presentation is to discuss the importance effective of peer review as a communication strategy contributing to effective teamwork and quality of care. On line nursing students share their perceptions of peer review and the the challenges and barriers requiring attention for effective skill building.

#### Target Audience

The target audience of this presentation is nursing faculty teaching at all levels BSN, MSN, and Doctoral who have the opportunity to incorporate peer review as a learning strategy and activity and build students confidence and competency in giving peer feedback.

#### Abstract

Peer review, collaboration and group work are documented drivers of continuous quality improvement in healthcare (IOM, 2010; Ray & Meyer, 2014). The ANA (1988) defined the importance of peer review as an organized effort to make judgments about the quality and appropriateness of care and services provided by someone of equal rank. As a characteristic of a mature profession, peer review emphasizes and promotes accountability to professional standards. It supports development and socialization into the nursing role and is a tool for empowerment. In the academic setting, peer review is a tool for student engagement providing experience in reviewing others' coursework according to set standards such as assignment rubrics (Boehm & Bonnel, 2010). Effective peer review requires knowledge, skill and self confidence using methodologies to provide constructive feedback to colleagues. Few studies examine if and how these requirements are addressed in academia. The on line learning environment poses additional and unique challenges. With the increasing number of online nursing programs, many students are educated without real-time or face to face interactions with faculty or peers. This environment can have an isolating effect on learners and present barriers to communications, collaboration and group work, impeding efforts such as peer review. According to Maine and Wu (2010) it is imperative in an online course to maintain interaction, provide on line situations for critical thinking, and ensure the active and 'safe' engagement of learners. Online tools present a frame for conducting peer review and offer definition, consistency and ease of access to students in on line courses. To evaluate the perceptions and efficacy of on line peer review methodology, a pilot study was conducted. One hundred and fifty on line graduate nursing students were asked to identify their perceptions of specific barriers and developmental needs after using an on line peer review tool. A Likert scale survey was used in addition to open ended questions to gather qualitative feedback. Initial results confirmed the need for structured teaching and learning about the peer review concept and process, as well as experiences and strategies to build confidence and competence in implementing peer review in nursing practice.

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# **Evidence-Based Practice Oral Presentations**

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## A 07 - Competencies in Undergraduate Nursing Programs

### Making the Most Out of QSEN 's Knowledge, Attitude and Skills (KAS) Competencies in an RN to BSN Program: A Three Level Education Approach

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*Roxana Orta, DNP, ARNP-BC, USA*

#### Purpose

The aim of this educational initiative is to validate QSEN competencies significance when generating BSN nurses as competitive employment candidates in a quality and safety driven healthcare organizational environment.

#### Target Audience

Target audience are Nurse Executives, Organizational Executive Leadership and Education and Development Staff, Quality and Safety Management, Academic Educators and or Clinical Nurse Educators.

#### Abstract

**Literature Review:** Nurse Executives, leading nursing organizations, and Magnet Hospitals, all recognize the unique value that baccalaureate-prepared nurses bring to the practice setting, AACN (2014). Academic institutions must consistently educate BSN nurses to be competitive in a healthcare environment where nurses are resourceful as accountable patient advocates. The Quality and Safety Education for Nurses Institute (QSEN) have developed competencies that closely look at nursing knowledge, skills, and attitudes to be furthered enhanced in nursing programs concentrating on Patient-Centered Care, Teamwork & Collaboration, Evidence Based Practice, Quality Improvement, Safety; and Informatics. QSEN pursues strategies to build will and develop effective teaching approaches to assure that future graduates develop competencies in these areas of practice, QSEN (2014).

**Purpose:** The aim of this educational initiative is to validate QSEN competencies significance when generating BSN nurses as competitive employment candidates in a quality and safety driven healthcare organizational environment.

**Objective:** To promote QSEN competencies all throughout the RN to BSN program.

**Methods:** QSEN competencies are progressively embedded all throughout the BSN curriculum in three courses: an introductory Transition Professional Nursing course, middle of the program Research and Evidence Practice course, and in a Capstone Leadership and Management Course. Where students culminate to write a comprehensive PICO or PDSA Quality Improvement Project.

**Results and Outcome:** Two cohorts have successfully completed the program with QSEN centered education developing Evidence- Based Practice knowledge and skills, acquiring situational awareness when facilitating patient and family centered positive attitude, effectively applying quality improvements methods and population specific healthcare clinical competencies. Local hospitals have participated with the college to recruit our RN to BSN students for employment. Graduates of the RN to BSN program continue to be competitively hired by local tertiary, secondary and primary healthcare organizations during and after the program for staff, regulatory leadership and executive positions.

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## A 07 - Competencies in Undergraduate Nursing Programs

### Putting It All Together: Integrating Multiple Evidence-Based Core Competencies from across the Spectrum to Redevelop Community Health Online RN-BSN Courses

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Leslie B. Schoenberg, BSN, MSN, RN, CNE, CPNP, USA

#### Purpose

The purpose of this presentation is to share how the American Association of Colleges of Nurses (AACN), Recommended Baccalaureate Competencies and Curricular Guidelines for Public Health Nursing (2013), Master Instruction, Quality Matters, and the Nurse of the Future into an online RN-BSN CH course.

#### Target Audience

The target audience for this presentation is nurse educators in the classroom or online setting.

#### Abstract

##### **Three (3) Measurable Objectives**

1. Describe how the American Association of Colleges of Nurses (AACN), Recommended Baccalaureate Competencies and Curricular Guidelines for Public Health Nursing (2013) can be integrated into an online Community Health (CH) course for RN-BSN students.
2. Examine the process of incorporating Master Instruction, Quality Matters, and the Nurse of the Future into an online RN-BSN CH course.
3. Demonstrate the use of concept mapping of the CH course outcomes with BSN Essentials and core competencies.

**Purpose, Aims, Background, Problem:** Public health nursing is evolving due to a paradigm shift emphasizing population health, health promotion, and disease prevention (American Public Health Association, 2013). Numerous leading health agencies have responded to this need by creating new core competencies and pedagogical frameworks. Nurse educators face the challenge of integrating the AACN baccalaureate nursing essentials with these new public health core competencies. Emerging instructional frameworks can enhance the foundation of RN-BSN CH courses. Concept mapping is an effective tool to ensure that key concepts from across disciplines are integrated into online courses. Nursing faculty play a key role synthesizing this information to optimize student learning of foundational CH concepts.

**Methods, Results, Implications, Discussion, Conclusions:** The recently developed AACN Competencies for Public Health Nursing (2013) integrate population-focused content into baccalaureate level community health curriculum. In addition, several educational frameworks including Master Instruction, Quality Matters, and the Nurse of the Future have been demonstrated to improve student learning. Answering this call for transformation, the CH nursing courses at Chamberlain College of Nursing have been redeveloped and redesigned to incorporate these essential concepts and frameworks. This presentation will describe the process of concept mapping and course redevelopment incorporating the AACN public health nursing, Master Instruction, Quality Matters, and the Nursing of the Future into our online CH nursing courses.

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## A 08 - Altering Nurses' Perspectives through Evidence

### Social, Cultural and Behavioural Contexts of 2014 Ebola Virus Disease (EVD) Outbreak in Nigeria: Community Perspectives and Nurses' Preparedness

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#### Purpose

to highlight the community perspectives of socio-cultural beliefs and practices that influence Ebola control in Nigeria. It will also present results of the preparedness of nurses to provide socio-culturally relevant care to Ebola patients and psychosocial counselling to family members.

#### Target Audience

Health care providers of different cadres, Health promotion professionals Participants and delegates at the 43rd biennial convention of Sigma Theta Tau International

#### Abstract

**Background:** The current Ebola outbreak in West Africa has been described as the largest, most deadly since Ebola was first discovered in 1976 (WHO, 2014). The affected nations have suffered tremendous social problems while survivors and families of victims have suffered stigmatization and severe psychological distress. As at February 4, 2015 there have been nearly 22,500 Ebola cases in eight countries, with over 9,000 deaths including health workers (WHO, 2015). This international health emergency has led to the recruitment and training of hundreds of health workers from other countries (including Nigeria) to help with Ebola control in hardest hit nations. The outbreak of Ebola Virus Disease (EVD) in Nigeria between 15/07/2014 and 15/09/2014 had twenty cases with eight deaths in two states. During the period, the health response faced significant challenges because Ebola is not just a medical problem, but also a people problem with community responses being driven by cultural beliefs and practices. Some socio-cultural beliefs and practices are deep rooted and have the tendency to influence Ebola control. Few studies exist in this area. Guidelines for Ebola control suggest that understanding and consideration of local views and responses to the outbreak is very important. This study sheds new light on the rarely considered issue of socio-cultural influences on Ebola control.

The two aims of the study were: to identify the socio-cultural beliefs and practices and behavioural responses that may influence the control of Ebola in the community; and to determine nurses' knowledge of the socio-cultural perspectives of Ebola and their preparedness to provide relevant socio-cultural care.

**Materials and methods:** Qualitative and quantitative methods were used. For the qualitative part, Kleinman's mini-ethnographic explanatory model (1978) was used to explore the socio-cultural and behavioural perspectives of Ebola Virus Disease in different communities. Data were collected through focus-group discussion (FGD) and semi-structured interview from 178 conveniently selected adults living in four communities in two South-South states of Nigeria. Questionnaire was used to collect quantitative data from 85 nurses randomly selected from 6 community health centres. The choice of the two states (Rivers and Akwa Ibom) hinged on two factors. Firstly, because there was Ebola outbreak in Rivers State (with 4 cases and 2 deaths) and to avoid quarantine and EVD-related stigma, many contacts migrated to nearby states including Akwa Ibom State. Secondly, these 2 states are located in the tropical rain forest where "bush meat" is a prized delicacy and hunters and sellers of "bush meat" get into close contact with infected wild animals.

Ethical approval was obtained from the Health Ethical Committees of Rivers state and Akwa Ibom state.

Qualitative data were transcribed for content analysis using NVivo 7.0 and socio-cultural beliefs and practices were coded into categories. Only factors mentioned by at least five persons were retained. Quantitative data were analyzed using descriptive statistics on SPSS 20.0.

**Results:** Qualitative data revealed the following: Notions of the disease were in 2 domains - socio-cultural and spiritual (outbreak believed to be caused by angry gods, evil spirits and witchcraft affliction. These notions initially affected receptivity to health promotion messages and treatment but within 3 weeks many said they realised "this is no ordinary disease that sacrifice to the gods can control"

Naming the disease: Ebola is called 'touch and die' disease or 'virus of quick death'

Beliefs that may impede Ebola control: "Not performing traditional burial rites is dishonouring the dead and may bring repercussions". Because of this some said they would rather hide and bury their dead in the "evil forest" than hand them over to health workers. "Not touching or caring for sick relatives means abandonment and is culturally wrong", so they touch and care for the sick, even if they have Ebola. "Family members should be in close contact with one another"

Social and cultural practices that may impede control measures: culture that is heavily reliant on close physical contact, especially during illness; traditional greeting which includes hugging, touching and shaking hands; funeral/burial rites where family members touch, kiss, wash and dress the corpse; family members sleeping on same bed or mat; hunting and eating of "bush meat".

Behavioural responses that enhance control: taking personal responsibility for self protection; suspension of traditional way of greeting and following the "no touching" rule; suspension of public funerals and traditional funeral rites; use of strategically placed public hand washing kits & hand sanitizers; carrying hand sanitizers in handbags and pockets to enhance accessibility.

Issues of Concerns: stigmatization of infected people and their families; burial of the dead in "culturally unacceptable manner"; isolation/quarantining of contacts ("they just take you away to an unknown place and your family cannot visit"; so people generally run away to avoid being quarantined)

Quantitative data: results showed that nurses of varying levels of education and years of experience and 92.9% were female. Only 41.2% nurses (especially younger nurses and those qualified within the past five years), were able to identify the Ebola- related socio-cultural factors; 55.3% did not see socio-cultural factors as playing any important role in Ebola care. Only 22.4% agreed that they needed training in socio-cultural care of Ebola patients. These results reveal low level of preparedness of nurses to deal with the socio-cultural issues of the Ebola epidemic and provide relevant socio-cultural care.

**Discussion:** Effective control of EVD does not only involve screening, isolating and treating cases but also requires an understanding and consideration of the psychological, socio-cultural and behavioural responses to the disease in the general population. Lack of knowledge of these factors hinders the ability of nurses to give effective health promotion and provide culturally-relevant care to Ebola patients and psychosocial counselling to family members. In the face of socially and culturally complex impacts of Ebola disease, the explanatory model is valuable in describing people's views of the course of illness and developing a framework for culturally capable care by the nurse (Hewlett & Amola, 2003).

**Conclusion:** Certain socio-cultural beliefs and practices may influence Ebola control in Nigeria but nurses working in the community do not have adequate knowledge of these and this affects their preparedness for culturally capable Ebola care.

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## A 08 - Altering Nurses' Perspectives through Evidence

### Supporting Nursing Research: Mentors' Perspectives on a Research Training Program for Point-of-Care Nurses

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#### Purpose

This presentation will describe a research training program for point-of-care nurses and the mentors' perspectives on that program. The program aimed to promote nurses' engagement in research and evidence-informed practice. The mentors' views of the program were explored using a survey with both closed and open-ended questions.

#### Target Audience

The target audience for this presentation is both point-of-care nurses who are looking for ways to be involved in research, as well as nursing leaders who are looking for successful models for promoting evidence-based nursing practice.

#### Abstract

**Introduction.** Research shows that patient outcomes improve when nurses have an evidence-informed practice, yet nurses have identified many barriers to their engagement with research at the bedside, including lack of research methods knowledge, limited organizational support and insufficient time to implement new ideas (1). Mentorship in healthcare settings has been shown to be valuable in furthering evidence-informed practice (2, 3). Leaders at Providence Health Care in Vancouver, BC, developed a point-of-care research-training program that included support from mentors and was aimed at reducing nurses' barriers to research utilization in clinical settings and promoting engagement in research. Mentors for the research-training program were asked to be available as a resource to team members at various points throughout the research process; and to assist the teams to refine research areas or questions; choose research methods/study design; develop appropriate timelines; and prepare research project proposals for submission. For those teams receiving funding, the mentors were asked to assist with the ethics application process and continue to meet with teams to conduct all phases of the research project, including data collection, analysis and the final report.

**Methodology.** The research-training program was initiated in 2011 and has involved 300 clinicians and 50 mentors to date, with 43 research teams funded. All mentors who worked with funded teams in the first three cohorts of the research-training program (N=30) were invited to participate in an evaluative survey at the conclusion of their team's one-year research project. Mentor survey questions included both Likert scale questions and open-ended questions. Likert scale questions focused on perceived benefits to research team members from participation in the research-training program, perceived increase in evidence-informed practice and perceived increase in job engagement. Open-ended questions solicited suggestions for improvements to the program and suggestions for improved support for mentors. Survey results were tabulated and organized by research team members.

**Results.** Fourteen mentors completed the survey, for a response rate of 46%. In response to Likert scale questions, 93% (N=13) of mentor respondents agreed or strongly agreed that participation in the research-training program was beneficial to their team members. Additionally, 93% agreed or strongly agreed that participation led to an increase in research methods knowledge, attitudes or practice among their team members. Sixty-five percent (N=9) of mentor respondents believed there was an increase in job engagement associated with participation in the research-training program, and 86% agreed or strongly agreed that participation in the research-training program led to an increase in evidence-informed practice.

In response to open-ended questions about suggestions for improving the research-training program, mentors recommended the following: offer additional support for teams during the ethics application process; more clearly define the mentor role and expectations; promote previous teams' successes to encourage more participation from point-of-care nurses; offer end-of-grant knowledge translation support; and extend the time-frame to provide funded teams more than one year to complete their projects.

When asked how the research-training program organizers could better support mentors, responses included: offer clearer expectations of the goals of the research-training program; clarify time commitment for mentor role; organize regular check-ins between mentors and training program organizers; and offer additional resources for mentors as they support their teams move through the ethics applications. One mentor commented, "I felt well supported and appreciated as a mentor" while another noted, "I think success as a mentor is most directly influenced by the research team you are assigned to, and there appeared to be lots of keen research teams."

**Conclusion.** Mentors enthusiastically supported the research-training program, which was perceived to be beneficial to team members and enhance evidence-informed practice. There is compelling evidence from around the world that some of the best care is delivered in health care environments where active research is taking place, including settings where point-of-care providers are seeking to improve health care through research. The role of the mentor in promoting both practice-based research and evidence-informed practice has been shown to be instrumental. The research-training program, with a structure that supports novice researchers from the idea stage through to broad knowledge translation, including ongoing support from a mentor, is a promising initiative for health care organizations seeking to enhance evidence-informed practice and engage point-of-care nurses in the creation and implementation of new evidence.

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## A 08 - Altering Nurses' Perspectives through Evidence

### Nurses' Perspectives on Flexible Visitation in Adult and Neonatal Critical Care Units

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*Joanne Eckert, MSN, RNC, USA*

#### Purpose

The purpose of this presentation is to identify nurses' perspectives on flexible visitation in adult and neonatal ICUs and describe nurses' suggestions for successful implementation of flexible visitation in the adult and neonatal NICUs.

#### Target Audience

ICU Nurses, NICU Nurses, Nurse Managers, Hospital Administration, Nurses

#### Abstract

**Learner Objectives:** Attendees will identify and describe nurses' perspectives on flexible visitation in the adult and neonatal ICUs and suggestions on how to incorporate them into nursing practice.

**Significance:** Although flexible visitation practices have been found to promote critical care patients' psychosocial, emotional, and spiritual well-being, the American Association of Critical Care Nurses confirmed that only 14% of adult ICUs allowed flexible visitation at all times. Family centered care is commonly promoted in neonatal intensive care units (NICU), but the few studies found on visitation practices in NICUs noted that few actually practice flexible visitation.

**Purpose:** The purpose of this study was to identify nurses' perspectives on flexible visitation in adult and neonatal ICUs and describe nurses' suggestions for successful implementation of flexible visitation in the adult and neonatal NICUs.

**Methods:** A comparative descriptive design was used. The Theory of Reasoned Action guided the development of a questionnaire and data collection. A total of 62 nurses (31 from the adult ICU and 31 from the NICU) in a 255 bed community hospital participated in the study.

**Results:** Perspectives among ICU and NICU nurses regarding appropriate visitation policies and obstacles to flexible visitation policies differed significantly. Nurses from both units agreed on many suggestions for successful implementation of flexible visitation policies. Significant relationships among years of critical care experience, perceived obstacles to flexible visitation, and suggestions for implementation of flexible visitation policies were identified.

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## A 09 - Clinically Relevant Risks

### Sensitivity and Specificity of Edmonson Psychiatric Fall Risk Assessment Tool in an Adult Inpatient Psychiatric Unit

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#### Purpose

The purpose of this presentation is to describe the process for determining whether the Edmonson Psychiatric Fall Risk Assessment Tool was more appropriate for use than the John's Hopkins tool in an adult psychiatric unit given a fall rate higher than all medical units combined.

#### Target Audience

The target audience of this presentation is staff nurses who work with adult psychiatric patients and administrators who oversee inpatient psychiatric units.

#### Abstract

**Background:** Falls are an important issue in hospitals as they can lead to increased lengths of stay, increased cost related to the stay, or increased chance of unplanned admission. The limited literature available about the fall risk for psychiatric patients indicates that they are at a higher risk of falling than medical patients due to unique risks of both their condition and the psychiatric in-patient environment (Allen, de Nesera & Robinson, 2012).

**Purpose:** The goal of this project was to determine whether Edmonson, Robinson & Hughes' (2011) Edmonson Psychiatric Fall Risk Assessment Tool (EPFRAT) was more sensitive and specific than the Johns Hopkins Hospital Fall Risk Fall Assessment Tool when assessing psychiatric patients for risk for falls in a small community based hospital.

**Methods:** In Phase I, a small sample of patient records were reviewed and EPFRAT was used to calculate fall risk score by the two authors to establish inter-rater reliability. In Phase 2, a retrospective chart review of all patients who had experienced a fall during their admission in 2012 was conducted and the EPFRAT score was calculated for the patient in the shift prior to the fall and compared with the Johns Hopkins Score for the same shift; a comparison group was established by matching patients who did not fall and who were similar in age and diagnosis. In Phase 3, staff nurses completed usual Johns Hopkins assessment in the electronic record, and the EPFRAT on paper. The scores were then compared. Staff response regarding ease of use was also considered.

**Results:** Inter-rater reliability for EPFRAT was 83.3%. EPFRAT proved to be more sensitive and specific than the Johns Hopkins. EPFRAT identified twice as many patients who were at risk for falls that the Johns Hopkins during the pilot, and correctly identified 96% of people who did not fall as low-risk. Nurses who took part in the pilot evaluation deemed the EPFRAT to be user-friendly.

**Implications:** Utilization of the EPFRAT fall assessment of behavioral inpatients each shift, when it follows appropriate training on completion of the tool and is combined with evidence-based fall prevention interventions, may help reduce the fall rate in the acute psychiatric in-patient setting.

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## A 09 - Clinically Relevant Risks

### Nurses Taking the Lead in Healthcare Teams: The SBIRT Model - Integrating Evidence-Based Screening, Brief Intervention, Referral and Treatment for Persons at Risk for Substance Use and Mental Disorders

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#### Purpose

demonstrate how nurses can take the lead in establishing and sustaining an evidence-based model of care with an interdisciplinary team. The SBIRT model of Screening, Brief Intervention, and Referral & Treatment has demonstrated effectiveness for getting populations with developing disorders, identified and started into an active plan of intervention/ treatment.

#### Target Audience

Nurses, advanced practice nurses, and nursing faculty - who wish to develop the skills necessary to provide evidence-based screening and brief intervention and referral to treatment for at risk populations.

#### Abstract

Nurses are often the first line healthcare providers for persons entering a healthcare setting. There is strong evidence to support a model of screening all persons who enter the healthcare setting for risky behaviors- behaviors that put them at risk for developing a substance abuse or mental disorder. An evidence based model, promoted by SAMHSA – the U.S. Department of Health and Human Services – Substance Abuse and Mental Health Services Administration, for identifying persons at risk, and then providing active early intervention is **SBIRT** – Screening, Brief Intervention, and Referral to Treatment. Nurses can take the lead in championing and integrating models such as the SBIRT – model into many healthcare settings, thereby improving outcomes for those persons at risk of developing substance dependence, or serious mental health disorders. Nurses can promote evidence-based screening tools, deliver and supervise early interventions such as motivational interviewing, and facilitate referral to specialty substance-abuse, psychiatric treatment when indicated. As critical members of the interdisciplinary healthcare team, they can also play a key role in sustaining the **SBIRT** protocols, and measuring outcomes in their setting. Lessons learned from the author’s experiences integrating the **SBIRT** model into a community primary care clinic will be shared, including barriers to implementation and response from patients and staff once the **SBIRT** approach was fully part of everyday practice in the clinic. Also experiences teaching this model to nursing students, advanced practice as well as pre-licensure will be shared. Nursing is one of the key health professions adopting this model, and collaborative learning communities with other healthcare professions are ongoing. Opportunities to join these collaborative initiatives will be shared.

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## A 09 - Clinically Relevant Risks

### Interprofessional Evidence-Based Care of Hospitalized Patients with and at Risk for Sleep Apnea Improves Care Quality

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#### Purpose

to increase awareness of the critical safety concerns for hospitalized patients with and at risk for sleep apnea, and to disseminate evidence based solutions for an always event to improve patient outcomes and care quality while reducing healthcare costs and litigation risk.

#### Target Audience

all hospital nurses involved in patient care quality, safety, and outcome measures who are interested in implementing evidence based nursing care measures shown to reduce patients' vulnerability to adverse events, improve patient care quality, and reduces healthcare resource utilization.

#### Abstract

**Purpose:** The project goal was to enhance healthcare outcomes for hospitalized patients with and at-risk for sleep apnea (SA) by increasing the ability of hospital nurses to assess for known SA, identify SA risk, and design appropriate nursing care management using an inter-professional care guideline.

**Background/Significance:** Hospital prevalence of SA is estimated to be 80%, yet only 6.8% are reported, and 5.8% of patients on home therapy continue treatment during hospitalization. Adverse hospital outcomes including increased length of stay, cardio-respiratory failure, and death are associated with untreated SA. Validated SA screening tools and care guidelines are available but have not been widely adopted. Educating nurses on SA assessment, screening, and evidence-based care guidelines can improve patient outcomes.

**Methods:** An educational intervention to the care team of a monitored care unit at a community hospital consisted of an a) overview of SA diagnosis, treatment, impact on patients' health, and hospitalized patient outcomes, b) rationale for screening for SA diagnosis and continued hospital use of home PAP, c) use of the STOP-Bang questionnaire, and d) use of an inter-professional evidence-based SA care management guideline. The Obstructive Sleep Apnea Knowledge and Attitude (OSAKA) assessment was administered to the care team pre/post intervention and 30-days post implementation of the care guideline. Patient length of stay, unplanned transfer, death, and 30-day readmission were monitored for 90-days.

**Results:** The intervention was attended by 41 care team members, 30 completed the Pre/Post OSAKA. Paired t-test showed significant increase in OSAKA scores post educational intervention for knowledge, attitude and confidence that was retained 30-days post implementation of the care guideline. One-way ANOVA showed no correlation between staff type, years of practice or education level and OSAKA scores. Of the 104 patients screened, 67.8% were identified as high SA risk, (21% with known SA), and 32% low SA risk. PAP therapy was received by 100% of those identified on home PAP compared to 5.5% prior to the intervention. The ALOS was shortest for the SA group (2.6 days), compared to 3.28 days (high risk) and 2.74 days (low risk). The 30-day readmission rate for the SA group was 0%, high risk/10%, and low risk 14%. No unplanned transfers to higher acuity of care or death occurred during the 90-day pilot. Identification of known SA pre-intervention was 5.5% and 21% post.

**Conclusions and Implications for Practice:** Implementing and sustaining quality improvement changes designed to improve SA patient outcomes will require inter-professional collaboration led by the hospital nurse. Education provides a means to bridge the current care gap and enhance healthcare outcomes in this vulnerable patient population. National and local policy directing the care of this vulnerable population is recommended.

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## **B 07 - Nurses' Perception and Education of Evidence-Based Practice**

### **A Formative Program Evaluation of Electronic Clinical Tracking System Documentation to Meet National Core Competencies**

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*M. Laurie Branstetter, DNP, APRN, FNP-BC, USA*

#### Purpose

The purpose of this presentation is to present a formative evaluation study supporting the use of electronic clinical tracking system documentation in meeting national core competencies. The study's significance is that it provides novel evidence to support the use of an electronic clinical tracking system in advanced practice nursing education.

#### Target Audience

The target audience of this presentation is clinical nursing faculty.

#### Abstract

Electronic clinical tracking systems are used in many educational institutions of higher learning to document advanced practice registered nursing students' clinical experiences. Students' clinical experiences are constructed according to the National Organization of Nurse Practitioner Faculties core competencies. These competencies form a basis for evaluation of advanced practice registered nursing programs. Healthcare clinicians and educators are expected to provide evidence-based clinical practices for students. No previous studies have evaluated the use of electronic clinical tracking systems to validate students' clinical experiences in meeting national core competencies. Medatrax, an electronic clinical tracking system, is evaluated using a formative program evaluation approach to determine if students' clinical documentation meets Family/Across the Lifespan Nurse Practitioner Competencies in a mid-southern family nurse practitioner program. This formative program evaluation supports the use of Medatrax in facilitating accreditation and program outcome goals. The significance of this study is that it provides novel evidence to support the use of an electronic clinical tracking system to assist a mid-southern school in meeting national core competencies.

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## B 07 - Nurses' Perception and Education of Evidence-Based Practice

### A Survey of Nurses' Knowledge, Attitude, and Skills with Evidence-Based Practice in the Practice Setting

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#### Purpose

Share the results of the study on nurses' knowledge, attitude & skills with evidence-based practice. The research will highlight how nurses can best be supported in their practice, which may lead to interventions to address barriers and explore the effects of organizational interventions aimed at improving adoption of EBP.

#### Target Audience

Academic leaders, clinical leaders & nurses, Nurse leaders & administrators, nurse educators and clinical educators

#### Abstract

This research project was a collaborative descriptive comparative self-report survey with a sample of nurses from a large health system. The purpose of the study was to identify nurses' perceptions of their practice, attitudes, and knowledge/skills associated with evidence-based practice (EBP); to identify barriers, facilitators, and successes that nurses face when utilizing and implementing EBP; and to identify if there are differences in nurses' perceptions of their knowledge, attitudes, and skills associated with EBP and demographic variables, such as job title, highest educational qualifications, and nursing clinical specialty. Competency in EBP, therefore, requires nurses to be able to frame an answerable question from the clinical environment (i.e. representing a gap in knowledge), effectively search relevant literature and resources, evaluate and appraise research evidence and incorporate findings effectively and appropriately into practice. It is therefore crucial that nurses in the practice setting are provided with the strongest foundation possible in EBP through organizational interventions that meet the needs of the nurses'. This study aimed to provide insight into nurses' patterns of adoption and implementation of EBP, barriers and facilitators for improving EBP competency. The use of the Evidence-based Practice Questionnaire (EBPQ) provided data on the practice of, attitudes toward, and knowledge/skills in EBP. The patterns of adoption and implementation of EBP while highlighting how nurses' can be supported in their roles will be explored. Examining the clinical contexts in adopting and implementing EBP will be discussed. In combination, this presentation will highlight how clinical educators and academic faculty can best be utilized to help nurses' advance the uptake of EBP in practice, and help to identify areas that need a particular focus to ensure nurses' learning needs are met by educational provisions.

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## B 07 - Nurses' Perception and Education of Evidence-Based Practice

### Multi-Method Critical Care Orientation Improves Critical Thinking, Skills and Confidence

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Sharon L. Smith, PhD, MS, RN, USA

#### Purpose

The purpose of this presentation is to share the implementation of the evidence- and competency-based re-designed multi-methods learning Critical Care Orientation education at a Midwestern academic medical center.

#### Target Audience

The target audience of this presentation is those involved in critical care nursing education, especially those in leadership (unit, clinical, administrative)

#### Abstract

**Background:** Traditional didactic educational strategies have not been efficient or effective in preparing critical care nurses to care for moderately complex patients with confidence and competence.

**Objective:** Utilize an evidence-based, multi-method approach that is individualized and flexible to improve the knowledge, skills, critical thinking and confidence of critical care nurses in a large academic medical center.

**Methods:** More than 300 nurses attended the re-designed Critical Care Orientation (CCO), including nurses from adult and pediatric intensive care units, emergency and telemetry units. Multiple tools were used to provide education: The American Association of Critical-Care Nurses ECCO on-line modules<sup>1</sup>, on-line programming, didactic presentations, case studies, skills lab, and simulation. Pre- and post-tests measured knowledge acquisition using the Basic Knowledge Assessment Tool (BKAT)<sup>2</sup>. Competency was assessed based on skills lab performance, case study analyses, and simulation performance. Post-education surveys measured participants' confidence and perceptions of the program. Data was collated and reviewed by a central committee, resulting in ongoing improvements in the CCO program and support from leadership.

**Results:** The overall mean of the BKAT scores increased from 71.80 to 84.42 ( $p < .000$ ) following CCO. Approximately 70% of the participants stated that the teaching methods were effective and created a positive learning environment. More than 92% reported the online modules were useful. Similarly, participants found that the skills lab (91-99%) and simulation (87-98%) were useful. The six-month follow-up survey showed greater than 70% were confident in mastering the content presented during the orientation. All of the participants (100%) were confident that they were developing the knowledge and skills required to provide care for moderately complex patients in the clinical setting. Furthermore, 100% of participants revealed that they were confident that they could assess the needs of their patients, interpret the findings, develop a care plan, and have the skills to deliver the planned care. More than 95% were confident that they could communicate their patient's needs to others on the healthcare team and collaborate with the team. Lastly, orientation was completed on time by 93.3% of participants.

**Conclusion:** The re-designed Critical Care Orientation is both efficient and effective in preparing nurses to provide excellent care to moderately complex patients. Utilizing a multi-method, flexible approach to learning accommodated individual participant's learning style and needs. Nurses were given the opportunity to assess their learning needs, to develop knowledge, skills and confidence through various methods, and to evaluate competency in a simulated and clinical setting. Participants increased their knowledge, skills, and confidence through the evidence-based orientation.

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## **B 08 - Using Virtual Learning Techniques to Enhance Nursing Education**

### **Utilizing Case Scenarios in a Virtual Learning Environment to Assess and Refine Critical Thinking in Graduate Nursing Education Students**

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#### Purpose

The purpose of this presentation is to allow participants to explore critical thinking content in virtual environments. Participants will discover methods to evaluate and refine virtual world experiences to maximize those experiences. Resources will be provided for the participants to learn more about education in virtual worlds.

#### Target Audience

The target audience of the presentation is nurses, educators and learners, seeking methods effective and efficient educational experiences to promote critical thinking skills.

#### Abstract

Introduction: Developing critical thinking skills in learners is essential across all disciplines. Effective methods to teach critical thinking and evaluate the effectiveness of the teaching method are vital. Integrating multimedia into educational platforms has become common place. As learners present with a high degree of media literacy, educators can take this advantage and create virtual reality learning environments well suited to teaching critical thinking. Educators can utilize the malleable environment of virtual worlds to customize learning experiences more expansively than in a traditional classroom. Experiences play a vital role in learning, especially in areas which are context specific. Practiced decision making in a virtual world allows for reflection and discussion to enhance the learners experiences which can transfer to actual practice environments. Experiences can be designed with targeted activities which provide objective-based interactions. Depending on the design of the virtual world experience, learners can develop critical thinking skills, presentation skills, and business development skills.

Method: Case scenarios were developed for the virtual learning environment to evaluate and refine critical thinking skills. Objects and outcomes in addition to the case scenarios were provided to the students prior to the simulation.

Results: Evaluation of learning can come from learner feedback provided before and after the experiences in the virtual environment. Evaluation of virtual world educational experiences should include debriefing where learners can discuss the activity and opportunities to improve outcomes. Educators are able to evaluate if goals and objectives for the activity were met and revise further experiences based on learner feedback.

Discussion: Virtual learning environments allow students to participate in scenarios which may not otherwise be available, and allows learning in a non-punitive safe environment where practice and critical thinking skills can be honed. This allows faculty to explore implementation of critical thinking content in a virtual environment. Additionally faculty will discover methods to evaluate and refine virtual world experiences to maximize the benefits of the experience. Lastly, resources will be provided for the participants to learn more about the possibilities of education in a virtual world.

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## **B 08 - Using Virtual Learning Techniques to Enhance Nursing Education**

### **An Organizational Approach to Adoption of Technology to Enhance a Nursing Evidence-Based Practice Culture**

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#### Purpose

The purpose of this presentation is to describe the organizational approach used in a community hospital to utilize technology to promote and enhance a nursing evidence-based practice culture in order to improve quality patient outcomes and nursing satisfaction.

#### Target Audience

The target audience of this presentation is nursing leaders. These leaders include chief nursing officers, directors and managers, as well as staff nurses who are interested in learning more about how a grass root nursing practice council influences and leads in making practice decisions.

#### Abstract

Evidence-based practice (EBP) is a process nurses use to make clinical decisions that are supported by research evidence. The evidence-based nursing process has four distinct steps: 1) identify the problem, 2) search literature, 3) evaluate the evidence, 4) choose interventions and justify with evidence. Nurses and other professionals need data to support and sustain EBP decisions. Technologies are rapidly expanding to enhance the ability to easily include EBP findings in clinical decision support systems.

A review of the literature identified benefits and challenges associated with technology use for promoting EBP. Results concluded that the adoption of devices is dependent on type used and noted that EBP data was derived more frequently for medications and nursing searches. Use of hand-held technology improved nurse's awareness of resources for EBP. The literature also identified a cycle of learning in which nurses need data to support EBP. Technology provides a means to support data management and research provides efficacy of intervention. For example, technology can be incorporated into workflow via tasks and reminders. Technology can be used for screening and data collection as a way to minimize bias and standardize approaches to treatment. The consistent use of an intervention provides effectiveness data for determining whether or not to continue implementing EBP findings. For EBP to be sustainable, the facility must have an IT framework to guide information to the end user.

When selecting technology to support EBP, nurse leaders must consider barriers to adoption of technology and barriers to EBP. Many nurses express a lack of time to research/read the information and incorporate knowledge shared by others. Another issue with technology is related to lack of access and skills such as improper training on EMR; lack of computer literacy; not enough equipment; poor locations for access; and lack of research search skills. These limitations result in nurses relying on manual formats and non-scholarly sources such as Google or Wikipedia for information to guide clinical decisions. Because of the limited skill set and lack of EBP at point of care, nurses more apt to use sources imbedded within applications (i.e. EBSCO, Mosby).

One small community facility is combining the successful adoption of technology with two performance improvement (PI) methodologies to promote an EBP culture. Through adoption of the Banner Health/Cerner Corp- Care Transformation framework and implementation of the Baldrige Approach-Deploy-Learn-Integrate (ADLI) with Process Design Methodology (PDM), the facility is developing a strong culture of EBP.

The role of the chief nursing officer and other nursing leaders was to take responsibility for assuring a culture that supported EBP. Support was demonstrated through access to technology, supporting



educational advancement, both formally and informally, and ensuring that skills training was ongoing. Nursing leadership worked with leaders in other health related professions to set the organizational vision and expectations. The vision and expectations were communicated to nursing staff and direct care nurses were provided release time to participate in the Nursing Practice Council activities. One focus of the regular meetings was to provide the members with skills and knowledge to influence practice decisions using EBP data.

There are numerous ethical considerations when adopting technology to implement nursing evidence-based practice. Nurses must consider patient autonomy. Patients may not want to comply with EBP recommendations. When nurses and other health care professionals push technologies on patients, there may be a real or perceived loss of empowerment. The American Nurses Association Code of Ethics emphasizes the need to maintain privacy and security with all data.

Technology usage is not the ultimate goal. Technological and EBP implications for nursing include understanding that technology is a gift. The successful implementation of technology to support and enhance EBP requires a shared vision with colleagues. Technology must be intentionally designed to incorporate EBP. There are two key elements for success. Technology must be recognized by nursing in daily practice. Technology choices must support nurses' decision-making and workflow to improve quality and safety.

In an effort to increase recruitment and retention of quality nurses, this small facility began by evaluating the nurses understanding of EBP. The CNO restructured the nursing leadership and practice committees. The restructuring effort created a Nurse Practice Council where staff nurses actively participate in a grassroots efforts to promote an ever improving culture of safe, quality care based on current evidence. Nurses identify areas of practice concern. These nurses utilize technology in consultation with the data analyst, research consultant, and other members of the quality improvement team to evaluate the interventions. The facility has implemented several evidence-based clinical interventions. Direct care nurses are taking ownership of the patient outcomes and are involved in making decisions to promote quality care. The ultimate goal is to improve outcomes for the patients and families and the nurses to fulfill the mission of the institution to be a top community hospital.

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## B 08 - Using Virtual Learning Techniques to Enhance Nursing Education

### Using the Tools of Technology to Increase Access to Doctoral Education: Best Practices in Distance Education

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*Lisa A. Seldomridge, PhD, MSN, BSN, RN, USA*

#### Purpose

The purpose of this presentation is to discuss best practices in distance education, technologies used to engage DNP students, and lessons learned in delivery of a distance-accessible curriculum.

#### Target Audience

The target audience of this presentation is faculty, students, and administrators of doctoral education programs.

#### Abstract

In response to statewide, regional, and national calls to increase the number of doctoral-prepared nurses by 2020, Salisbury University, a small public university in the mid-Atlantic region, launched its first doctoral program, a post-MS to DNP in Fall 2012 and a post-BS to DNP in Fall 2014. As one of three DNP programs in Maryland and the only DNP in its region, offering the curriculum in a distance-accessible format was essential to its success. While distance education is an increasingly popular option for delivering advanced education to working professionals, the use of technology requires careful consideration and planning. Although the types of technologies available to faculty are numerous, faculty must make appropriate choices about which strategies to employ with consideration of cost, ease of use, interactivity and student engagement. It is important to recognize that overuse of technology can be detrimental to student learning as more time is spent learning to use the technologies rather than focusing on learning course material. Among the factors to consider in selecting technologies for distance education are the objectives of the course, faculty and student comfort with technology, the degree of technology support available, budgetary constraints, and adherence to quality standards in distance education, all while attending to the need for human connection. Applying the Quality Matters™ standards for online and blended education (2014), the technologies selected for use in each course demonstrated alignment between the learning objectives, learning materials, course activities, student-teacher and student-student interactions, assessment and evaluation measures, and achievement of learning outcomes. Consequently technology became another tool to facilitate learning that appealed to students with a variety of learning styles, but was not a replacement for the teacher. This presentation describes a multi-disciplinary team approach used to develop and deliver a DNP curriculum in conformity with AACN Essentials for Doctoral Education for Advanced Nursing Practice (2006), and NONPF Standards (2012). Since the start of the doctoral program in 2012, a variety of asynchronous and synchronous strategies have been used including faculty and student video-recording, discussion boards, assignments based on stories using avatars, web-conferencing, presentations with screen sharing, and voice-over technologies. Examples of several different approaches as well as the successes and challenges of using a variety of instructional software and technologies will be shared.

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## B 09 - Using Teaching Strategies to Improve Student Outcomes

### If the Walls Could Talk: Student Perspectives on What Makes for a “Good” Teacher

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*Ashley Munteanu, BSN, RN, USA*

#### Purpose

Present findings of a qualitative study of graduate students' discussion forum postings about their views of what teachers do that enhance their learning and development as scholars, leaders, and professionals.

#### Target Audience

Faculty teaching in schools of nursing, regardless of program type (pre-licensure or graduate), particularly those with responsibility for designing, implementing and evaluating teaching strategies and methods to assess/evaluate learning

#### Abstract

There is extensive literature regarding “what the best teachers do” and what makes for a “good” teacher. Some of this literature is based on research, and some is anecdotal in nature. Oftentimes, descriptions of “good teachers” are generated from an analysis of principles of quality teaching/learning or from an analysis of feedback from students. In most instances, however, the students interviewed or studied are undergraduates, the descriptions of “good teachers” relate to individuals teaching K-12 or undergraduate courses, and the subjects referenced are general in nature (e.g., Biology) rather than part of a professional education curriculum.

The study reported here examined discussion forum postings made by graduate nursing students in an online course about facilitating student learning to “surface” their descriptions of what makes for a “good” teacher. Substantial Forum postings on five learning-focused topics in each of five semesters of the course were analyzed, using qualitative methods, and themes emerging from those postings were identified. These themes will be identified and explained, representative quotes from students will be provided to illustrate each theme, and implications of the findings will be discussed. Additionally, participants will be invited to engage in discussion about the barriers that make excellent teaching difficult to achieve, as well as the knowledge, skill and support needed to achieve excellence as a teacher.

This study helps faculty teaching in a professional program such as nursing understand how those students define “good teachers,” compare those definitions with descriptions of “good teachers” found in the literature, and reflect on their own practices as teachers.

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## B 09 - Using Teaching Strategies to Improve Student Outcomes

### Concept-Based Assignments Used as Study Guides: Facilitating Learners Input into Education

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#### Purpose

Share a student-centered instructional method for understanding the conceptual approach to teaching and provide resources for student self-examination of knowledge obtained through lecture and class-activities. Conceptual-based assignments were created to be used as student-generated study guides that produce student engagement in the classroom, student-centered learning, and student self-evaluation of learning.

#### Target Audience

Nursing educators and clinical faculty who seek evidence for the development of new teaching assignments to engage the learner, as well as provide additional study methods beyond the classroom that involves student-centered learning and student self-evaluation through classroom engagement.

#### Abstract

Through course evaluation and verbal feedback from students, evidence for implementation of new teaching practices and the development of new teaching assignments to engage the learner, as well as provide additional study methods beyond the classroom is needed. Conceptual-based assignments were created to be used as student-generated study guides that produce student engagement in the classroom, student-centered learning, and student self-evaluation of learning. These assignments go beyond typical homework and answering questions, by integrating classroom activities, lecture, and instructional information into assignments completed for a grade. Student generated learning through guided completion of assignments allows students to create their own study guides for exams. Evaluation of outcomes includes determining the effectiveness of the assignments and the students' perception of learning utilizing the assignments, as well as overall performance of exams.

The purpose is to provide students with self-directed, conceptual-based assignments to guide study for exams. The assignments are topic specific to the exams and are to be used to study and focus the learner's concentration on materials. Exemplars are used for the concepts with a review of anatomy and physiology with diagrams for self-directed study. The students did not receive feedback on assignments prior to exams. All students participated in the assignments and exams over the course of the 4 month semester. The dilemma was to provide a student-centered instructional method that would be helpful to understand the conceptual approach to teaching, as well as be a self-examination of knowledge obtained through lecture and class-activities.

Assignments were designed to guide the student through processing information being delivered in class and create a written tool to direct the student studying for exams. Four assignments were developed as study guides to be completed during off-class time, and to be submitted on the day of the exam. This was developed not to test the students learning, but to help distinguish important topics and facts they would later be tested on. The diagrams are discussed with classroom activities.

Topics were Type 1 & Type 2 diabetes and alterations in ventilation caused by COPD (including Asthma, Emphysema, and Chronic Bronchitis), using a Venn-diagram to distinguish differences and similarities. Alterations in perfusion related to the heart structure anomalies and alteration in pressure was another topic, provided in a chart format for students to determine where signs and symptoms would be presented based on a forward or backward flow problem. The final assignment was alterations in hormones, also presented in a chart format for students to first detail the hormonal pathway, and then distinguish signs and symptoms based on alteration in hormone levels (hypo- & hyper-).

The students were surveyed at the end of the semester using a 5-point Likert scale to determine the effectiveness of the assignments and the students' perception of learning utilizing the diagrams provided in the assignments. 99% of the students feel the assignments helped guide studying before the exam. 97% of the students feel that additional assignments ease anxiety of preparation for exams. 100% of the students felt that assignments help off-set test grades for overall achievement in the class. Based on feedback received the majority of the students found the assignments helpful in studying for the exams, and all students appreciated the off-set of the grade by inclusion of the assignments in the overall grade. Additional results to be provided from this Spring Semester as comparison.

Instead of structured and formulated learning methods, students are given a method to generate their own study guides based on materials knowingly to be tested on. The assignments were not meant to be graded for completeness or accuracy, but rather that effort in learning, researching, and generating all knowledge possible was included. Points were given based on the detail provided within the assignments, and that the assignments were completed based on the instructions provided.

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## B 09 - Using Teaching Strategies to Improve Student Outcomes

### Comparison of Two Modes of Teaching Delivery in Graduate Nursing Education

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#### Purpose

The purpose of this presentation is to share findings of a longitudinal research study that compared students enrolled in 15 week semesters to students enrolled in the condensed and shortened Academic partnership program. Sense of Belonging and Stress were the two measures utilized.

#### Target Audience

The target audience of this presentation would be graduate level educators and administrators

#### Abstract

A longitudinal research study was conducted from 2013-2014 in which students enrolled in two different master's degree nursing programs were assessed using two scales as well as demographic and programmatic questions at two data points, after first course and one year later. Graduate students who were enrolled in an online Academic Partnership (A.P.) version of the program in a condensed format (courses 5 or 10 week long with one faculty and one academic coach per course) were compared to those enrolled in the traditional 15 week full semester format. Perceived Stress Survey (PSS) and Sense of Belonging (SOB) were the two quantitative repeated measure scales. At data point 1, 58 students (37 A.P. and 21 Traditional) completed the study. At data point 2, 40 (25 A.P. and 15 Traditional) of the same students completed the second survey. Within these two groups, 67.6% of A.P. and 71.4% of Traditional repeated the surveys. Within survey 2, an inverse statistically significant relationship was reached between PSS and SOB for the full group ( $= -.459, p=.003$ ). Statistical significance was also reached between PSS and SOB in the Traditional group ( $= -.657, p=.008$ ) but not so with the A.P. group ( $= -.339, p=.097$ ). Within the Traditional group, changes in PSS and SOB scores between survey one and survey two were both statistically significant (PSS :  $= .533, p=.041$ ; SOB:  $= .763, p=.001$ ). Within the AP group, changes in SOB were statistically significant ( $= .490, p=.013$ ). Within the Traditional model of course delivery, sense of belonging appears to modulate stress and over the course of the year, these students demonstrated scores that were fairly consistent. Students who are successful in the AP program appear to modulate their stress and use belongingness through online opportunities in a positive and productive way.

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## C 06 - Measuring Student Educational Outcomes

### Comparing Grade Point Averages and Standardized Test Scores as Predictors of Successful Completion of Undergraduate Baccalaureate Programs

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#### Purpose

to critically review data comparing grade point averages (GPA) and standardized testing as predictors of nursing school success in an undergraduate baccalaureate Schools of Nursing in the US. This presentation will review evidence and suggest methods for establishing policies and guidelines based on local evidence rather than tradition.

#### Target Audience

nurses working in academic settings who are involved in competitive undergraduate applicant comparison and selection processes. Predicting which applicants are most likely to succeed may be easier than previously thought.

#### Abstract

Intro: Aging population demographics contribute greatly to an unprecedented nursing shortage as many aging RNs are predicted to retire when the demand is highest (Buerhaus, Staiger, & Auerbach, 2000). Replacing those RNs will be very difficult because more than half of current nursing faculty will retire by 2021 (Aiken, 2011). Currently, nursing faculty members serving on admission committees struggle with deciding "how to" identify the best applicants who are most likely to graduate and achieve licensure-on time. This presentation will focus on sharing the quantitative data from one school collected over several years to highlight the importance of testing assumptions. Many surprise discoveries along the way were vital in informing admission policies and practices.

Background: In the past, Grade Point Average (GPA) was considered a good predictor of success but recent history has failed to uphold that assumption in many cases. Students with pre-admission GPAs of 3.5-4.0/4.0 were sometimes noted to be poorly prepared for the rigors of nursing education and were ultimately unsuccessful despite strong GPAs. Although GPA provides information about earlier academic success, it is not consistently reliable in predicting success in undergraduate baccalaureate nursing programs. In recent years, a number of proprietary companies have begun to offer standardized testing instruments as another quantitative method of predicting success. However, it was not always clear how and when to use the testing instruments or how the varied company products performed against one another. Schools of nursing developed relationships with testing companies in hopes of improving admission decisions and NCLEX readiness. Assessment Technologies Institute (ATI) was the company whose testing products were adopted at the study site.

Problem statement: During competitive applicant cycles, only about half of qualified students could be admitted due to capacity limitations including shortages of faculty, clinical sites, and classroom space. Despite a careful review of applicant academic history and entrance examinations, many students (up to 1/3) were not able to successfully complete the nursing program at the research site, a Midwestern US BSN program. Some schools report completion rates of only 50% (Peterson, 2009; Seago, Wong, Keane, & Grumbach, 2008).

Review of Literature: Although several qualitative and quantitative studies have been published about academic predictors of success in schools of nursing, little empirical research is represented (Kenny, 2010). We know that qualitative social factors such as stable emotional and financial support make a huge difference in educational persistence in college students of any major. The rigorous demands of the nursing major require these and more, including but not limited to skills in managing time, stress, studying, and test taking. Generalizability of predictive admission nursing education research has been very limited due to inconsistent definitions of terms and variations in pre-requisite course work, program length, content delivery methods, and overall curricula. Because most of the unsuccessful students will

exit a nursing program within the first year, and 83% of those will leave during the first semester, early predictors of persistence and success are needed (Peterson, 2009).

**Methodology:** A descriptive, non-experimental retrospective study of extant data compared admission GPAs against standardized test scores taken before and during the program of BSN study. Hypotheses were developed and data were collected at three data points in time on each student. Data collection points included the start of the program, halfway through, and finally at the end of the two year nursing program. Simple descriptive statistics, multiple regressions and T tests were run and analyzed.

**Results:** Grade point averages and standardized testing scores were both predictive of student outcomes. However, the significance of standardized test scores were statistically superior in contrast to GPA findings. The preadmission TEAS composite score, science, and reading scores were strong predictors of success but of these, TEAS science scores best correlated with positive and negative student outcomes. Supporting literature has been published by Wolkowitz and Kelley (2010).

**Discussion:** It's time to critically question the validity and reliability of grade point average as a quantitative variable. Because GPA is based on course grades and course grades are based on unlimited possible variations within and across schools, it becomes apparent that without valid and reliable components, GPAs are not the best predictors of nursing success. Although GPAs should be noted as measures of previous academic achievement, they are not reliable predictors of future academic success in nursing. Traditional measures such as grade point average (GPA) are not standardized and fail to capture the evidence of the students' competency with important pre-requisite content.

**Limitations:** Confounding variables included changes in leadership, faculty turnover, NCLEX test plan revisions, curriculum changes, and the availability of student support services over the time period covered by the study. No demographic or qualitative data were collected intentionally which may have influenced outcomes.

**Recommendations:** More quantitative studies are needed to provide the evidence base upon which to build admission policies. Replication studies will allow for greater generalizability and meaningful future meta-analyses. Each school of nursing should establish an ongoing local data base for primary and secondary analyses alone or in combination with similar schools. Graduation yields will likely improve through the use of data driven processes helping close the looming supply and demand discrepancies of RNs in the future.

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## C 06 - Measuring Student Educational Outcomes

### Does the Use of Case Studies Impact Scores on Specialty Exams for Undergraduate Nursing Students?

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*Pamela J. Hodges, PhD, MSN, RN, USA*

*Kelly Vandenberg, PhD, MSN, RN, USA*

#### Purpose

to present results on the use of standardized case studies to assist students in preparing for specialty exams.

#### Target Audience

nursing educators teaching in undergraduate nursing programs.

#### Abstract

Introduction: Whether used for readiness or high stakes testing, standardized exams provide valuable outcomes data on the effectiveness of nursing curricula. Many undergraduate nursing programs rely on commercially prepared standardized exams to determine undergraduate nursing students' readiness to take the National Council Licensure Examination-RN (NCLEX-RN) examination upon graduation. While some programs use the information to assist students in preparing for NCLEX-RN, others use these standardized exams for high stakes testing and graduation requirements.

Background : Our baccalaureate nursing program at a private, faith-based university in the southern United States began using commercially prepared, standardized specialty exams in some of the clinical courses, as well as using an exit examination to determine readiness for the NCLEX-RN. The specialty exams were not consistently used in courses throughout the program. Initially most students, as well as some faculty, did not perceive the successful completion of specialty exams as valuable preparation for NCLEX-RN which led to scores well below the national average on the specialty exams.

Methods: Case studies using the commercial package for the specialty standardized exams were implemented in the Fundamentals of Nursing and Health Assessment courses in summer 2014. Students in the courses the prior two years did not complete case studies in these courses. Additionally, the specialized fundamentals and health assessment exams were administered only to the students during summer 2012. Students who were enrolled in the foundations course during summer 2013 were administered the fundamentals specialized exam at the end of summer 2014, after completing four semesters of the nursing program.

Implementation: Students in the foundations and health assessment courses during summer 2014 were assigned specific case studies to complete as a requirement of the course. Students who had taken foundations the previous year were instructed to complete any three case studies in the foundations content. The foundations specialty exam was administered to both groups at the end of the summer semester 2014 and the health assessment specialty exam was administered to the first semester nursing students only.

Results: Mean scores of the second and third groups were similar and both groups had significantly higher mean scores than the first group for the fundamentals exam. The specialized health assessment exam mean score was significantly higher in the group who completed case studies than in the group who had not completed case studies.

Conclusion: The use of the case studies was perceived to have led to the difference in scores in both health assessment and foundations courses. As a result of these outcomes, case studies will again be required for students in health assessment and foundations for the summer 2015 semester. Scores from

this group will then be compared to previous cohorts for further analysis. This is a valuable ongoing strategy to improve educational outcomes.

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## C 06 - Measuring Student Educational Outcomes

### Student Satisfaction to a Multimedia Approach to Engaged Learning

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*Cheryl Delgado, PhD, RN, USA*

#### Purpose

The purpose of this presentation will identify student satisfaction evaluation findings using multimedia teaching strategies implemented in a Fundamentals of Nursing Course. Curricula are challenged in increasing technology in the classroom. Multiple learning styles are addressed, students' attention during class is maximized, and active learning is promoted.

#### Target Audience

The target audience of this presentation is undergraduate faculty teaching in face to face classrooms.

#### Abstract

**Problem Statement:** Nursing curriculum is being challenged to increase the use of technology into the classroom. By incorporating technology into content delivery, multiple learning styles are addressed, students' attention during class is maximized, and active learning is promoted (Cavanagh, 2011). A learning strategy which combines lecture content with case studies and animation, changes the platform for course content delivery from that of passive (lecture) to active thereby engaging students in the learning process (DiLullo, McGee, & Kriebel, 2011). This strategy integrates real life scenarios demonstrating nursing care and assessment; animates difficult pathophysiological processes; integrates multiple forms of technology to present complex material to meet different learning styles.

**Methods:** A multimedia teaching strategy was developed by three faculty which integrates narrated case study, questioning and animation of skills and pathophysiology to promote engaged learning in the classroom. Implementation of this strategy was done during the class session on infection control specifically addressing tuberculosis. At the conclusion of class, questionnaires were distributed to collect evaluation data. Participants were 154 sophomore generic and accelerated BSN students enrolled in Fundamentals of Nursing at an urban university in the Midwest. Ninety-nine participants were female (66.9%) and 49 (31.8%) were male. Eighty-three percent were less than 20 years to 30 years in age.

**Evaluation Findings:** 120 students (77.9%) stated that the animated pathophysiology helped them understand the pathophysiological processes better than lecture alone. One student stated "I wish I had seen this presentation when I was taking microbiology or patho." When combined with lecture, 121 students or 78.6% reported a better understanding of the material than if presented as lecture alone. 123 (79.9%) of the students stated that watching the animated video improved their understanding of the lecture content. As stated by one student, "I liked the visualization because it helped me further understand the material." 104 (67.5%) stated that presenting course content from multiple courses into one format facilitated the importance of these courses; "I liked that different aspect[s] of nursing were brought together."

**Conclusions:** Use of multimedia in the classroom engages students in the learning process by actively involving students in the learning process. Overall, students voiced a preference for all instructional materials to be presented in an animated format. This is consistent with the literature which states that students are more successful when actively engaged in the learning process (Swanson, Nicholson, Boese, Cram, Stineman, & Tew, 2011).

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## C 07 - Promoting Health through Evidence

### Evidence-Based Nursing Implementation: An Impact Study of a Short Formative Intervention in Northern Portugal

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#### Purpose

To present and analyze about the impact in terms of evidence-based nursing implementation of a short term educative intervention directed to Registered Nurses in the North of Portugal.

#### Target Audience

All nurses and nurse educators interested in improving and promoting an evidence-based nursing practice in their clinical practice work settings.

#### Abstract

**Purpose:** To conduct a baseline assessment of nurses' perceived attitudes, barriers and practices related to evidence-based nursing (EBN) and research utilization. Examine the effectiveness of a short formative intervention program on nurses' perceptions of practices, barriers and attitudes related to EBN and research utilization.

**Design:** A descriptive, quasi-experimental design with a one-group, pre-intervention survey, intervention, and post-intervention survey method was used. A convenience sample of 412 nurses working in several organizational settings (mainly hospital centers and primary health care services) was recruited. The study was conducted from September 2014 through January 2015.

**Ethical Considerations:** The research study was approved by the northern section of the Portuguese Nurse Association (Ordem dos Enfermeiros). To ensure the protection of human subjects all the participants signed a permission agreement using a cover letter that indicated the ethical responsibilities of the researchers and the rights of participants. All collected data were treated confidentially and anonymously. Completion of the surveys by the participants was acknowledged as consent to participate in the study.

**Methods & Tools:** Data collection instruments were a demographic data questionnaire and the Portuguese versions of the following instruments: Barriers to Research Utilization Scale (Funk, Champagne, Wiese & Tornquist, 1991), the Attitudes to Evidence-Based Practice Questionnaire (Mckenna, Ashton & Keeney, 2004) and the Evidence-Based Practice Questionnaire (Upton & Upton, 2006). An educative intervention on principles of EBN and research utilization was conducted using a training program which had a duration of one full day (7 hours) of direct contact between the trainer and the trainees and a total of six intervention sessions were replicated to the entire sample under study. The post-intervention evaluation was held two months after the training intervention and the pre-intervention assessment data collection was held using paper support while the post-intervention assessment was conducted with the help of an online form using the MedQuest application.

Quantitative data were analyzed using the Statistical Package for the Social Sciences (SPSS) for Windows (version 20). Descriptive statistics (percentages, frequencies, means, and standard deviations) and inferential statistics (dependent t tests) were used to describe demographic data and answer the research questions. A p value of  $\leq .05$  was considered statistically significant.

**Key-Findings and Implications:** Statistically significant differences in perceptions of practices, attitudes and barriers were found after nurses participated in the educative intervention. Although nurses indicated having positive attitudes about using research to support best nursing practice, gaps in knowledge and skills in retrieving research publications. In general nurses have positive attitudes towards EBN but still point several barriers both from personal, academic, professional and organizational etiology. Because of the degree of differentiation of our sample (specialization in nursing and post-graduate academic

education), there was a high perception of the use of EBN in daily practice. However, the estimated percentage of evidence-based practice throughout the day was situated at 63.9%. The study findings have implication for nursing practice in several dimensions: education and ongoing training, nursing accountability, and organizational support for EBN. Nurses' perceptions of barriers, attitudes, and practice level in incorporating EBN into their practice is crucial in ensuring positive patient outcomes. Although nurses have positive attitudes about using research to support best nursing practice, there remains a substantial gap in knowledge and skill level in retrieving research publications, evaluating the evidence, and incorporating evidence into practice.

Conclusions: Nurses in clinical settings need to be able to use research findings and incorporate the best available evidence into their nursing practice to promote positive patient outcomes. Although considering the complexity of the translational sciences and their role in closing the gap between research and practice, appropriate organizational infrastructures are essential for promoting EBN and research utilization in clinical settings. Diverse and effective methods are essential in educating and engaging nurses in EBN and research utilization. A short education programs is an effective approach that can be used by nursing leaders in health care organizations to educate and engage nurses in EBN initiatives and research utilization. Nevertheless and according to the evidence review, multi-mixed methods approaches are the most successful ones. Tailored interventions according to specific contexts, settings and staff should be considerate primarily.

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## C 07 - Promoting Health through Evidence

### Health Risks for Nurses Working Night Shift

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#### Purpose

The purpose of the presentation is to discuss health risks associated with nurses who work night shifts. The presentation will also discuss strategies for reducing health risks for nurse night shift workers.

#### Target Audience

The target audience for the presentation are nurses who work night shift and nurse administrators.

#### Abstract

**Aim and Purpose:** To identify health risks and strategies to reduce health risks for nurse night shift workers through a review of articles published during the last 10 years.

**Method:** An electronic literature search for “Health Risks Nurse Night Shift” was conducted using the Pubmed, CINAHL and Health Source: Nursing/Academic Edition databases. Inclusion criteria used was English language, full text available articles, and published dates between January 1, 2004 and December 31 2014. Based on the search criteria a total of 90 articles were identified. Abstracts for the identified articles were reviewed for relevance and duplicate citations were removed.

**Results:** Identified health risk factors related to night shift work included increased incidents of sleep disorders, fatigue, breast cancer, cardiac disorders, bone density reduction, infertility, overweight/obesity, and hormone disorders. Strategies for dealing with shift work included allowing napping on night shift, stability of continued shift work without rotations, considering “night and day” preferences for shift selection, auctioning off shifts, self-scheduling for shifts and strategies to improve sleep.

**Implication for practice:** The literature review revealed that the negative effects of nurse shift work are almost universal. Studies were reviewed from 18 countries. Repeated themes of sleep deprivation, fatigue and negative quality of life for night shift workers were found in the literature review. Some of the studies examined the age and stage of life factors in influencing the nurse coping with rotating night shifts. Most of the strategy ideas for coping with shift work came from non-research articles. There is a need to conduct future research to determine if the identified strategies are effective.

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## C 07 - Promoting Health through Evidence

### Interprofessional Evidence-Based Solution for Alcohol Screening Using Technology

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#### Purpose

The purpose of this presentation is to share results of an interprofessional evidence based practice solution for Alcohol Screening in rural areas using technology.

#### Target Audience

The target audience of this presentation is professional nurses, nursing educators, and nursing administrators.

#### Abstract

**Purpose:** Communication and coordination between clinical providers across all disciplines is needed to deliver efficient and effective care for patients with risky substance use, misuse, or substance use disorders. Universal screening identifies patients who may be at risk for problems related to substance misuse. Nurses receive limited content in nursing school curricula or continuing education about interprofessional education and evidence-based substance use screening or brief interventions. The purpose is to share results of an interprofessional evidence based practice solution for Alcohol Screening in rural areas using technology.

**Methods:** A mixed method design employing both quantitative pre-to post-survey and qualitative focus group and key informant interview methods was used. Measures: The Alcohol and Alcohol Problems Perceptions Questionnaire (AAPPQ), drug (DDPPQ), and the Interdisciplinary Education Perception Scale (IEPS) questionnaires were administered.

**Results:** Data demonstrates statistically significant improvement in confidence and competence. [Piper1] Two products resulted: online training module offering Continuing Education Units (CEU's) and a training manual titled Substance Use Education Manual for Nurses, both available online for distribution.

AAPPQ: Scores on both subscales of the AAPP questionnaire increased over time. The average score for role security, a measure on a 2 to 10 scale of self-perceived skill and legitimacy in working with problem drinkers, increased significantly from the pre-training period (M=7.5, SD=1.4) to the post-training period (M=8, SD=1) and to the follow up period (M=8.3, SD=1.7),  $F(2,65)=6.24$ ,  $p<.01$ . The average score for Therapeutic Commitment to working with problem drinkers, measured on a 3 to 15 scale, increased significantly from the pre-training period (M=10.7, SD=1.8) to the post-training period (M=11.1, SD=1.7) and to the follow up period (M=11.2, SD=2.4),  $F(2,64)=1.8$ ,  $p=.17$ .

DDPPQ: Scores on both subscales of the DDPP questionnaire increased over time. The average score for role security increased non-significantly from the pre-training period (M=7.5, SD=1.3) to the post-training period (M=7.8, SD=1.1) and to the follow up period (M=8, SD=1.7),  $F(2,64)=2.36$ ,  $p=.1$ . The average score for therapeutic commitment also increased non-significantly from the pre-training period (M=10.7, SD=2.2) to the post-training period (M=11, SD=2.1) and to the follow up period (M=11.45, SD=3),  $F(2,65)=1.77$ ,  $p=.18$ .

IEPS: The average score for perceived autonomy of one's profession measured on a 1 to 6 scale increased significantly from baseline (M=4.7, SD=.81) to the post-training period (M=4.9, SD=.8) and to the follow up period (M=5.1, SD=.82),  $F(2,139)=4.08$ ,  $p=.02$ . The average increase (0.36) in Autonomy between pre training and follow up was statistically significant ( $p<0.01$ ).



Average Actual Cooperation scores increased from baseline (M=4.9, SD=.7) to post-training (M=5.1, SD=.75) and to the follow-up assessment (M=5.3, SD=.7),  $F(2,143)=6.21$ ,  $p<.01$ . The average increase (0.39) in Actual Cooperation between pre training and follow up was statistically significant ( $p<0.01$ ).

**Conclusions:** Our findings have implications for nursing and healthcare systems and policy. Integration of substance misuse screening throughout the lifespan of patients into all nursing curricula is essential to address substance use as a domestic and global public health issue using interprofessional and technology focus.

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## C 08 - Applying Theories and Frameworks to Impact Care

### Developing a Framework and Inventory of Instruments to Measure Team-Based Primary Care

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#### Purpose

The objectives of this AHRQ funded project were to collect, evaluate and catalogue instruments to measure team-based care in a manner that would serve the needs of individuals engaged in quality or practice improvement in primary care settings, as well as researchers and evaluators.

#### Target Audience

All nurses engaged in research and quality improvement involving teams and team-based care.

#### Abstract

**Background:** Team-based care holds promise to improve patient outcomes, care processes, and patient and provider experiences of care. However, the understanding of how care teams should function and ways to improve care teams is hampered by a lack of a strong theoretical conceptual framework and validated measures, specific to the primary care setting, which can be used for research, evaluation, and quality improvement purposes. Successful primary care redesign efforts such as the Patient-Centered Medical Home require a “high-functioning” primary care team that delivers “team-based care.” Thus, having a robust measure or measures of team-based care appropriate for the primary care setting is of utmost importance in order to evaluate and improve team functioning and patient outcomes. The objectives of this Agency for Healthcare Research and Quality (AHRQ)-funded project were to collect, evaluate and catalogue instruments to measure team-based care in a manner that would serve the needs of individuals engaged in quality or practice improvement in primary care settings, as well as researchers and evaluators.

**Methodology:** To develop a conceptual model and identify measures of team-based care we explored several sources, including: measure databases (e.g., NQF, Nat'l Quality Measures Clearinghouse, HHS Measure Inventory, NIH GEM database), Measures Application Partnership, and CAHPS. We also sought input from experts in team care, examined reviews of team care measures, and completed a review of the peer-reviewed and grey literature on both teamwork and team-based primary care.

**Findings:** The conceptual framework presents 4 domains that are mediators of high-functioning teams: cognitive (sense-making, continuous learning, shared explicit goals and accountability, and evolving mental models of roles), affective/relational (trust, respectful interactions, heedful inter-relating, and commitment), behavioral (communication, adaptable to context and needs, and conflict resolution) and leadership. After reviewing over one hundred different measures of teamwork, we identified 57 instruments of relevance to team-based primary care. Thirty-five instruments were from health care. Some instruments will require adaptation (e.g., wording changes) in order to use in primary care settings. Most instruments were surveys (n=48); a few were observational checklists and other types of instruments. Most instruments address multiple conceptual framework constructs, but with differing degrees of emphasis. Among the most common domains or attributes of teamwork and team-based primary care identified in the instruments include: communication, coordination, collaboration, respect, use of all team member's expertise, conflict management, group cohesion or shared identity, shared workload, and role responsibility and understanding.

**Conclusions and Implications:** There are many instruments available to measure team-based care; however, further work is needed in the guidance that accompanies these instruments to support use, analysis and interpretation of results by individuals involved in practice improvement. The forthcoming web-based Inventory of instruments will be a valuable resource to support measurement of the requisite attributes of effective teamwork to ultimately advance and improve team-based care delivery in primary care.

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## C 08 - Applying Theories and Frameworks to Impact Care

### Applying Caring Theory Guided Leadership to Inspire, and Improve Quality

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#### Purpose

to illustrate how application of the Caring Theory can increase staff satisfaction and improve patient outcomes.

#### Target Audience

nurse, nurse managers and other nurse leadership

#### Abstract

**Objective:** To demonstrate how Caring Theory guided leadership can improve staff satisfaction and patient outcomes.

**Key Words:** caring, caritas, staff satisfaction, quality outcomes

**Intro:** Can implementing Watson's Caring Theory in an ICU increase nurse staff satisfaction, create a healthy work environment, and improve patient outcomes? The ANCC's Magnet program promotes theory-guided leadership. When loving kindness, Watson's 1<sup>st</sup> Caritas Process, is practiced, departmental goals cannot only be reached, but exceeded.

**Methods:** Using the ANCC's National Database of Nursing Quality Improvement Survey, (NDNQI), and Press Ganey Employee Partnership Survey, as measurement tools, we found that applying Watson's Caring Theory, and Caritas Processes, at the managerial level, resulted in a marked increase in RN work environment satisfaction scores. Our department achieved a Professional Environment Score of the 95% on the NDNQI.

**Results:** Nurses' responses to all questions on the NDNQI Survey scored in the 90<sup>th</sup> percentile or above. In addition to a T score of 70 in response to the Job Enjoyment question, increased RN satisfaction scores related to better quality outcomes. Applying Caritas Process #4, the Director developed caring trusting relationships with all staff, not just knowing staff names and faces, but knowing the spirit filled person behind the face. These trusting relationships led to the structural empowerment of staff. Once the staff felt trusted and empowered they set about searching for ways to improve care on the department. Through staff nurse driven research activities, the staff has cut Foley days by more than 50%, and decreased the VAP rate by 74%. Four research abstracts were accepted for presentation at national, and international, conferences in 2014. Another abstract, regarding the effects of nurse workplace satisfaction on patient safety was accepted for presentation at the 2015 American Association of Critical Care Nurses National Teaching Institute and Exposition.

**Conclusion:** Caring Theory guided leadership has resulted in structural empowerment, and the implementation of new knowledge and practices. Financial resources were saved by improved retention and recruitment. Improved clinical outcomes, improved work environment, and improved patient outcomes, have led to meeting organizational goals.

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## C 08 - Applying Theories and Frameworks to Impact Care

### Aristotelian Philosophy of the Human Person, the Theory and Conceptual Framework of Imogene King Expanded to a Global Perspective

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#### Purpose

to display the integration of an Aristotelian-Thomistic understanding of being human and nursing practice within Imogene King's Theory of Mutual Goal Attainment. This presentation will also extend King's conceptual systems from personal, interpersonal and social to include worldwide global systems.

#### Target Audience

includes scholars, educators, leaders, researchers and practitioners of nursing in the fullest sense of the discipline.

#### Abstract

The Aristotelian philosophy of the human person places the individual as one of the human kind having unique natural capacities of conceptual knowledge and freedom of choice within this knowledge base. This philosophical perspective (moderate realism) considers the world intelligible as the human intellect grasps formal conceptual properties of the world of experience, frames propositions and is able to reason to new understandings. Earlier publications (Whelton, 1996, 1999, 2007) showed that Imogene King was grounded in this realist perspective. Aware of these capacities of knowledge and choice, King (1971, 1981) saw that when patients become active participants in identifying needs and transacting health related goals they more actively chose to achieve these goals whose achievement becomes evidence for evidence-based practice (King's theory of Goal Attainment).

The individual and his or her physical capacities is King's personal system. Additional detail on nature and the capacities of living beings is provided by the contemporary philosopher William A. Wallace (1996). Whelton (2002a, 2002b, 2008, 2011, 2012, 2013) applies these to nursing and health-care decisions. Using the insights of phenomenology, Norris Clarke (1999) adds that human persons transcend their substantial being (material and formal existence) to enter into relationships. Human transcendence is the matrix of King's interpersonal system, the space within which patient and nurse interact in the therapeutic relationship. Clarke will say that transcendence is both the source of community and human fulfillment. Nurses transcend themselves in the care of other persons. What is being provided is that humanity is the heart of health care within the personal existence of the nurse and the patient. This is a global phenomenon that unites all health care. Particular physical, social, economic, cultural and spiritual circumstances individualize both nursing needs and nursing care provided. This language seems to overlook Public Health and organizational system concerns. This is not the case. All of these services are for care of patients and the provision of nursing. By addressing individuals and families, one is addressing organizations through which individuals and families receive care.

Most health care is provided within an organized delivery system that is represented by King as the social system. Social systems are complex interactive human communities. They have formal and informal mission statements, goals and policies. There are leaders, managers and staff. In our emerging world culture, nurses are called to assess not only individual physical, social and spiritual capacities and needs (including cultural contributions), family ability to care for the patient, social and economic stability of the family within the community, but the impact of political, economic and technological developments within the patient's global geographic region. This assessment with strengths and problem identification, subsequent interventions and evaluation of effectiveness extends from individual and their family to their community, state and country. The provision of health care is impacted by the socio-political system, economics and technology available within the patient's global system. King did not write about a global system but she worked within one in her outreach to nurse educators in Japan and other parts of the world. Nursing today provides health-care to individuals in a global community and must have conceptual

tools for structuring data, processes and stabilities within global systems. The intent of this presentation has been to contribute to these understandings.

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## D 06 - EBP Implementation for Kids

### Caring for Patients Diagnosed with Concussions at an Urban Level 1 Trauma Children's Hospital: Development and Implementation of a Standard of Care

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#### Purpose

The purpose of this presentation is to identify the baseline knowledge level of pediatric nurses' related to current best practices of concussion care, and to demonstrate the process and outcome in the development and implementation of a Concussion Standard of Care

#### Target Audience

The target audience of this presentation is any member of the healthcare team who provides care to concussed patients. Our standards are adaptable and applicable in caring for patients locally, nationally and globally.

#### Abstract

Much attention has been given to the developments surrounding concussion identification and treatment. Translating that body of knowledge to the direct care nurses' everyday practice is paramount in providing appropriate patient care. Converting research into evidence based practice is a highly accepted standard of nursing practice. The goal of our project was to identify a baseline knowledge level of nurse's working on an urban pediatric medical-surgical/trauma floor related to current best practices for concussed patients. We hypothesized that nurses are not cognizant of the currently recommended best practices for treatment of concussions. We anticipated that this study would demonstrate an improvement in pediatric nurses' knowledge of best practices in the treatment of patients with concussions. A pilot study was conducted in which nurses were given a survey to complete followed with a lecture presentation; both of which focused on current concussion identification and treatment. A repeat of the survey was given after the lecture comparing results both pre and post educational intervention. After completion of a formal educational presentation, data supports an improvement in the knowledge level of pediatric nurses' identification of and current best practices in the treatment of patients diagnosed with concussions in an urban pediatric level 1 trauma center. Fifty-seven participants completed the baseline survey, while 33 participants completed the endpoint survey. At baseline, 39% of participants recalled receiving formal education related to concussions within the past 2 years. The percentage of participants who answered all 3 knowledge questions correctly more than doubled from baseline to endpoint, with 18% of participants answering all the questions correctly at baseline compared to 39% of participants at endpoint. Participants were more able to accurately identify interventions for a concussed patient at endpoint, with 74% of participants correctly identifying appropriate interventions at baseline compared to 88% of participants at endpoint. Attitudes and beliefs about having skills and abilities to care for concussion patients increased over time. At baseline, 65% of participants felt comfortable with their ability to care for a patient with a concussion, while that number increased to 79% at endpoint. Eighty-one percent of participants reported at baseline that a standardized set of orders for patients with concussions would be helpful; this increased to 88% of participants at endpoint. The belief that having support from other departments would be beneficial increased over time, with 88% of participants agreeing with this statement. At endpoint, 94% of participants agreed that participation from other departments would be beneficial. From these results we identified that a need existed for the development and implementation of a comprehensive standard of care for our concussed pediatric patient population. As nurses we assembled an interdisciplinary team to create a concussion standard of care. We worked collaboratively with physicians and other key departments to develop and implement a set of standardized order sets. Leading this team was a pediatric medical-surgical nurse. This nurse organized a team that consisted of direct care nurses, nurse educators, a surgical nurse practitioner and child life therapists. Our physician representation brought together trauma, orthopedic, neurosurgery and pediatric hospitalists. Converting current research findings into a uniform nursing plan of care, we are able to provide evidence based interventions that aim to minimize the impact concussions can have on an individual.

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## D 06 - EBP Implementation for Kids

### Are Our Babies Cold? Using Unit-Based Research to Promote Adoption of an EBP Practice Change

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*Erin Anderson, BSN, RN, USA*

*Yovanka Hoover, BSN, RN, USA*

#### Purpose

to share how one nursing unit engaged in a unit-based research project to address concerns resulting from an EBP practice change. Skin to skin care was expanded to the operating room causing concern that neonates were experiencing hypothermia. A study of neonate temperatures and strategies for adoption will be shared.

#### Target Audience

The target audience of this presentation is nurses interested in EBP and unit level research, along with those nurses who support EBP and research at patient care facilities such as clinical nurse specialists, nurse educators, and nurse leaders.

#### Abstract

The purpose of this presentation is to share the experience of one maternal-child unit as it transitioned skin to skin care from the post-operative anesthesia unit (PACU) to the operating room (OR) for infants delivered via cesarean section. The desire to change the protocol to begin skin to skin care in the OR was the result of a unit-based EBP project. The new protocol called for the infant to be placed skin-to-skin with the mother in the operating room provided both mother and neonate were stable. The practice follows the procedure described by Haxton, Doering, Gingras, & Kelly (2012) by "placing the naked newborn prone on the mother's bare chest at birth or soon afterward".

After this change was instituted some nurses began anecdotally reporting perceived higher rates of neonate hypothermia. Although currently published literature supports early skin to skin care as safe, there was continued concern from some nurses. In response to these concerns a team was assembled to investigate and develop a plan. The team included two experienced BSN staff nurses, the department's clinical nurse specialist (CNS), and an academic nurse researcher. The clinical issue of newborn hypothermia as a result of early skin to skin after cesarean delivery was challenging for the team, since an EBP project had already addressed the issue of safety, including temperature regulation of the newborn. The first option considered by the team was to provide additional education to nurses on the evidence supporting the new protocol. However, informal discussions with nurses revealed that some were not convinced by this evidence primarily because their own experience with low newborn temperatures. It did not appear that more education would be enough to change opinions on the safety of the new protocol; however, the team did not want to dismiss the nurses' concerns, since doing so might be detrimental to the culture of inquiry that had been established on the unit. It was decided that the best course of action would be to systematically investigate the concern by undertaking a study involving newborns cared for on the unit. The team felt that by performing the study on the unit the results would be more meaningful to the nurses since it would involve newborns to whom they had provided care.

A retrospective descriptive study was proposed and received IRB approval prior to initiation. The goal of the study was assess maternal and neonatal body temperature postoperatively while skin-to-skin care was being performed. A sample of 201 healthy, uncomplicated cesarean delivery mother-baby dyads, who were patients during the previous 12 months, was included in the study. Data were collected through retrospective electronic chart review. A data collection tool was utilized and inter-rater reliability was established. Data included demographic information, BMI, gestational age, gravidity and parity, number of cesareans, co-morbidities, IV fluid, EBL, spinal medications, OR case time, use of pressers by

anesthesia, L&D admission temperatures, PACU temperatures, and the first 3 neonatal temperatures obtained at 30, 60, and 90 minutes of age, respectively.

The results of the study related to newborn temperature suggestion that only a very small number of infants, less than 5 percent, experienced hypothermia within the first hour and half of life. Of these infants only four (4) had temperatures less than 36.0° C, while the others temperatures ranged between 36.1° and 36.4°. Over eighty percent (80.1%) of newborns had a normal temperature (36.5° to 37.4°) at the first reading (30 minutes), by the second reading (60 minutes) ninety-one (91%) were normal, and by the third reading (90 minutes) over ninety-five percent (95.3%) were normal. Additionally, the mean newborn temperature at all three measurement points was the same at 36.7°. Additional analysis is underway and will be shared at the conference.

The team is working on strategies for dissemination of results to unit nurses. Part of this planning process is to meet with the informal nurse leaders on the unit and share results directly with them in a small group setting. This will allow for questions and an opportunity for the team to address any continuing concerns. Other strategies will include the creation of a poster about the study so that it can be displayed on the unit. An added benefit of this strategy is that patients and their families will also have an opportunity to view the poster and learn about the study and the protocol. A one-page informational flyer will also be created and distributed to staff as a way of communicating the study results directly with them. This will be placed in their physical mailboxes as well as delivered via their hospital email account. An additional strategy we will employ will be hosting information sessions that will offer continuing education credit. This will provide an opportunity for nurses to hear the information and to discuss and engage openly with their peers.

There are three main outcomes we hope to achieve as a result of this project. One is to develop informal unit leaders as early skin to skin champions. We believe they will be critical to the success and sustainability of the early skin to skin practice in the OR. We also hope that this project communicates the value and respect the organization has for the expertise of the nurses and that this will further the cohesiveness of the unit. Lastly, it is the hope of the team that this project will result in a renewed spirit of inquiry on the unit, with nurses feeling supported and engaged. It is our goal that they continue to ask questions about their practice and bring forward issues that may impact patient outcomes negatively. It was because of this culture of inquiry that nurses felt comfortable questioning the new skin to skin practice. It was critical to the team that this questioning be supported, so rather than attempt re-education or otherwise convince nurses that the new protocol was safe the team decided to undertake a research study to directly address their concerns. We believe this was a positive and respectful response to the issue and perhaps a strategy others might choose to use.

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## D 07 - Measuring Success: Course and Curriculum Assessments

### Development of Curriculum Assessment Template for Targeted Student Outcomes in a BSN Program

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#### Purpose

The purpose of this presentation is to describe the process used to develop a curriculum assessment template to map the integration and student assessment activities of targeted student outcomes in one institution's traditional and accelerated BSN curriculum schemas as part of the STTI Nurse Faculty Leadership Academy.

#### Target Audience

The target audience of this presentation are nurse educators from a variety of educational programs.

#### Abstract

To be accredited, nursing education programs in the United States are required to be in compliance with designated accreditation standards including pertinent nursing standards and guidelines. These guidelines, such as the American Association of Colleges of Nursing's (AACN)(2008) The Essentials of Baccalaureate Education of Professional Nursing Practice, outline what are expected outcomes of graduates from the program. One of the challenges for nursing education programs seeking accreditation is to track and measure the required student outcomes.

One nursing baccalaureate (BSN) program in conjunction with the Sigma Theta Tau International Nurse Faculty Leadership Academy conducted a team project to support the development and evaluation of student progression toward safe nursing practice in regard to targeted student outcomes identified from the AACN's (2008) Baccalaureate Essentials. The purpose of the pilot project was to create a comprehensive evaluation plan for targeted student outcomes in the BSN curriculum. The objectives of the project were to analyze the integration of the student outcomes throughout the traditional and accelerated BSN programs and to map current assessment activities designed to evaluate the outcomes including the assessment type and level of Bloom's cognitive taxonomy, ensuring progressive student development. The project was conducted over the 2014-2015 academic year. The team members analyzed course materials and assessment activities from the 16 undergraduate nursing courses from both the traditional and accelerated programs with input from the course coordinators of those nursing courses. One of the outcomes of the project was the development of a curriculum assessment template that was used by the team members in evaluating the BSN curriculum. This template can serve as a guide to help nursing education programs track targeted student outcomes, identify areas for restructuring, and show progressive development of the student in regard to targeted student outcomes.

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## D 07 - Measuring Success: Course and Curriculum Assessments

### Use of Objective Structured Clinical Examination in a Senior Baccalaureate Nursing Course for Assessment of End-of-Program Outcomes

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#### Purpose

The purpose of this presentation is to increase faculty knowledge regarding the use of Objective Structured Clinical Examination (OSCE) for end of program outcomes. Results from a descriptive study on the effectiveness, efficiency, and nursing students' perceptions; along with recommendations regarding the use OSCE will be offered.

#### Target Audience

The target audience is nurse educators and administrators who are involved in determining end of program outcomes. Nursing faculty throughout the curriculum are crucial in deciding placement of Objective Structured Clinical Examination (OSCE) as a course or program advancement benchmark

#### Abstract

Faculty continue to acknowledge the challenges associated with evaluating students in the real life clinical arena (Meechan, Jones, & Valler-Jones, 2011; McWilliam & Botwinski, 2010). Identification of alternative assessment measures must be utilized in order to provide a standardized format in which to evaluate and measure clinical competence and integrated knowledge for end of program outcomes. Objective Structured Clinical Examination (OSCE), has been defined as an observed examination of clinical skills in a controlled simulated environment, with the utilization of structured checklists (Jones, Pegram & Fordham-Clark, 2010; Meechan et al., 2011; McWilliam & Botwinski, 2010; Paul, 2010). Predefined tasks, time limits, and standardized patients are a requirement of OSCE, in order to regulate the assessment environment for each student (Mitchell, Henderson, Groves, Dalton, & Nulty, 2009; Oranye, Ahmad, Ahmad, & Bakar, 2012; Rentschler et al., 2007). By ensuring these elements are present, external factors are eliminated, maintaining strict control and standardization in the testing environment. A descriptive study was conducted regarding the development and evaluation of OSCE for second semester senior nursing students for assessment of end of program outcomes. Two pilot groups were tested in three stations including knowledge application, psychomotor skills, and patient teaching. The stations included standardized patients and mannequins as patients. Examiners were not present in the stations during testing and observed via one-way glass and cameras. Although the pass rate was lower than expected, student evaluations were unanimous for including OSCE in the undergraduate curriculum. The OSCE was perceived by students as less subjective than current clinical evaluations and an opportunity to self-evaluate clinical skills as they began their last semester.

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## D 07 - Measuring Success: Course and Curriculum Assessments

### Measurement of Nursing Program Outcomes: Moving Forward with Rubric Development in Portfolio Assessment

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#### Purpose

to describe actions taken and changes made to the portfolio assessment process in efforts to assess program outcomes after a major curriculum change that resulted in lowered portfolio scores. The importance of developing a rubric that coincided with the new program outcomes will be highlighted.

#### Target Audience

those who take part in nursing program assessment and evaluation of program outcomes.

#### Abstract

Identifying undergraduate nursing program outcomes to be attained by students is a critical task of any nursing program. The demonstration of the attainment of curricular outcomes is mandated by accreditation bodies and nurse educators need to be supported by evidenced based practice in this challenging endeavor. Faculty must determine what students have learned; how they have changed academically, professionally, and personally; and if program outcomes were met as they complete the nursing program. The portfolio assessment process at one Midwestern School of Nursing was moved from mid program to end of program coinciding with the full implementation of a new undergraduate curriculum including new terminal program outcomes geared to meet the Essentials of Baccalaureate Education. Prior to this change, benchmarks in portfolio assessment were consistently met. However, after the move to end of program with new terminal outcomes, portfolio scores have declined and failed to meet the benchmark. This presentation will describe actions taken and changes made to the portfolio assessment process in efforts to accurately assess program outcomes including the importance of developing a rubric that coincided with the new program outcomes. Specifics related to portfolio assessment and rubric development will be highlighted in this presentation and offer nurse educators tangible evidence of how to assess the meeting of program outcomes.

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## D 08 - Implementing Peer Groups in Nursing Education

### Implementing Change: Social Justice as a Platform for Nursing Education

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#### Purpose

The purpose of this session is to outline strategies to integrate the concept of social justice within undergraduate nursing curriculum. We will provide a variety of activities that can be implemented while emphasizing the ease of facilitation as well as the value of this endeavor in nursing education.

#### Target Audience

The target audience for this session will be nurse educators that understand the importance of a social justice agenda in the nursing profession, and are invested in the implementation of new teaching strategies that foster professional growth for students.

#### Abstract

Although the AACN Baccalaureate Essentials (2008) have identified social justice as one of five professional values, the development of curricula that fundamentally supports this value have been slow to develop. There currently exists a lack of information in the literature that establishes best practice for educational strategies that effectively integrate social justice into nursing curriculum.

It is not enough to integrate the concept of social justice in nursing curriculum in order to achieve knowledge development by nursing students; we must focus on the acquisition of thinking and the progression toward skills by which students identify the myriad of variables that exist to prevent social justice within healthcare.

Inequities in the current healthcare system are well documented. Nurses serve as the largest group of healthcare providers, and the preparation they receive in their nursing education creates the foundation to assist patients toward equitable care, often nurses make the difference between a positive and negative outcome for the patient (Mill, Astle, Ogilvie, & Gastaldo, 2010). It becomes critical for nursing educators to ensure that graduates have been exposed to all aspects of the construct of social justice and the various ways that they can provide advocacy for the marginalized.

Based on a needs assessment, a school of nursing has identified potential for growth in the curricular thread of social justice. Nursing students must be educated on their role in creating a social justice agenda in healthcare. The purpose of this presentation is to discuss strategies used in the integration of social justice content across an undergraduate nursing curriculum, emphasizing strategies that enhance the affective learning of the student.

Nursing faculty used learning strategies designed for each semester of the undergraduate nursing curriculum that is interactive in nature as well as enhancing the affective learning for the students (Ondrejka, 2014). Focus of the presentation will be on the integration of these strategies in a way that does not create further burden for faculty, yet creates an environment that enhances the understanding of social justice.

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## D 08 - Implementing Peer Groups in Nursing Education

### Value of Online Group Reflection Following International Service Learning Experiences: I Never Thought of That!

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*Mary Jane Tremethick, PhD, RN, MCHES, FAAHE, USA*

#### Purpose

The purpose of this presentation is to discuss an exploratory descriptive research study comparing individual and online group reflections following an international service learning program. Students participating in an online group reflection were more likely to critically reflect upon their experiences and the impact of these experiences on future practice.

#### Target Audience

The target audience of this presentation is nurse educators and others interested in clinical education strategies

#### Abstract

Reflection, defined as reviewing what one has experienced and its meaning, is widely accepted as a learning tool and is considered an essential component of competent professional practice (Plack, 2005). Providing students with the opportunity to reflect on their clinical experiences promotes and increases experiential learning (Benner, Sutphen, Leonard, & Day, 2010) and the process of reflection has the potential to change practice (Taylor, 2000). Identifying teaching strategies that promote students' thoughtful consideration and reflection on their experiences facilitates the development of students into competent practitioners (Schuessler, Wilder & Byrd, 2012).

Reflecting on one's experiences is particularly important after an international service learning program in which students have experiences that may challenge some of their previously held ideas and practices. Lipson and Desantis (2007) note that international experiences can lead to increased student self-awareness of their own health care preconceptions and how their own beliefs, values, practices, and behaviors affect care, interactions with patients, and health teaching.

In this presentation the authors describe an exploratory descriptive study in which students who participated in a cultural immersion service learning program in Honduras reflected upon their experiences after returning to the United States. The program included a 10 day trip to a rural area of Honduras where students worked in clinics, schools and participated in community activities that helped them experience the day to day life of families in Honduras. The students were divided into two groups. The first group consisted of students who traveled to Honduras in 2008 and 2009 and wrote individual papers reflecting upon their experiences and learning after they had returned to the United States. The second group consisted of students who traveled to Honduras in 2011 and 2012 and participated in an online group reflection discussion of their experiences and learning after they returned to the United States. The level of reflection of each group was compared using the four category scheme developed by Kember, McKay, Sinclair and Wong (2008). This scheme provides a means to measure the level of reflective thinking found in writing. The four levels of reflection are 1. Non- reflection in which the student shows no evidence of attempting to reach an understanding of his/her experiences in relation to concepts or values; 2. Understanding in which there is evidence of understanding a concept but the understanding does not relate to personal experiences; 3. Reflection in which situations encountered personally are considered in terms of values and personal insights; and 4. Critical reflection in which there is evidence of a change in perspective.

The students who participated in the online group reflection discussion were more likely to critically reflect upon their experiences and the impact of these experiences on future practice than the students who wrote individual reflection papers. The students participating in online group reflection also demonstrated an awareness that other students shared similar responses to their experiences.



Online group discussion of reflections following experiences that may challenge students' beliefs, values, practices, and behaviors is an effective teaching/learning strategy that promotes critical thinking. The online discussion of experiences among students following an international service learning program encourages meaningful dialogue and promotes clarification of values. Using online group discussion as a teaching strategy can facilitate critical thinking that will promote the development of students into competent practitioners.

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## D 08 - Implementing Peer Groups in Nursing Education

### Can Group Scenario Exercises in Fundamental Nursing Using Process Oriented Guided-Inquiry Learning (POGIL) Affect National Test Scores

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#### Purpose

to evaluate the effectiveness of participation in the Process-oriented guided inquiry learning (POGIL) method in a fundamental nursing class on the final grades and ATI nursing grades (national exam) of groups of students who participated in (POGIL) compared to students who did not participate in group scenario work in class.

#### Target Audience

nurse educators, researchers and clinicians who are interested in an innovative approach to teaching strategies that improve learning and outcome scores utilizing a comparative quantitative design to measure the relationship of grades in two fundamental nursing classes taught by the same professor.

#### Abstract

**Background:** Measuring the effect of a Process-Oriented Guided-Inquiry Learning (POGIL) implementation in a fundamental nursing course is one way to determine its effectiveness. Utilizing the POGIL method may be beneficial in nursing courses. The purpose of the study was to measure the effects of participation in the POGIL process in Fundamental Nursing classes on the final grades and ATI grades (Assessment Technologies Institute®, LLC., national exam) of groups of students who participated in group scenario work compared to students who did not participate in group scenario work in class. A comparative quantitative design measured the relationship of grades in two fundamental nursing classes taught by the same professor. The results demonstrated a small sample of one participating class of 25 and a non-participant group of 25 subjects. Final exam data revealed no significance in grade performance between groups. Quantitative measures demonstrated effectiveness of the POGIL intervention on a national standardized exam.

Process-Oriented Guided-Inquiry Learning (POGIL) is a student-centered pedagogy that supports group activities. Students interact and are given the opportunity to construct knowledge. Learning is a shared responsibility of faculty and students. Educators developed POGIL in 1994 as a student centered general chemistry strategy. This pedagogical method encourages cooperative and collaborative classroom learning. Comparing the results of standardized exams has demonstrated improvement in grades in the POGIL classes' verses the traditional lecture approach (Hanson & Moog, 2010). POGIL allows students to think about their learning, their performance and how to improve and develop problem-solving skills. Students work in teams with group guided learning exercises to encourage active learning (Bransford, Brown, & Cocking, 2000).

The POGIL method uses activities to teach content and encourage analytical critical thinking and teamwork. POGIL activities are implemented in groups of 4 students. The instructor is a facilitator moving between the groups and listening to the student discussion and intervening when necessary with guiding questions. The roles include four different ones for each student in the group: Manager keeps everyone on task. Recorder keeps records of the names, roles and discussions of the group. Presenter or team leader presents an oral report to the class. Reflector observes and comments group behavior and dynamics in learning process (Moog, 2012).

The ability for nursing students to work effectively in a team through the POGIL process may help to prepare future nurses for a work environment that requires multidisciplinary teamwork. Health care future improvements will need to promote teamwork and excellent communication skills (Frankel, Leonard, & Denham, 2006). Safe patient care is an essential factor identified by the Joint Commission (TJC) (2014) through teamwork in the work environment. Providing students the opportunity to work as teams and communicate in a basic nursing course may better prepare them for transitioning to the work

environment. It is imperative to continue to develop and test alternative methods in education that will lead to improved learning and will lead to improved test scores as well, there is a need to explore the POGIL approach in nursing education as a valuable tool for both. The author adopted the POGIL in a fundamental's class and used a control group section in the same semester to evaluate the effect on course grades and a standardized test.

In nursing, due to the complex nature of its curricula, innovative pedagogy should be explored to present this complex material. Published reports on the POGIL method of delivering science courses have documented success of students. For example a study of 200 undergraduate students investigated whether POGIL use affected grades, retention, self-efficacy, attitude and learning environment in a first semester chemistry course. Grades had some positive results in the POGIL group versus the control (non-participant group). Retention rates varied, however emotional satisfaction and attitude toward chemistry was lower in the control population. Overall the POGIL approach had minimal impact on the results. No difference was revealed in self-efficacy between groups. The most positive result was the attitude toward learning environments of the POGIL students (Case, Pakhira & Stains, 2013). Undergraduate biomechanics courses traditionally were taught by lab and lecture method. Students reported that lectures were not engaging and learning was not enhanced. POGIL (N=64) and traditional instruction methods (N=52) were compared. Quiz, tests and course grades were reported to be higher in the POGIL group (Simonson & Shadle, 2013). Many studies have documented the POGIL method in general chemistry. One author compared the final exam scores on a national standardized exam of organic chemistry with a participant and control group to evaluate the effectiveness of POGIL pedagogy. Analysis indicated that 72% of the POGIL students scored higher than the control group (Hein, 2012). In summary, following a review of the literature POGIL has been documented as an effective approach in a variety of disciplines. Much of the research is centered on chemistry and other science courses. Studies have not included nursing courses utilizing the POGIL method. Although it is a useful strategy POGIL has not been effectively documented in nursing courses. Therefore the aim of this study was to evaluate would POGIL group scenario exercises improve test scores in a fundamental nursing course.

**Methods:** The study used a comparative quantitative design. Two sections of undergraduate students in a fundamentals didactic nursing course with the same professor were given the opportunity to volunteer to participate in the research. One class participated in six group scenario exercises and the control non-participant group was given the scenarios on an individual basis. Purposive sampling of was used. Group one (experimental) was offered the opportunity to participate in POGIL exercises during class time. The professor assigned 4-5 students to each group in the participation class. After lecture the participants completed in 45 minutes intervals 6 group case scenario exercises. A team leader of each group presented the information to the class. The professor throughout the exercise encouraged critical thinking and communication skills. Roles of reflector, recorder, presenter and manager were chosen by the students and rotated each group exercise. Group two (control) of another Fundamentals class of nursing students was given the opportunity to complete the same 6 case scenario exercises individually on-line after the lecture. This group had the opportunity to individually submit the work to their professor.. The scenarios for both groups were the same non-credit assignment.

**Results:** Demographic variables were analyzed descriptively to determine the comparison of the two groups (POGIL and Non-POGIL) in the course using SPSS version 21. The participant experimental group age range of students was 19 – 40 years with a mean age of 23.4 years old. Included in the data were three males and 22 female subjects. Non-participant control group in the study age range of student's was 19-26 years with mean age was 20.6 years. Included in the data were two males and 23 female subjects.

The mean 3.6 GPAs of participant and non-participant groups mean 3.5 GPA prior to the study were compared for consistency and no significant differences were found. The mean final grade (B) of the participant POGIL group was higher than the mean (B-) of the non-participant group although not significant. The participant POGIL group mean (C+) national standardized test scores were higher than the (C) non-participant group. The 2-tailed t-test ATi standardized test equality of means revealed a significance of  $p=0.032$  with  $\alpha=0.05$ . Distribution of the ATi was measured with a Mann-Whitney non-parametric test. The analysis was 0.28, which the data revealed reject the null hypothesis, which

demonstrates significance at 0.05. There is a difference between ATi groups across the categories of treatment. The numerical final grade for the course between participant (B) and non-participant groups (B-) was not significant 2-tailed t- test=. 199.

**Limitations:** This study had some limitations. Participants were not randomly assigned to the two groups. A small sample of 50 participated in the study. Students did not participate in the same number of scenarios; some participated in five and some in six. Also, not all students participating in the online scenarios completed them. The study was conducted at one site with one professor and one course in one semester.

**Conclusions:** Although the final grade for the participating and non-participating group was not significant, the participating group had higher national test scores. The POGIL methodology enhances the use of teamwork, which may help prepare students to meet an essential competency for professional nursing. Exploring POGIL as a teaching strategy is in alignment with goals to promote evidence-based teaching. A priority in nursing education is to enhance the development of analytical critical thinking and teamwork, which is encouraged through use of POGIL methodology. Pedagogy, such as POGIL in nursing education has been shown to improve learning.

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## E 06 - Pain Reduction and Management

### Quality of Life in Thai Patients with Low Back Pain Undergoing Epidural Steroid Injection

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#### Purpose

The purpose of this research was to describe and compare pain, functional ability, and quality of life before and after epidural steroid injection (ESI) in patients with low back pain.

#### Target Audience

to prepare a nursing guideline for patients who require treatment of low back pain by epidural steroid injection (ESI). The guideline can help patients to appropriately self care before and after ESI.

#### Abstract

The purpose of this research was to describe and compare pain, functional ability, and quality of life before and after epidural steroid injection (ESI) in patients with low back pain. The subjects included 25 patients with low back pain at the orthopaedics operating room, Police General Hospital, Bangkok, Thailand. They were selected by purposive sampling. Data were collected from December 2014 to February 2015. The instruments used included the Numeric Rating Scale to measure pain score, the Modified Oswestry Low Back Pain Disability Questionnaire (Modified ODQ) to measure the functional ability, and the WHOQOL-BRIEF-THAI to measure quality of life. Data were analyzed in terms of descriptive statistics, inferential statistics including one factor repeated measure ANOVA, and McNemar's test. Findings of this study showed that after epidural steroid injection (ESI) at one and four weeks, the subjects' pain scores significantly decreased. In addition, the subjects' functional ability after ESI was significantly higher than that before ESI. The quality of life of the subjects also significantly increased after ESI. Findings of the study revealed the effect of ESI on pain reduction, functional ability improvement, and promotion of quality of life in persons with low back pain, and provided useful data to guide healthcare service of patients with low back pain.

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## E 06 - Pain Reduction and Management

### Evidence-Based Education Intervention to Improve Knowledge and Attitudes of Nurses' Postoperative Pain Management for Improved Patient Satisfaction

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#### Purpose

The purpose of this project is to improve acute care nurses' knowledge and attitudes regarding postoperative pain management and to improve patient satisfaction and outcomes.

#### Target Audience

The target audience of this presentation is for nurse managers, nursing staff, staff educators.

#### Abstract

The purpose of this presentation is to demonstrate how to select and generate an evidence based education intervention for acute care nurses regarding postoperative pain management using a pretest-posttest design. The low scoring questions of the pretest were categorized into appropriate content areas using evidence-based practice (EBP) relating to postoperative pain management for the education intervention. Patient satisfaction was monitored during the same timeframe of the pretest and posttest and assessed for trends.

The Agency for Healthcare Research and Quality (AHRQ, 2012) recommends ongoing educational interventions for pain management that must be accomplished in order to maintain high standards of care for patients. Evidence-based practice (EBP) models, including clinical practice guidelines, offer a framework for nurses to use when assessing and managing pain (Newhouse, Dearholt, Poe, Pugh, & White, 2007; Samuels & Fetzer, 2009). The Johns Hopkins evidenced-based practice model provided the framework for this translational research project by guiding the identification of the necessary individual behaviors required to enhance pain management practices (Newhouse, Dearholt, Poe, Pugh, & White, 2007).

Since pain management was recognized as a specialty in the 1980s, patients continue to be undertreated for pain with only one in four patients reporting their pain is under control (IASP, 2013; Wu & Raja, 2011). Nurses' knowledge and attitudes concerning postoperative pain management may be a barrier to adequate treatment. Pain that is not well controlled can have physiological and psychological effects delaying or worsening patient outcomes. The Center for Medicare and Medicaid (CMS) is now expecting patient satisfaction to impact the ratings that regulates reimbursement. Patient satisfaction is reported through the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys.

A review of the literature dating back to the 1970's reveals a persistent need to improve postoperative pain management. Historically, nurses' knowledge, attitudes, and beliefs have significantly impacted the effectiveness of pain management. A comparison of the practices from the 1970s to the present decade revealed contemporary pain management includes innovative multimodal therapies and advanced analgesics (White & Kehlet, 2010; Wu & Raja, 2011). Yet the need to improve postoperative pain management and patient satisfaction continues to be documented in the literature (Wu & Raja, 2011). Pain management has evolved to include guidelines to assess pain, recommendations on when to assess pain, the proliferation of various pain scales, and specific protocols to guide healthcare professionals, with the hope that these actions will capture and decrease any pain that patients are experiencing (Wells, Pasero, & McCaffery, 2008; Institute of Healthcare Improvement, 2013). Even with all these recommendations, it has been noted that a major barrier with pain management stems from the nurses' attitudes and knowledge in dealing with patients' pain, subsequently impacting the delivery of adequate care (Clarke, French, Bilodeau, Capasso, Edwards, & Empoliti, 1996; Erkes, Parker, Carr, & Mayo, 2001; Young, Horton, & Davidhizar, 2006; Wang & Tsai, 2010; Schreiber et al., 2013).

There have been many changes recently in postoperative pain management to include new multimodalities and advanced analgesics (Rognstad, et al., 2012). As a result of their presence on the surgical units there is an increased demand for nurses to have greater proficiency in assessing and regulating these multimodalities. Nurses are at the bedside assessing and managing patients and interpreting patient responses to pain (Ene, Nordberg, Bergh, Johansson, & Sjostrom, 2008; McHugh & Stimpfel, 2012). These nurses are the ideal group of healthcare professionals to make the biggest difference on pain management, patient outcomes, and patient satisfaction (McNamara, Harmon, & Saunders, 2012; Rugari et al., 2012).

Following IRB approval, this evidenced based education intervention was implemented on two surgical units using a pretest-posttest design to assess knowledge and attitudes of nurses' postoperative pain management. All questions that scored below 75% correct (n = 16) on the pretest were selected for inclusion in the education intervention. These sixteen low scoring questions were examined and placed into three categories that corresponded with three objectives for professional nurse behavior regarding pain management by the International Association for the Study of Pain (IASP, 2012). These three categories: pharmacology, pain assessment and management, and misbeliefs of drug seeking behaviors became the basis for the educational intervention and CEUs were applied for and offered to the nurses. Additionally, qualitative data was collected to better understand nurses' perceived barriers for effective pain management. The nurses' responses were coded and categorized into patient, provider, and systems factors. Three most significant factors were identifying unrealistic pain expectations and knowledge deficits on the part of patient and providers, lack of time to assess pain properly, and cultural competence of providers as their perceived barriers. Patients were interviewed about their pain and were administered the HCAPHS pain questions. The nurses' pretest-posttest results were analyzed using group means and paired t-tests, which showed a statistically significant increase in knowledge and attitudes on the nurses' posttest ( $p \leq .05$ ). It was also noted that patients reported less pain and had a longer mean timeframe between medication dosing when multimodal pain management was used. One of the survey units demonstrated an increase in patient satisfaction in their three HCAPHS pain questions with the use of these multimodalities.

As a result of the findings of this study, recommendations were made to continue this educational intervention to all healthcare professionals in all units and continue to measure the impact on patient outcomes and satisfaction. A recommendation was made and later implemented to have a "medication of the week" program on the units for the nursing staff. Medication deficiencies that were identified in the pretest were converted into posters and placed on the units. There were discussions of their pharmacodynamics and pharmacokinetics, clinical applications, and issues. What this study has done differently from many other studies documented in the literature is to utilize the evidence-based model to categorize and build an educational intervention specifically targeting the low scoring questions.

The results from the quantitative data generated by the pretest/posttest from the nurse participants combined with the data collected from the patient participant interviews increase the strength of the findings. The research in pain control is ever evolving with new advances in pharmaceuticals, technology, and genetics research that demand a constant evaluation and re-evaluation of the literature and implementation into practice (Allegri, Clark, Andres, & Jensen, 2012).

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## E 06 - Pain Reduction and Management

### Evaluating the Use of a Topical Vapocoolant to Reduce Pain during Intravenous Insertions: The Patients' and Nurses' Perspectives

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#### Purpose

The purpose of this project was to compare the patients' perceptions of pain and the nurses' experience during intravenous insertions, with and without the use of a topical vapocoolant; and to evaluate patients' and nurses' feedback with the application procedure.

#### Target Audience

The target audience of this presentation is clinical nurses and nurse administrators in patient care settings where intravenous insertions occur.

#### Abstract

**Background:** Intravenous (IV) catheter insertion is a common procedure performed by health-care providers. Unsuccessful peripheral line attempts cause increased pain, anxiety, and dissatisfaction for patients. IV catheter insertions can also increase stress and anxiety for the nurse, which may unfavorably impact peripheral venous access attempts (Page & Taylor, 2010).

**Evaluation of current research:** A topical vapocoolant spray, ethyl chloride, has been used to produce an immediate analgesic effect on the skin. Ethyl chloride, when applied to a procedure site evaporates rapidly and decreases the skin temperature resulting in a temporary interruption of pain sensation (Page & Taylor, 2010). Earlier studies have shown that topical vapocoolants reduce pain and increase patient satisfaction during intravenous insertions in dialysis and in pediatric patient populations (Celik et al., 2011; Shah, Taddio, & Rieder, 2010). However, there is not sufficient evidence supporting the use of topical vapocoolants in adult patient populations and also evaluations from a nursing perspective are missing in the literature.

The purpose of this project was to compare the patients' perceptions of pain and the nurses' experience during IV insertions, with and without the use of a topical vapocoolant and to evaluate patients' and nurses' feedback with the application procedure.

**Method:** Following the institutional protocol for initiating an IV insertion, data were collected on patients who had IV insertions without the use of the topical vapocoolant (n=50) and those who had insertions using the vapocoolant (n=51) from March 26, 2014 through September 14, 2014. Patients were surveyed about their level of perceived pain, their assessment with the skill level of the nurse and their satisfaction with the IV insertion procedure using a pain rating scale (0 = no pain, 10 = worst pain). Nurses were surveyed about the IV insertion procedure with and without the vapocoolant.

**Results and Key Issues:** Descriptive statistical analysis demonstrated that patients who did not receive the vapocoolant prior to the IV insertion reported significantly higher levels of pain (M=3.8) compared to patients who received the vapocoolant (M=2.2,  $z=-2.25$ ,  $p=.024$ ).

There were no significant differences found for the patients' assessments of the nurses' skill level ( $p=.102$ ) or patients' perceived satisfaction with the IV procedure ( $p=.438$ ), as patients rated nurses very high for skill and satisfaction in both groups. The size of the IV catheters (M=20.7 vs. 20.4), number of IV attempts (M=1.7 vs. 1.4), and number of RNs attempting insertions (M=1.3 vs. 1.2) were the same, regardless of insertions without or with the topical vapocoolant, respectively. Importantly, nurses voiced application safety concerns (e.g. medication stream diverting unexpectedly away from the intended site) that were not addressed in earlier studies. The nurses experiences and feedback were collected using open-ended questions related to the application process.

**Conclusions/Implications:** This project showed a significant decrease in pain scores during IV insertion in the topical vapocoolant group compared to patients who did not receive the vapocoolant. However, on-going nursing safety concerns related to the application process forced us to re-assess whether routinely using this topical vapocoolant for IV insertions was best practice. Our project demonstrates the importance of nurses' clinical expertise and feedback when implementing evidence-based practice. Even though some evidence was available from earlier studies, our findings related to the patients' pain experience as well as the nurses' clinical expertise were important to consider before making a decision regarding a practice change.

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## E 07 - Evidence-Based Solutions for Vulnerable Populations

### ED Community Placement Project (EDCPP): “Right Service-Right Venue”

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*Karen Elizabeth Mitchell-Keels, MSN, CMCN, RN,, USA*

#### Purpose

The purpose of this presentation is to explore concepts of a nurse-led, innovative, evidence based project (EBP) designed to reduce ED revisits, avoidable admissions and improve quality outcomes. The ED Community Placement Project (EDCPP) bridges homeless ED frequent user to community partners, by using a “right service-right venue” model.

#### Target Audience

The target audience of this presentation is healthcare system administrators, clinical educators and frontline clinical staff, social workers who are interested in managing creating solutions to the reduce ED frequent users while improving quality outcomes.

#### Abstract

**Background:** San Diego has the 3rd largest homeless population in the United States, second only to New York and Los Angeles. Nearly one-third of all visits to the emergency room are made by people who struggle with chronic homelessness coupled with co-occurring disorders. Emergency departments (ED) are not equipped to meet the psychosocial needs of homeless community members and do not have the capacity to assist them with housing, substance abuse treatment, and mental health care.

**Goal Statement:** The goal for this project was to identify the costliest and in need patients, then provide resources to address their substance abuse, homelessness and mental health issues and to reduce recidivism among this population by 20%.

**Description of Innovation:** The “Emergency Department Community Placement Project” (EDCPP) is designed to bridge the highest ED users into community based homeless prevention services, substance abuse treatment, and intensive case management. Upon discharge patients meeting inclusion criteria are screened, refereed and placed upon discharge into contracted community partners to receive unique services fitted to meet their psychosocial needs.

**Participants: Nurse-Led multi collaborative project between hospital and community.**

- ED Outreach Manager
- Community Partners: St Vincent de Paul, San Diego Rescue Mission, and Volunteers of America
- ED Social workers
- ED Staff

**Outcomes: Phase II of project has shown a continued downward trend in reduction of ED revisits and inpatient visits.**

**Implications:** Cost benefits savings of \$168,231 (based on program expenses, of \$38,234 (6mos) = 4.4 (ROI)). Among EDCPP placed patients a 78% reduction in recidivism was seen. Press-Ganey patient satisfaction scores increased by 3.8%.

**Recommendations for future projects:** Acquire additional community partners and expand project throughout the UC System.

**Outcomes: Phase II of project has shown a continued downward trend in reduction of ED revisits and inpatient visits.**

**Implications:** Cost benefits savings of \$168,231 (based on program expenses, of \$38,234 (6mos) = 4 .4 (ROI)). Among EDCPP placed patients a 78% reduction in recidivism was seen. Press-Ganey patient satisfaction scores increased by 3.8%.

**Recommendations for future projects:** Acquire additional community partners and expand project throughout the UC System.

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## E 07 - Evidence-Based Solutions for Vulnerable Populations

### Formulating a Best Practice Statement for Prison Parenting Programs: A Program Evaluation Project

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*Christine Beatriz, BS, RN, USA*

#### Purpose

to describe a program evaluation of a prison parenting program in a western Massachusetts correctional facility.

#### Target Audience

nurses who work in correctional nursing, substance abuse treatment, psychiatric mental health nursing or family nursing.

#### Abstract

Background : A Healthy People 2020 goal is to increase the proportion of parents who use positive parenting. By promoting good parenting techniques, children of incarcerated parents may experience a better relationship with their parent, which could potentially lead to reduced rates of depression, aggression, and intergenerational incarceration. This paper describes a program evaluation performed in a Massachusetts correctional facility's parenting program.

Purpose: The goals were to review the literature about best practices in prison parenting programs and to evaluate a prison parenting program in a Massachusetts correctional facility.

Methods: This three month project had two components: 1) reviewing the literature on existing parenting programs, their outcomes, and their applicability to the prison setting, and 2) completing a program evaluation of an existing parenting program in a county correctional facility. This assessment reviewed program content, delivery and evaluation. Data were collected in the form of journaling and shared through debriefing.

Results: The outcome was the creation of a "Best Practice Statement" for prison parenting programs that included a list of recommendations shared with facility staff. The following recommendations were made: to adopt an evidence-based program; to use adult learning theory strategies; to expand the curriculum to include more concrete information about parenting skills, to begin data collection of parenting program participants and create a summative evaluation.

Conclusions: Assessment of current practices and programs are essential to achieve and maintain high quality. Outcomes provided support for adopting an evidence basis for the prison parenting program, and recommendations for program improvement.

Implications for Nursing Practice and /or Future Research: Through a critical review of existing literature and assessment of current programming, this project helped to confirm that nursing has the requisite skills, knowledge and attitudes to provide an evidence-based parenting program for incarcerated fathers and their children. Evaluation data is essential to document the impact of such a program on the mental health of both inmates and their families.

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## E 08 - Attitudes and Practices Regarding Emotional Health

### Know Your Tools: Improving Nurses' Use of the Confusion Assessment Method (CAM) to Detect Delirium

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#### Purpose

The purpose of this presentation is to provide an important example of an evidence-based practice change acceleration process to nursing professionals. The presentation will show that a targeted education improves clinical nurses' ability to use CAM assessments to detect delirium, which is an important first step in improving patient outcomes.

#### Target Audience

The target audience of this presentation is acute and intensive care clinical nurses, nurse managers, psychiatric and occupational therapy professionals, and nurse educators.

#### Abstract

**Background:** Delirium is a serious illness that increases patient morbidity and mortality during and after hospitalization (Maclulich et al., 2013). Early identification of delirium is an important step to improve patient outcomes (Holly, Cantwell, & Jadotte, 2012). Although the Confusion Assessment Method (CAM) has been validated as a useful instrument to assess for delirium in the acute care setting, anecdotal experience indicates bedside nurses do not always use it effectively. The aim of this project is to provide targeted education to clinical nurses to improve their ability to use CAM assessments to detect delirium in the acute care trauma setting.

**Purpose:** The purpose of the presentation is to describe how the change acceleration process was used to design and implement a targeted education approach to improve CAM scoring.

**Methods:** A change acceleration process of preparation, assessment, diagnosis, planning, treatment, and evaluation was used to achieve improvement in staff nurses' use of the CAM tool on a 21-bed acute care trauma unit. During preparation, the project leader mobilized commitment for the project from the unit manager, staff educator, clinical nurses, professional practice leaders, and data experts. Baseline data on CAM completeness was assessed via chart review of patients admitted to the unit over a period of one month. Baseline reliability of the CAM was determined by measuring the agreement between two expert CAM users and clinical nurse CAM assessments. All clinical nurses on the unit were surveyed to assess their current state of knowledge of the CAM and to determine barriers to CAM completion and reliability. This informed the development of the intervention, a targeted, 40-minute education session, which was given to all 34 nurses on the unit over a period of 2.5 weeks. Post-intervention completeness and reliability of CAM assessments was measured directly after the education.

**Results:** Thirty-nine patient CAM assessments were assessed pre-training and 39 different patient CAM assessments were analyzed post-training. There was a significant increase in CAM completeness between pre and post-training (73% vs. 85%,  $Z=2.36$ ,  $p < 0.009$ ). Inter-rater reliability also increased pre and post-training. Pre-training agreement on whether a patient was CAM positive was 84%, while post-training agreement rose to 97% ( $K= .059$ ,  $p= 0.102$ ). The cost to implement this project was \$3,925, including staff time for educating 34 nurses and chart auditing.

**Conclusion:** This project improved the completeness and reliability of nurses using the CAM tool to assess for delirium in the acute care trauma setting. Early interventions and improvement in patient outcomes is the ultimate goal of improving staff nurse assessment of delirium. In order to sustain this change, follow-up target education must be continued through designated nurse in-service days, updates in newsletters, and one-on-one coaching. In order to achieve improvement in patient outcomes, further projects must focus on intervention strategies to prevent and mitigate the effects of delirium.

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## E 08 - Attitudes and Practices Regarding Emotional Health

### Changing Registered Nurses' Attitudes Regarding Delirium Assessment in a Military Community Hospital

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*Jeffery Wade Forehand, DNP, RN-BC, USA*

*Shellye A. Vardaman, PhD, RN-BC, CNE, USA*

#### Purpose

The purpose of this presentation is to disseminate results of an evidence-based DNP synthesis project focused on the attitudes of registered nurses to the application of a standardized delirium assessment tool in a rural community hospital serving a large military veteran population.

#### Target Audience

Clinical nurses working in community hospital settings  
Military nurses working in military or community hospital settings  
Civilian nurses working in military healthcare settings

#### Abstract

**Purpose:** The purpose of this presentation is to discuss the attitudes of registered nurses to the application of a standardized delirium assessment tool in a rural community hospital serving a large military veteran population.

**Background:** Delirium in the hospitalized patient can be a life-changing and highly stressful experience for the patient, the family, and for the nurse resulting in long-term life changes for the patient and family. It is estimated that a majority of patients hospitalized in medical/surgical units and ICUs experience symptoms of agitation and delirium during their hospital stay. The military combat veteran has a 10-20% higher risk of delirium events during acute hospitalization. Delirium is commonly undetected by nurses in upwards of 80% of all ICU patients and this rate may be significantly higher across all hospital nursing units. The attitudes of nurses towards use of detection tools may be one factor in the under-recognition of delirium. There is evidence that standardized assessment tools can assist nurses to identify patients at risk and identify early symptoms for delirium.

**Project Description:** The project utilized a pre- and post-survey design. The project was completed between October-December 2014. IRB approval was granted. A convenience sampling method was used to recruit participants who were registered nurses, employed by the rural community hospital, had a minimum of 1 year work experience, demonstrated the ability to read and write the English language. A total of 58/154 community hospital nurses were recruited with only 29 fitting the inclusion criteria that included completion of both the pre- and post-intervention survey. The project setting involved a small rural community hospital in Alabama with a maximum bed capacity of 120. The hospital provides a full service, 24-hour, 12-bed Emergency Department, an 8-bed Intensive Care Unit, one 29-bed surgical floor, one 29-bed medical floor, a 6-bed Labor unit, and a 12-bed Post-partum unit. Hospital admissions average 284/month. This facility is located near a large active-duty military installation and serves a diverse military and veteran population. Approximately 78% of the nurse employees had personal connections to a current or former military service member.

**Methods:** A nurse attitudes survey was adapted for this project. Data collection included completion of pre- and post-intervention surveys. The survey instrument included self-report measures through Likert scales, choice completions, and narrative comments. The internet-based program, Survey Monkey®, captured participant responses. The project provided an educational-training intervention (ETI) session with embedded video-scenario examples of patients experiencing delirium events during acute hospitalization. Participants, who attended the training session, utilized the delirium assessment tools (B-CAM or CAM-ICU) to practice scoring patients seen in the video-scenarios.

Results: Descriptive statistics were used to describe data related to the specific goals of this study. Three open-ended questions were analyzed to identify themes signifying other knowledge gaps related to delirium assessment. Inferential statistics were used for both paired samples t-tests and Chi-square calculations in order to examine for significant differences in study outcomes prior to and post intervention. While there were modest clinical differences in study outcomes, there were no statistically significant results. These results could be attributed to the small sample size.

Conclusion: Participants reported a positive attitude when given the opportunity for education and clinical application of standardized delirium assessment tools. Participants reported feeling more confident in completing delirium assessments. They indicated increased recognition of the risk factors for and symptomatology of delirium in hospitalized patients age 65 and older. A strong willingness to continue to utilize the standardized tools to perform delirium assessments on their patients was reported. Anecdotally, the nurses felt delirium assessment should be added to their electronic health record (EHR) system as part of the nursing assessment records. Specifically, the participants recognized that their high military veteran population was at great risk for delirium events. Many nurses indicated that they did not previously investigate their patient's military background during their admission nursing assessment and now see the need to include that information in the EHR.

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## F 06 - Evidence-Based Nursing Outcomes

### Clinical Supervision: Predicting Best Outcomes

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#### Purpose

The purpose of the presentation will be to heighten an awareness of Clinical Supervision with an international nursing audience and to outline a new method by which CS can be introduced and constantly reviewed for optimal efficacy.

#### Target Audience

This presentation will be of broad interest and relevance to conference delegates drawn from health policy, clinical practice, education, management and research, whose brief it is to engage an informed and critical discourse about the future of Clinical Supervision, as an integrated component of modern health care delivery systems.

#### Abstract

Clinical Supervision [CS] has an increasingly established role in the working practices of human service agencies and, in particular, has been widely introduced into public and private health systems across the world. It has shown increasing international promise as a positive contribution to health governance agendas. The continuous measurement of CS efficacy, therefore, has become one of the most important contemporary challenges. The Manchester Clinical Supervision Scale<sup>®</sup> [MCSS<sup>®</sup>] has been adopted as the leading outcome measure of the effectiveness of CS in ~115 licenced Clinical Supervision evaluation studies, in 13 countries, and has been translated into seven languages other than English.

This presentation will report the latest progress of an ongoing program of Clinical Supervision research. It will draw on three recently completed interrelated research studies conducted by the authors, towards establishing an evidence base for policy and best practice development and robust evaluation of Clinical Supervision outcomes.

The first study was a large pragmatic randomised controlled trial of Clinical Supervision. It represented a rare attempt to establish an elusive set of demonstrable causal relationships between Clinical Supervision, the well-being of nurses, the quality of care they provided and the effect on patient-reported outcomes.

The second study will describe the process by which the original 36-item version of the Manchester Clinical Supervision Scale<sup>®</sup> re-tested the original factor structure and response format for goodness of fit to the Rasch Model, using the latest RUMM 2030 software. Findings re-confirmed the validity of the response format of the 36-item version. They also indicated that original version could be reduced to 26 items, with increased structural integrity and result in improved fit statistics for six subscales, rather than the original seven. Thus, the Manchester Clinical Supervision Scale<sup>®</sup> was transformed into the present version; the MCSS-26<sup>®</sup>.

The third study used real MCSS<sup>®</sup> evaluation data and applied Classification and Regression Tree [CART] analyses; a relatively new statistical procedure which, to date, remains somewhat unknown. In operational terms, the output can be followed with little or no understanding of statistics and, to some extent, follows the decision process that nurses use to make decisions. For example, triage rules are now widely used in clinical settings to classify patients into various risk categories, so that appropriate decisions can be made regarding treatment.

Given the infinite range of international practice environments, health service organisations now have the opportunity to harvest measurement data using the Manchester Clinical Supervision Scale<sup>®</sup> (MCSS-26<sup>®</sup>) and to conduct CART analyses, that take account of particular local circumstances to model a range of

delivery permutations which will predict the likelihood of the most effective arrangement for the delivery of Clinical Supervision.

The presentation will link these three completed empirical studies within the context of the so-called Proctor framework of Clinical Supervision. It will identify fresh theoretical insights, directions for policy development and professional practice, and future research possibilities.

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## F 06 - Evidence-Based Nursing Outcomes

### An Evidence-Based Practice Outcome Measure: Analysis of Nurse Authored Hospital Policy and Procedure Documents

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*Mary Anne Hales Reynolds, PhD, RN, ACNS-BC, USA*

#### Purpose

The purpose of this presentation is to discuss the use of citations in hospital policy and procedure documents as a means of evaluating the use of evidence based practice resources.

#### Target Audience

The target audiences of this presentation are nurse educators, leaders, and practitioners interested in the utilization of EBP in acute care settings.

#### Abstract

**Background:** Evidence Based Practice (EBP) is an approach to making health care decisions that integrates best evidence from research with the provider's clinical expertise, the patient's preferences and values with available resources within a health care system. Evidence from current research is considered the primary basis of EBP and the strength of the evidence varies depending on the quality, quantity, and consistency of the available research. When EBP directs decision-making, the quality of patient care improves and health care costs decrease (Melnyk, 2012). It is expected that hospital nurses utilize current research-based evidence to guide patient care decisions (IOM, 2001).

Patient care within a health care system is often directed and communicated by written protocols for managing various patient care needs. These documents describe the standards and expectations for nurses in performance of particular nursing activities along with the nurse's roles and responsibilities. Written policy and procedure documents ensure safe and consistent care to patients around the clock (Long, Burkett, & McGee, 2009). These documents may reflect generic policy and procedure manuals or may be created or updated by nurses within the organization. Nurse authors are often directed to cite the "source of information at the end of the policy" (Pape, 2003, p. 154). There are very few studies that specifically look at the sources of evidence, in this case, policies and procedures, nurses use to support patient care decisions.

The purpose of this study was to investigate the use of EBP through an examination of nurse-authored hospital policy and procedure documents. This study answered the following questions: 1. What are the information sources nurses cite when creating or updating nursing policies and procedures? 2. Are there variations of source citations between rural and urban, and small and large hospitals?

**Methods:** This bibliometric study used citation analysis of nursing policy and procedure documents from full member National Network of Libraries of Medicine (NN/LM) hospitals with staffed medical libraries in the intermountain west region of the U.S. A purposive sample of 22 hospitals was selected for the study. Ten hospitals voluntarily shared their nursing policy and procedure documents; seven of the hospitals were located in Idaho, and three were located in Utah. Seven of the participating hospitals were located in urban (>50,000 population) centers and three were located in rural areas; three participating hospitals were small (under 100 licensed beds) and seven were considered large (100 or more licensed beds). 1,581 policy and procedure documents that had been updated or created by a nurse over the previous 12 month period were examined. References to published literature were collected by printing or recording the list of citations from these documents. These citations were the major units of analysis.

**Results:** Of the 1,581 documents examined, 1,172 (74%) had no citations. The 409 documents with citations yielded 1,285 individual citations. These citations were evaluated based on the types of sources and year of publication. Analysis of the data found that citations came from the following sources: 27% books, 26% journals, 20% websites, 19% government documents, and 8% from other resources including

product manuals, point-of-care summary databases, and meeting minutes. Each type of resource was further analyzed to determine the type of evidence represented. Textbooks, many available electronically, were frequently written by nursing specialty groups publishing their standards of practice and reflected current copyright dates. Journal citations reflected primary research articles, systematic research reviews from medical and nursing journals and clinical practice articles. High quality websites and links to reliable government agencies or well-recognized professional organizations were also cited. EBP summary databases such as the Cochrane Library which is considered the highest level of evidence for practice were rarely cited.

Variations between hospitals, specifically urban and rural, and small and large were determined. It was found that citation types varied between large and small hospitals. Small hospitals cited government documents more often than the larger hospitals. Larger hospitals cited more websites. When compared to urban hospitals, rural hospitals cited more books and the average age of the cited resources was older compared to urban hospitals.

**Conclusion:** It is recognized that this study looked at a small and unique population of documents, yet it provides an important “snap shot” of information sources as a measure of the utilization of EBP. Important findings from this study include: first, the majority of the initially reviewed nursing policy and procedure documents did not include any citations to any published sources (74%). This study did not look at nor can it speculate about, the preparation of the nurses or the process used in developing the policy and procedures, yet if nursing practice is to be based on “evidence” that evidence needs to be documented. Second, of the resources cited, there was a large variation of type of resources being used, as well as strength of the evidence within individual documents and between hospitals. Finally, it is important to note that all of the hospitals in this study had on-site medical librarians. Medical librarians are educated in evidence based practice principles and process, and also have access to most published sources. They have the expertise in finding and evaluating the evidence and are important resources to other health care providers in using EBP.

**Nursing Implications:** EBP is foundational for quality nursing care (Melnyk, 2012) and policy and procedure documents require current, research-based evidence (Pape, 2003; Turkel, 2004). It is well documented that hospital nurses are utilizing EBP based on measurable patient outcomes, however, this study clearly shows that in this population, policy and procedure documents are not reflecting the best evidence. There is clearly a need for nursing curriculums in practice, education, and leadership to revisit evidence based practice concepts in terms of strength of the evidence or best sources, where to find the evidence, and finally, how to document the sources of evidence. There is also a need for nurses in hospitals to work as a team with medical librarians. Medical librarians bring to the table important knowledge about evidence based practice as well as the expertise to the access and evaluate many different resources. This study is important to nursing in that it has looked at the application of EBP from a unique perspective and has identified the need to document what sources of evidence support care decisions detailed in nursing policy and procedure documents.

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## F 06 - Evidence-Based Nursing Outcomes

### Integrating Evidence-Based Practice in a Nursing Curriculum Based on the RNAO Guidelines Using Action Research

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#### Purpose

The purpose of this presentation is to provide an overview and our experience to plan for the integration of evidence-based practice in a nursing curriculum based on the RNAO BPSO Guidelines.

#### Target Audience

primarily educators, leaders in evidence-based nursing and midwifery, researchers and other stakeholders such as representatives from clinical practice.

#### Abstract

Problem statement: Evidence-based practice (EBP) is increasingly emphasized in healthcare, nursing practice and nursing and midwifery curricula. The same applies to South Africa. Nursing Education Institutions in South Africa need to provide evidence of how EBP is integrated throughout their curricula during accreditation visits from the South African Nursing Council, peer and external reviews. The past three decades much has been invested in research and implementation exercises to close the practice theory gap and to answer to the quest for excellence and accountability. Although a wide vocabulary is used, best practice guidelines (BPGs) or evidence-based guidelines are continuously developed. The BPGs developed by the Registered Nurses Association of Ontario (RNAO) is an example of the commitment to EBP. Nurse educators should foster the use of Best Practice Guidelines in nursing and midwifery education and take the lead in integrating the principles of EBP and best practices in their curricula, teaching and learning strategies. This paper provides evidence of the first phases of integrating EBP in the undergraduate nursing curriculum using an action learning action research approach and the methodology recommended by RNAO.

Methods: An Action Research approach (McNiff & Whitehead 2011) was used to describe the integration of EBP in the nursing curriculum of the participating Nursing Education Institution. We used Action Research to comply to the requirements of RNAO for BPG integration in the nursing and midwifery curriculum. RNAO Guidelines and Toolkits and the implementation drivers described by the NIRN (National Implementation Research Network) were utilised. We followed the typical cyclic process of planning, action and reflection whilst continuously capturing data, validating the data and making knowledge claims, and modifying practice. We will share the lessons we learned and our experience of the conceptualization and integration of EBP in the nursing curriculum of the participating Nursing Education Institution.

Conclusions: The Guidelines and Toolkits of RNAO and the NIRN provide valuable planning, monitoring and assessment framework for the integration of EBP in a nursing curriculum. Using implementation drivers to assess the implementation of EBP in the nursing curriculum was a useful way to identify areas that need additional attention and provided valuable process and outcome data.

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## F 07 - Implementing Evidence-Based Practices

### An Evidence-Based Roadmap to Healthy Work Environments for Nurses: Closing a Gap in the Literature through Development of a Toolkit

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*Alissa Samoya, DNP, RN, CPN, CNE, USA*

#### Purpose

The purpose of this presentation is to share an evidence-based toolkit I created for nursing leaders to use when implementing changes aimed at creating or maintaining a healthy work environment for nurses, based on the AACN's six essential standards.

#### Target Audience

The target audience of this presentation is nursing leaders who are interested in creating or maintaining healthy work environments within their respective organizations.

#### Abstract

**Aim:** The aim of this pilot study was to evaluate the effectiveness of an evidence-based toolkit aimed at improving the health of nurses' work environments.

**Background:** Unhealthy work environments contribute to medical errors, ineffective care delivery, conflict, and stress. As a result, the American Association of Critical Care Nurses established the six essential standards required for healthy work environments to exist. However, no step-by-step guide exists to assist leaders with implementing each of the standards required for a healthy work environment. The lack of guidance for implementing the standards has led to a small percentage of hospital leaders reporting that healthy work environments have been created within their respective organizations.

**Theoretical Framework:** The Path-Goal theory was used as the theoretical framework for this project, and is based on the foundational belief that a leader has the ability to adjust his or her style and behaviors to influence employees and the work environment.

**Data Collection:** Nursing leaders used the toolkit to address the health of the critical care work environment in a Magnet organization. The leader completed a Likert questionnaire to evaluate the toolkit. Staff perceptions of the environment were also assessed using a validated web-assessment tool.

**Data Analysis:** The leader rated the toolkit's usability, clarity, and applicability as "very good" or "good" for each standard, and reported that she would be very likely to utilize the toolkit for future change implementation and to recommend the toolkit to other nursing leaders. The leaders concentrated on the standard of meaningful recognition since this was the only standard that fell below the national benchmark in the Time 1 assessment. The Time 2 data revealed a score of 3.31, which was higher than the national benchmark of 3.23.

**Conclusions:** Providing nursing leaders with evidence-based resources to guide change implementation is vital to the success of creating healthy work environments in hospitals across the United States. Dissemination of this toolkit will provide step-by-step, evidence-based guidance and support that has been unavailable up to this time, which could lead to increased adoption of the standards and improved organizational cultures that support nurses with a healthy work environment.

**Implications for Nurse Management:** Nurse managers are fundamental to promoting change and ensuring positive work environments exist, but need resources to guide their efforts. This toolkit closes a gap in the literature and augments leaders' efforts to create HWEs.

**Keywords:** healthy work environment, toolkit, staff perception, nurse leader, evidence-based practice

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## F 07 - Implementing Evidence-Based Practices

### Disaster Preparedness: A Template for Saving Lives

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#### Purpose

Demonstrate how nursing can impact a national and international issue of global significance through collaboration with non-nurses in an effort to raise awareness and educate.

#### Target Audience

Nurses in every sphere of practice - from acute care to public health, from the bedside to advanced practice and academia.

#### Abstract

Disaster has almost become a household word in America and around the world. Disaster preparedness provides some control over the effects of disaster, however small that may be. The National Response Framework provides the structure under which all disasters are managed domestically (Veenema, 2013). It is scalable and flexible – having the ability to accommodate any disaster, from the smallest incident to a disaster of national proportions (<http://emilms.fema.gov/IS700aNEW/index.htm>; <http://emilms.fema.gov/IS800B/index.htm>). Preparedness determines the degree of service disruption regardless of the nature of the disaster. The goal of preparedness within any entity is to expect the unexpected, prepare beforehand, and integrate this preparedness within the context of the community disaster plan. Only when this is accomplished will losses be mitigated.

In the spring of 2011, the United States experienced the largest tornado related event in our Nation's history. During that three-day period and across five states, the Centers for Disease Control confirmed that 58% of the fatalities were female (MMWR, 2012). Aware of these statistics, the Federal Government views populations comprised of women and children as high-risk, high-vulnerability (Veenema, 2013). Under ordinary circumstances in a disaster, the special needs of pregnant women and infants should be addressed in order to minimize excess neonatal and maternal mortality (Veenema, 2013). Disaster compounds its effects on an already marginalized population – crisis pregnancy with its social, emotional and physiologic components.

High-risk, high-vulnerability populations refers to people who have both a higher probability of being exposed to disaster and face challenges to anticipate, cope with, resist, and recover from a disastrous event (Veenema, 2013). Included among those most at risk to adverse impacts and disaster are women and children. The United Nations International Strategy on Disaster Reduction states that, in both developing and developed nations, women and children are fourteen times more likely to die than men during a disaster (<http://www.unisdr.org>). At risk people generally have reduced access to vital economic and social resources, limited autonomy and power, and have low levels of social capital (Barnshaw & Trianon, 2007; Morrow, 1999). Historically, disaster exacerbates existing social, political, historical, and economic circumstances that marginalize populations – those often unaccounted for in disaster preparedness and mitigation efforts (Runkle et al., 2013). Disparities in healthcare system access during the recovery phase may contribute to inequities in health outcomes in those populations affected by disaster, which further marginalizes vulnerable subgroups. Excess patient demands on the healthcare system after disaster promote lack of continuity and disruptions in access to primary care and make the system vulnerable to a separate public health emergency (Manley et al., 2006; Gursky, 2004; Schur, 2004).

Vulnerability of people and places is a complex phenomenon. Vulnerability can be defined as the inner conditions of a society that make it liable to experience harm and damage (Birkman, 2005). The ability to measure vulnerability is an essential component of risk reduction and the promotion of a culture of disaster resilience (Birkman). Disaster can be defined as the complex interaction that exists between a

potentially damaging physical event and the vulnerability of a society – its infrastructure, economy, and environment that are determined by human behavior (Birkman). According to the United Nations (2005), the starting place for preparedness lies in the knowledge of hazards and the physical, social, environmental, and economic vulnerabilities to disaster that most societies face. Villagran de Leon (2001, 2004), places vulnerability within a “risk triangle” framework, thereby viewing risk as a relationship between vulnerability, hazard, and disaster preparedness. It is through this process of identifying vulnerabilities, prioritizing hazards, and addressing deficiencies in preparedness that risk can be mitigated, response can be appropriate, and recovery can occur (Veenema, 2013).

Community resilience is a key component of national preparedness (Plough et al., 2013). Resilience as defined within public health emergency preparedness is the ability to mitigate and rebound quickly. The absence of sustainable engagement with community-based organizations, faith-based organizations, and other neighborhood-level organizations creates significant disparities in population health outcomes following disasters (Plough et al.). Resilience before, during, and after an adverse event can be attributed to collective identity, prior experience, and social support networks (Nuwayhid et al., 2006). Community resilience literature strongly advocates a sustained commitment to improving connectedness (both social and informational linkages) between individuals, organizations, and formal governmental agencies (Nuwayhid et al., Bava et al., 2010; Landau, 2010).

Coordination is a central component to the National Response Framework’s goal of saving lives (Uddin et al., 2011). Based on research findings – a lack of coordination preparedness for an extreme event results in greater loss of life and economic impact regardless of whether the disaster is naturally occurring or man-made (Ussin et al.). An emergency disaster preparedness plan is considered a necessary precondition for appropriate response. Networking among organizations provides opportunities to share information across organizational boundaries and these relationships play into how emergency preparedness plans are rehearsed. Therefore, establishing relationships with the emergency disaster community (“tie strength”) allows an organization to rehearse emergency protocols more regularly and accurately, thereby increasing success in real-life situations.

Disasters may be caused by a variety of man-made or natural events; however, it is not the type or magnitude of the event, but its impact on human populations, that makes an event a disaster (Veenema, 2013). Disasters are not measured by hurricane category, seismic intensity, or bioterror agent category, but by the constellation of actual harm sustained by individuals and community. Empowerment systems for human services in disaster are designed to promote stabilization and viability on the community as well as self-sufficiency and human security at the individual and family level. It is necessary that nurses predict potential human services issues and develop and implement (when needed) the community’s emergency management plan related to human services.

As national disasters continue to impose difficulties nationwide and as disaster becomes a visual image (i.e. 911; the Boston Marathon bombings), the pressing need for preparedness will become increasingly evident. Addressing preparedness in a vulnerable population can only be positive – if one agency is prepared, or one group of agencies within a community is prepared, or perhaps one target group within a region – then lives will be saved. It is the desire that this project, though just one small segment of a population within a community, will provide a catalyst for realization that it is the responsibility of society at large to meet the needs of the vulnerable among us.

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## F 07 - Implementing Evidence-Based Practices

### Using Evidence-Based Teaching to Support an Innovative Teaching Strategy in an Undergraduate Research Course: A Longitudinal Study

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*Astrid H. Wilson, PhD, RN, USA*

#### Purpose

The purpose of this presentation is to describe a longitudinal study aimed at providing evidence-based teaching for an innovative teaching strategy in an undergraduate research course. The innovative teaching strategy, the Evidenced-Based Group Project Assignment survey, the methodology, results, and implications for education and practice will be shared.

#### Target Audience

The target audience of this presentation is nurse educators in academia and in the clinical setting. Also, educators who are interested in engaging in evidence-based teaching practice to support innovative teaching strategies.

#### Abstract

**Purpose:** This longitudinal study was aimed at providing evidence-based teaching for an innovative teaching strategy in an undergraduate research course.

**Method:** A longitudinal survey design was used to elicit students' responses about an assigned group project. The instrument used was the Evidence-Based Group Assignment Survey, a 21 item Likert type survey developed by the author. The responses were strongly disagree (1), disagree (2), somewhat agree (3), agree (4), and strongly agree (5) thus a summated score could be obtained between 21 and 105. The items related to how the assignment helped students gain knowledge, skills in critiquing research articles, making decisions related to evidence-based practice, and confidence in themselves to be better prepared to participate in evidence-based activities as an RN. The survey was administered at the end of eight separate research classes from 2008 to 2014. IRB approval was obtained for this research study. The innovative teaching strategy will be described so it can be used by other educators.

**Results:** The sample consisted of 225 undergraduate nursing students who were predominately traditional students, with some accelerated students and few RN-BSN students. The majority of the participants were female (96%) and 90% were traditional students. The mean summated score for all groups (225) ranged from 78 to 93. The mean scores on each item on the instrument ranged from 3.89 to 4.62 (out of 5) indicating that no means were in categories of disagree or strongly disagree. Internal consistency of the instrument was established using a Cronbach's Alpha for each group. The alpha score for the entire sample was .94 (very high).

**Implications:** There is a continuous need to determine teaching strategies that have an evidence-based teaching practice. The Evidence-based Assignment in this study has empirical support for its use. Students can gain more knowledge of evidence-based practice in nursing courses with innovative strategies with evidence support. With evidence-based teaching practice clinical settings will have new graduates who are better prepared to identify clinical problems needing evidence, locate, understand, and critique research articles and systematic reviews. Students also will be better able to participate in evidenced-based projects in the clinical setting which is especially important in agencies seeking Magnet status.

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## F 08 - Supporting Family Health through Evidence

### The Lived Experiences and Support Needs of the Postpartum Primiparous Women in Tshwane, South Africa

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*Mmajapi Tshidi Elizabeth Chokwe, MTech (Nsg), BACur (Adm/Edu), RN, CNM, South Africa*

#### Purpose

Is to give report about the section of the main study about lived experiences and support needs of post partum primiparous women after discharge at Ga-Rankuwa

#### Target Audience

the midwives who are working at clinics and those working in hospitals who discharge post partum primiparous women.

#### Abstract

**Research purpose:** Is to give report about the section of the main study about a community-based support programme for early discharged postpartum women in Ga-Rankuwa, Tshwane. The presentation is based on the 1st phase of the main study and is about the lived experiences and support needs of post partum primiparous women after discharge at Ga-Rankuwa. Although scientific evidence does not indicate increase in maternal and neonatal mortality and morbidity after discharge postpartum, concern for possible complications exist among health care providers and the primiparous post partum. Although the general expectation is to emphasise and counsel the postpartum primiparous about the wellbeing of herself and her newborn, it is observed that they are discharged from clinics and health institutions before they can master and understand the changes and the care expected.

**Objective:** To explore and describe the lived experiences and support needs of the primiparous women who are discharged postpartum at Ga Rankuwa clinics.

**Methods and design:** A qualitative exploratory and descriptive study was used to explore the lived experiences and support needs of post partum primiparous women from health clinics at Ga-Rankuwa. The context of the study was three Ga-Rankuwa clinics providing maternity care services to postpartum primiparous women.

**Data gathering:** Data were gathered from the post partum primiparous women by conducting an in-depth individual interview using an interview schedule. A central question was asked: "Please tell me your experience of being discharged from hospital or clinic, your support needs and your experience of taking care of yourself and newborn baby at home". Saturation of data was reached at the 12th participant. Data analysis was done using Hermeneutic interpretive approach.

**Findings:** Although almost all participants had a tertiary education, most of them were unemployed. Three themes emerged from the data analysed. Themes emerged were the need for support, knowledge and skill deficit, and cultural beliefs and practices.

**Conclusion:** Postpartum primiparous women expressed the need to be supported post partum and they mentioned the cultural practices of which some were unsafe to the newborn.

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## F 08 - Supporting Family Health through Evidence

### Physical Activity, Prevention of Functional Decline and Support of Mobility in Older Hospitalized Patients: A Literature Review

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*Iris Tamara Schneider, MSc (Nsg), RN, Germany*  
*Gabriele Meyer, PhD, RN, Germany*

#### Purpose

to show an overview how mobility in older hospitalized people can be promoted and functional decline can be prevented.

#### Target Audience

the clinical practice, working with older patients and scientists, research in this field

#### Abstract

**Purpose:** Physical activity is the basis for participation and social life. Older hospitalized patients are prone to decline of physical activity and functional status. Mobilization and activation of older patients are mandatory in order to avoid loss of independence and admission to residential care. As first step of an own empirical study, this literature study aims to overview the current state of knowledge about mobility in older patients in acute hospitals. We reviewed papers on nurses' knowledge, risk assessments, and interventions on prevention of functional decline and sustaining of mobility.

**Methods:** A systematic literature search in PubMed, CINAHL and Cochrane has been conducted using MeSH terms and keywords. All study designs were included. Publication period was limited to the last 35 years; English and German language papers were included. A hand search in three German nursing journals and citation tracking were conducted. A search for guidelines is ongoing. Data were charted and extracted with a standardized extraction sheet by one reviewer.

**Results:** The search revealed 211 studies after title screening. Duplicates were removed and 187 abstracts were screened. A total of 36 full-text articles were assessed for eligibility, and 15 articles were excluded. The remaining 21 papers reported about research conducted in the United States, Australia and four European countries. The qualitative studies (n=7) used a phenomenological approach or grounded theory dealing with changes in mobility in older patients, barriers in ambulation of patients reported by nurses, and assistance in ADLs and care dependency reported by patients and nurses. Observational studies (n=11) reported on risk assessments, preventive measures, and on frequency and duration of mobilizing. The RCT (n=1) included in this review dealt with promoting mobility. The reviews (n=2) outlined positive outcomes of promoting mobility through interdisciplinary interventions.

**Conclusion:** Our review revealed that little research has been conducted during the last decades in the field of mobility in older patients in acute hospitals. The identified papers and own experience suggest insufficient mobility offers and a lot of potential for improvement in order to enhance and preserve older patients' mobility in the acute hospital environment. Therefore, in a next step, mobility patterns during nursing situations will be observed in two German acute hospitals. We aim to generate a better theoretical understanding and to explore the need for intervention development.

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## F 08 - Supporting Family Health through Evidence

### Loneliness, Quality of Life, and Health-Related Hardiness among Older HIV+/AIDS Farmers in China

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Janet F. Wang, PhD, RN, FAAN, USA

#### Purpose

This study investigates loneliness, quality of life, and health related hardiness among 64 HIV+/AIDS older farmers in Hubei, China.

#### Target Audience

The target audience is registered nurse, nurse researcher, nurse epidemiologist, administrator and policy maker related to infectious diseases.

#### Abstract

**Purpose and Backgrounds:** This study investigates loneliness, quality of life, and health-related hardiness among 64 HIV+ older (49 - 67) farmers in Hubei, China. HIV infection is a chronic disease that can be managed with evidence-based intervention. In Central China in the mid-1990s, plasma donation was promoted by collectors among poor rural farmers as an easy way to supplement meager income. More than 50,000 former plasma donors (FPDs) are now living with HIV+/AIDS in China and mostly in four Provinces, including Hubei, where this study was conducted. Recently advanced treatment of HIV+/AIDS patients resulted in the pooling of large numbers of older farmers who contracted HIV during the 1970s. These farmers face not only economic, but social, psychological, and physical problems associated with the aging and HIV+/AIDS processes. Data have suggested that reducing HIV+/AIDS-related stigma and loneliness may improve the health of HIV+/AIDS patients. Researchers describe the older HIV+/AIDS p as the “graying” of the HIV epidemic.

In 2006, almost 38% of HIV-positive persons were between the ages of 40–49. Receiving treatment allows these farmers with HIV+/AIDS to live longer. It is estimated that the number of HIV-positive persons over 50 will increase by 67% in the next decade. In addition, the association between HIV+/AIDS and depression has been attributed to multiple factors, including poorer cognitive and physical function due to HIV+/AIDS progression or treatment side effects. Depression and stress are inextricably linked to physical as well as social health outcomes, especially for individuals with HIV+/AIDS.

**Design and Methods:** A sequential transformative design in mixed methods was used. Sequential transformative design in mixed methods research is guided by an advocacy lens where the quantitative and qualitative components of the study vary in terms of order and priority weighting. Mixed methods is where the researcher mixes or combines quantitative and qualitative research techniques, methods, approaches, concepts or language into a single study (Creswell et al. 2011).

We considered five attributes in designing mixed methods studies, they are: (a) Rationale: Our rationale for mixing methods was to allow participants to respond to objective questionnaires with self-report answers, respond to subjective open ended questions, or share with the research team their thoughts, feelings, and ideas about their IPV experience unencumbered by filling-in or checking space limitations, (b) Data collection and data analysis paradigm: We used phenomenology as a mixed methods paradigm to integrate not only specific quantitative and qualitative data collection and analysis procedures but also the social construction of multiple phenomena understood as valid realities in the mind of the participant, (c) Priority: We gave priority to quantitative data collection and analysis by first collecting and analyzing quantitative data. Qualitative data collection and analysis came second, (d) Concurrent or sequential implementation: We used a sequential implementation and integration plan for data collection and data analysis techniques, and (e) Phase at which time mixing methods were done: Mixing of data collection and data analysis was planned at the proposal stage of the research and implementation occurred first at the data collection phase (combining objective items with subjective open-ended items in one

questionnaire) and continued to the data analysis phase (Ponterotto et al. 2013). A cross-sectional survey using four questionnaires and 1:1 interviews were used to collect quantitative and qualitative data.

**Settings:** Four townships located about 5 hours from Wuhan (airport) where the participants lived near the mountains.

**Participants:** Sixty four (64) older HIV+/AIDS farmers (age 49 - 64) participate in the study. They are from four townships located near the mountains in Hubei Province. The Institutional Review Board (IRB) affiliated with the Wuhan Branch of the Association of Preventive Medicine of China approved the study.

**Data Collection:** A team of 5 researchers along with 5 local health care workers interviewed 64 (male = 36, female = 28) HIV+/AIDS participants for qualitative data. Four questionnaires: (a) demographic, (b) loneliness, (c) quality of life, and (d) health-related hardiness were used to collect quantitative data.

**Results:** A total of 64 HIV+/AIDS older farmers, from four townships participated in the study. Their ages ranged from 49 to 67; 36 males and 28 female in total. Forty eight (48) are married, 5 are single (never married) and 11 are divorced or separated. As to education received, thirty two (32) have primary school education and 16 have middle school education, one has a high school education and 14 have no education at all. Only one has a college education. The infectious routes for 43 HIV+/AIDS farmers are mostly through blood selling; 15 via blood transfusion (not blood selling), 4 through sexual contacts and 2 did not know how they contracted with the HIV virus. Average yearly income ranged from 0 to 40,000 Chinese Yen. Forty six (n = 46, 71%) stated that they have family members who care for them or live with them, thus, family members care for them as they cope with their HIV+/AIDS illness.

Participants residing in more developed areas showed higher quality of life (mean = 80.7,  $p < 0.01$ ) and higher health-related hardiness (mean: 134.9,  $p < 0.00$ ). Those with higher education showed significant higher hardiness than those who have no education (mean = 134.5,  $p < 0.008$ ). Married participants showed less loneliness (77.08,  $p < 0.018$ ) and higher hardiness (mean = 125.1,  $P < 0.038$ ). Variables such as higher income were related to higher quality of life (mean = 77.0,  $p < 0.013$ ) and having family members care for them are related to less loneliness (mean = 77.02,  $p < 0.012$ ). The qualitative data was collected via 1:1 interview with a researcher and a participant. A brief report of the qualitative data collection and analysis will be included in this presentation.

**Conclusions:** Participants in the study need evidence-based intervention and social support in understanding HIV+/AIDS as a chronic disease. Nursing care that integrates cultural diversity, evidence-based practice specifically in the area of hardiness and resilience is needed to understand the uniqueness of each participant's response to their HIV+/AIDS status. The Chinese philosophy that says "It is better to have a 'difficult' life than a 'good' death" exemplifies the concepts and ingredients in hardiness and resilience. Chinese philosophers taught the Chinese to be hardy and resilient. Resilient individuals are capable of adjusting and coping successfully in the face of adversity and successfully use social support systems to prevent the escalation of such adversity. Resilient individuals in various life spans possess the capacity to assert control and decision making processes in de-escalating or preventing adversity. Petros et al. (2013) and Bowes et al. (2013) discuss resilience as an important attribute in overcoming stress, depression, adversity, or enduring environmental and social risks and challenges into opportunities.

Furthermore, studies show resilience is a protective factor and that it could be developed in individuals; however, it can also be depleted through repeated unabated or unresolved stress, anxiety, or assault and lack of social support. We plan to develop, optimize and implement a "Hardiness, Resilience, and Social Support" care to a larger group of HIV+/AIDS farmers in our future study.

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## G 06 - Examples of Doctoral Education in Nursing

### Teaching EBP Strategies to Students in a Doctor of Nursing Practice Program

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#### Purpose

focused on teaching evidenced based practice (EBP) strategies to students in a Doctor of Nursing Practice (DNP) program. This session will describe a required core DNP course, which expands on foundational EBP concepts to refine a problem statement and derive a searchable and answerable clinical question toward an improvement project.

#### Target Audience

administrators, graduate faculty and DNP students.

#### Abstract

This session will focus on teaching evidenced based practice (EBP) strategies to students in a Doctor of Nursing Practice (DNP) program. Selected examples of teaching strategies used to teach EBP and improvement science in one selected DNP course will be included.

Sigma Theta Tau International continues to advocate for the use of evidence-based nursing (EBN). Professional nurses across the world are called to provide nursing care from an EBP approach. Rising health care cost and the need to improve practice and health outcomes are driving the current health care environment. Using the “best evidence available” with “nursing expertise” and “patient values and preferences”, can improve health outcomes and reduce healthcare spending.

The DNP is a practice focused doctorate designed to position nurse leaders to apply evidence-based knowledge to real practice problems. EBP from a perspective of improvement science can be used by the DNP to improve practice and health outcomes through the development and application of improvement models, tools, and techniques.

This session will describe a required core DNP course, which expands on foundational EBP concepts to refine a problem statement and derive a searchable and answerable clinical question toward an improvement project. Course assignments include problem identification and clinical question (PICOT) development, conducting a systematic review of the literature to guide the selection of methods, strategies, tools and metrics needed to complete a successful scholarly project and targeted strategies for disseminating evidence associated with scholarly projects.

Participants will see actual course content, objectives, and activities used by the faculty to advance students' understanding of practice improvement through the lens of EBP translation and strategies.

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## G 06 - Examples of Doctoral Education in Nursing

### Academic/Clinical Partnerships and the Team Approach to DNP Practice Improvement Projects

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#### Purpose

To describe the win-win situation of partnering with clinical agencies for Doctor of Nursing Practice (DNP) capstone projects, which focus on an improvement theme related to agency priorities.

#### Target Audience

Faculty and students from DNP programs, and manager, administrators and DNP prepared nurses from healthcare agencies

#### Abstract

This presentation will focus on the win-win situation of partnering with clinical agencies for DNP Capstone Projects and five necessary components of such an approach. First, the philosophical and academic approach to capstone projects at New York University is to mimic the evidence-based practice improvement (EBPI) culture that graduates will be expected to facilitate/lead upon graduation. There is a clear differentiation between research and EBPI, which will be delineated. Implementing this approach in practice necessitates partnering with clinical agencies for improvement efforts. Key is focusing on the themes for improvement identified by the clinical agency. Second, students are placed in clinical agencies where they are not employed in order to avoid conflicts of interest related to student vs. employee performance. Three, teams consist of 2 to 3 students, a faculty mentor from the University and clinical mentor from the agency where students are placed. Fourth, teams are configured at the beginning of the first semester of study so that there is sufficient time (2 ½ years) for students to conduct an in depth assessment and become integrated into the agency culture. Fifth, most courses in the DNP curriculum have assignments related to the capstone project so that course content is immediately applied to development, implementation, and evaluation of projects. The first cohort to experience this team approach is completing studies in December 2014 and so data on their experiences and projects will be available for presentation as well as their overall program evaluation data.

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## G 07 - How Can We Increase Patient Safety?

### Driving Patient Outcomes through Clinical Decision Support Systems and Nurse-Directed Protocols

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*Amy Glasofer, DrNP, MSN, BSN, RN, USA*

#### Purpose

to review findings of a mixed-method study examining the effect of a clinical decision support system (CDSS) on nurse-directed urinary catheter removal. Discussion will focus on qualitative findings suggesting that nurses' comfort with autonomy must be addressed to maximize the potential for nurse-directed protocols and CDSSs to impact patient outcomes.

#### Target Audience

The target audiences of this presentation are nurse leaders responsible for implementation of information systems and evidence-based practice changes.

#### Abstract

Background: Nurse-directed catheter removal protocols (NDCRPs) are a recommended strategy to promote prompt removal of unnecessary urinary catheters, thus reducing patient risk for catheter associated urinary tract infection (CAUTI). However, implementation of NDCRPs has not been widespread, and adoption of protocol recommendations is even lower. Clinical decision support systems (CDSSs) have the potential to improve patient outcomes by delivering evidence-based guidance to frontline nurses in the course of their workflow. This study explored the effect of a CDSS promoting NDCR on the rates of NDCR, CAUTI, and urinary catheter utilization at a mid-sized community hospital. Additionally, data from open-ended questionnaires and individual interviews were analyzed to understand why nurses might not remove a urinary catheter despite meeting NDCRP criteria, and factors limiting the impact of the CDSS.

Sample: patients with urinary catheters eligible for NDCR for 4 months before and 4 months after implementation of a CDSS linked to the protocol for NDCR (Phase 1 n=103, Phase 2 n=100); Nurses on inpatient units who responded to an open-ended questionnaire (n=30) and participated in validation of the analysis (n=7). Data Collection/Analysis: 1)Retrospective comparison of NDCR (chi-square analysis), CAUTI, and urinary catheter utilization rates (comparison of rates) before and after implementation of a CDSS linked to the NDCR protocol 2)Thematic analysis of open-ended questionnaire responses describing nurses' experiences with the protocol for NDCR, and CDSS.

Results: Implementation of the CDSS resulted in significantly increased NDCR (Phase 1=42%, Phase 2=76%,  $X^2=19.6$ ;  $df=1$ ,  $p<.001$ ) but no significant difference in catheter utilization rate (Phase 1=.26/patient day, Phase 2=.26/patient day;  $p=.953$ ) or CAUTI rate (Phase 1=.69/1,000 catheter days, Phase 2=.25/1,000 catheter days;  $p=.362$ ). Analysis of the open-ended responses resulted in identification of 3 main themes which both enhance and detract from the capacity of a NDCR protocol and CDSS to impact patient outcomes: (a) professional values with the subthemes of autonomy, accountability, and high-quality care; (b) avoidance of conflict in professional relationships; and (c) ease of workflow.

Discussion: This presentation will be concentrated on findings of the qualitative component of this study offering insight into why the protocol and CDSS did not result in improved patient outcomes. Specifically, discussion will focus on nurses' comfort with autonomy granted by nurse-directed protocols and how this may limit the efficacy of such protocols. In this qualitative sample, half of respondents commented that they were not comfortable to remove the catheter without minimally consulting with the provider, or even having a provider order. The discomfort seemed to stem from the overriding belief that nurses need an order for everything, despite knowledge of the standing protocol. Additionally, there was fear that a catheter would have to be re-inserted in which case the patient or physician might be angry with them. While other research has indicated that discomfort with autonomy may be a limiting factor in

nurse-directed protocols, this study generates an understanding of the underlying issues. The discussion will offer recommendations for addressing the culture of safety to promote nurse autonomy in order to increase adoption of evidence-based practice and improve patient outcomes.

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## G 07 - How Can We Increase Patient Safety?

### Safety Auditing as a Nursing Accountability Measure for Hospital Fall Prevention

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#### Purpose

To decrease our hospital's inpatient fall rates below the accepted benchmark by ensuring intervention compliance and adherence by all staff.

#### Target Audience

The target audience of this presentation is clinical staff who work with patients and have a desire to prevent inpatient falls.

#### Abstract

Preventing falls is important to patient safety. Despite 15 years of focused, evidence-based efforts our hospital was not consistently reducing falls to desired benchmarks. Decreasing falls through a sustainable culture change where healthcare providers are held accountable for intervention compliance was instituted. Institution of a baseline then quarterly Safety Audits by Fall Unit Peer Leaders in every hospital area. The Safety Audit Form is a visual representation of evidence and hospital policy based intervention requirements based on a patient's Fall Risk Assessment Score. The Safety Audits were performed from the Form and afforded direct remediation and correction of staff shortcomings in fall prevention by the unit peer leader immediately, increasing knowledge and awareness of all staff. At timed intervals Unit Fall Peer Leaders (UFPL) audit their units and turn in the Safety Audit Form to one of the hospital's Fall Committee Co-Chairs for Audit Evaluation. Audit Evaluations were compiled and returned to the UFPL and manager that day for sharing with unit staff and development of action plans to correct issues and knowledge deficits in real time. Audit results were shared at Fall Committee meetings, Risk and Quality Committee meetings, and Shared Leadership meetings to address compliance and accountability by all hospital staff. There were 8 fall prevention interventions that were routinely audited. From baseline to most recent audit (July 2014) each area showed a percent increase in compliance. In Critical Care areas there was an 81% increase in compliance with correct documentation, 48% increase in compliance with bed in lowest position, and 171% increase in bed/chair alarm compliance. In Floor Areas there was a 50% increase in compliance with correct documentation, 20% increase in compliance with having non-skid footwear available, and 33% increase in bed/chair alarm compliance. Within the first three months of Safety Audit institution falls decreased from 3.41 to 3.05 falls/1000 patient days. The overall annual benchmark goal of 3.17 falls/1000 patient days was achieved. Fall rates continued to decrease; at the 11-month mark post culture change the average was 2.76 falls/1000 patient days. Fall prevention is important for patient safety and satisfaction. Our hospital needed a sustainable culture change to ensure patient safety and reduce patient fall rates. Safety Audits as part of a culture change and as an accountability measure has proven a marked increase in intervention compliance and decrease of hospital fall rates.

#### References

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## G 07 - How Can We Increase Patient Safety?

### Improving Transitions of Care with Bedside Report

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*Joshua S. Lehmer, MSN, RN, CNL, PHN, USA*

#### Purpose

The purpose of this presentation is to outline the results of a Clinical Nurse Leader project to increase the consistency of bedside reporting at change-of-shift to improve patient safety, staff satisfaction, and protect financial assets of a Northern California acute care hospital.

#### Target Audience

The target audience of this presentation is the inpatient and outpatient registered nurse, nurse management and financial officer, and quality improvement staff.

#### Abstract

The goal of this project was to improve consistency of bedside reporting (BsR) at change-of-shift on a 34 bed Medical-Surgical unit of a prestigious Northern California acute care hospital. Through unit microsystem assessment and interviews with key stakeholders, it was determined there were three root causes implicated in decreased BsR consistency; the first cause concerned an aspect of the microsystem's physical workflow that did not support BsR, the second cause concerned negative staff habits that impeded BsR as perpetuated by certain negative RN perceptions of BsR, and the final cause concerned a lack of BsR accountability. These foundational weaknesses were respectively confronted with evidence-based interventions encompassing (a) a physical workflow modification recommended to unit management; (b) using staff meetings to address certain negative RN perceptions of BsR using specific, positive BsR knowledge already possessed by staff; (c) creation of a network-based BsR digital resource folder to reinforce these BsR specifics; (d) establishment of an accountability system with motivations to foster development of all RNs into BsR champions. Post-intervention assessment showed an average BsR consistency improvement of 22.2 percent with largely positive RN perceptions of BsR. Extended success of the project would conceivably improve patient satisfaction ratings, decrease nursing overtime expense, and avoid potential litigation, thereby positively impacting hospital financial yields for a period of at least six months.

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## G 08 - Evidence-Based Practices to Promote Quality of Life in Patients with Chronic Diseases

### The Impact of Peritoneal Dialysis on the Family Life of Children with Chronic Kidney Disease

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*Alexandra Lameirinhas, RN, England*

*Ana Margarida Silva, RN, Portugal*

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#### Purpose

Identifying the difficulties felt by the parents/care providers, while taking care of the child on peritoneal dialysis, and the strategies adopted by nurses to minimize these difficulties.

#### Target Audience

Paediatrics Nurses and General Nurses from the clinical practice who work with children with chronic kidney disease and their families.

#### Abstract

Background: Children with chronic kidney disease and their families have to deal, on a daily basis, with various medical procedures and a life of uncertainty. Renal replacement therapy with dialysis and kidney transplantation made survival possible, but caring for these children is complex, with a great impact on family's well-being and life quality.

Aim: Identifying the difficulties felt by the parents/care providers, while taking care of the child on peritoneal dialysis, and the strategies adopted by nurses to minimize these difficulties.

Method/design: Systematic review of literature without meta-analysis study carried through an on-line literature research from different search engines and databases. 7 articles were selected to build up the research sample: 5 from MEDLINE with Full Text and 2 from CINHALL Plus with Full Text.

Results: The family dynamics is negatively affected by the changes imposed from the disease. Parents and particularly the mothers are the main care providers for these children and the greatest difficulties mentioned are maintaining a steady employment and the financial constraints regarding the unemployment status and the increased costs of looking after a peritoneal dialysis dependent child. Although none of these articles focus on results from the implementation of specific nurse interventions, they suggest that the nurse's role is to identify the family's main difficulties, to facilitate the adaptation process and to develop interventions that promote the family's biological, emotional, physical and spiritual well-being.

Conclusion: Taking care of a child on peritoneal dialysis affects adversely the family unit, specially the main care provider. The changes imposed are significant and require constant adaptations on the daily routines. It is highlight the significance of the nurse's role on supporting and promoting these families well-being but further studies shall be developed to measure the efficacy of the suggested nursing interventions.

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## G 08 - Evidence-Based Practices to Promote Quality of Life in Patients with Chronic Diseases

### Changing the Behavior of the Caribbean Immigrants in Toronto

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*Khelesh Persaud, PhD, MSN, BSN, RN, Canada*

#### Purpose

The purpose of this study was to evaluate the efficacy of the Canadian diabetes health education program in changing the behavior of Caribbean immigrants in Toronto with Type 2 diabetes using the health belief model. This quasiexperimental study shows there is an overwhelming desire for culturally-sensitive diabetes self-management education

#### Target Audience

The target audience of this presentation is practitioners and educators who are treating Caribbean immigrants with Type 2 diabetes and academic researchers wanting to improve the quality of life, self-care, knowledge and understanding of disease process by creating evidence for the inclusion of culturally sensitive education tailored to diabetic population.

#### Abstract

The purpose of this study was to evaluate the efficacy of the Canadian diabetes health education program in changing the behavior of Caribbean immigrants in Toronto with Type 2 diabetes using the health belief model. There is limited information in the literature about this topic. Previous studies conducted on the Caribbean population's Type 2 diabetics did not include sufficient educational information to meet the needs of the Caribbean people to decrease further health complications. This quasiexperimental study built upon existing research that suggested there is an overwhelming desire for culturally- sensitive diabetes self-management education. The sample consisted of 128 adults between the ages of 35 to 60 years with a history of Type 2 diabetes in the Scarborough community in Toronto. Participants were randomly assigned to the intervention or control groups by recruitment number to assess the effect of education using a pretest and posttest design. Data were analyzed via t tests, which showed significant differences between the intervention and control groups. The implications for social change included practitioners working with the Caribbean immigrant population for the reduction of total national health care expenditures through improved diabetes health care education, particularly in handling culturally-specific cases. Providing culturally-tailored education to the diabetic Type 2 population will not only decrease acute and chronic complications but will also promote a better quality of life, self-care, knowledge, and understanding of the disease process.

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## H 06 - Educating Nurses Online

### A Transformative Model of Caring and Quality in Online Nursing Education

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*Tara Lynn Spalla, PhD, RN, USA*

#### Purpose

The purpose of this presentation is to explore the impact for faculty and nursing students when caring and quality intentionally intersect in online education. Current evidence will be shared that underpins this work to identify best practices in online education.

#### Target Audience

This presentation is designed for the nurse educator who desires to transform the online classroom into a place of caring and high quality for both educators and students alike.

#### Abstract

With the surge in online education and the growing numbers of faculty teaching nursing courses online across the globe, the ways of knowing and enacting online caring and quality need to be identified, explored, and defined. Learning to create high quality, excellent online courses can be considered part of caring within the curriculum. Both faculty and students can be assured of excellence in the teaching/learning process by utilizing a model combining the culture of caring and quality in online nursing education.

One of the indicators of quality in online education is peer review of individual courses with the Quality Matters™ (QM) Rubric that is evidence-based. It is different and distinct from other benchmarking in higher education and online education because it is situated from the lens of the student. This willingness to look at the online educational environment from the vantage point of students can be considered a caring action directed at providing excellent online education. The other quality indicator used for the model is the Online Learning Consortium, formerly Sloan-C, a premier online learning society dedicated to providing quality in all aspects of online learning. A new model created through synthesizing the concepts of caring and quality to transform online nursing education will be presented. This intersection of caring and quality leads to improved outcomes for both students and faculty.

Examples of strategies used to foster a caring and quality online environment include: new student online orientation, online faculty orientation, online faculty mentoring program, and personal student advisement utilizing technology to reduce the geographic distance between students and advisors. In the Online RN-BSN Completion Program, online faculty members demonstrate caring and quality by developing and following academic policies created specifically for the working nurse, as well as utilizing multiple strategies to engage distance students and promote success.

Strategically planning online excellence for all learners has international implications. Examples of strategies include using face-to-face real time web-chats so that teachers and learners can see body language, hear voice tone and inflection; integration of international literature within learning modules demonstrating value of multiple perspectives; flexible deadlines in assignments; academic support strategies to meet individual student needs; and nurse educator leadership to model and promote a positive and respectful learning environment for all.

The outcomes from using this “Transformative Model of Caring and Quality in Online Nursing Education” include the following: learning, growth and development; reciprocal connection; student and faculty satisfaction; increased student retention rate; increased student completion rate; and decreased time to graduation.

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## H 06 - Educating Nurses Online

### Civility 101 in the Online Classroom: De-Stress for Student Success

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#### Purpose

The purpose of this presentation is to describe the use of focused strategies that promote civil and supportive behaviors in the online classroom. As online students bring civil and supportive behaviors learned in the classroom to the workplace, practice and education can be transformed regionally and globally.

#### Target Audience

The target audience of this presentation is faculty and administrators involved with online education.

#### Abstract

**Problem/Background** Online learning opportunities are expanding rapidly in higher education, but are often accompanied by pedagogical and technological challenges that create stress for both faculty and students. Without proper management of online stressful challenges, rising stress levels have the potential to deteriorate into uncivil behaviors that can easily have a negative impact on student success.

Currently available best-practice guidelines for online education provide general guidance regarding the development and management of the online classroom. However, it is often necessary to consider institution-specific data along with best practice guidelines in order to develop focused, instead of general, strategies for managing the stressful challenges inherent in online education. With the rapid expansion of online programs across the nation, focused strategies will allow faculty and administrators to more effectively manage those challenges that may lead to uncivil behaviors and interfere with student success.

Students bring behaviors they learn in the classroom into the workplace. As students carry civil and supportive behaviors learned in the online classroom to the workplace, they have the potential to transform practice and education both regionally and globally.

**Objective** The qualitative results of the Incivility in Online Learning Environment (IOLE) survey<sup>®</sup> (Clark, 2012) at UTEP School of Nursing were used to gain an understanding of faculty and student perceptions regarding the greatest challenges to online learning.

**Methods** The Incivility in Online Learning Environment (IOLE) survey (Clark, 2012) is a descriptive tool that measures perceptions and frequencies of uncivil behaviors by faculty and students in the online learning environment (OLE), perceptions surrounding challenges and advantages in the OLE, and ideas for promoting civility in the OLE. After IRB approval, a link to the consent form and the self-administered IOLE- 45 item survey was sent by email to all UTEP School of Nursing faculty, graduate nursing students and RN-BSN students. Data was analyzed using descriptive statistical analysis for frequency of responses for faculty and students using SPSS software. Qualitative description was used to analyze the narrative responses to the qualitative questions.

**Results** The survey was completed by 100 participants (Faculty (n=23) and students (n=67)). For students, the most common stressful challenges for students were related to faculty response time, lack of clarity, and group work issues. For faculty, the most common stressful challenges included creating a sense of community and supportive learning environment, lack of face to face time to address issues, and the intense time commitment and constant attention to online courses.



**Implications/Application to Educational Practice** Using the Education Evidence Interaction Framework, examples of adapting best practices and research evidence to the local setting will be discussed. By effectively managing challenges, stress levels and potential uncivil behaviors may decrease, resulting in increased chances for student success. Through both University and School of Nursing sponsored orientation and faculty development programs, faculty are being educated regarding focused strategies for managing the challenges related to online learning.

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## H 06 - Educating Nurses Online

### Designing 3D Virtual Simulations in Nursing Education: The Rest of the Story

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*Karen R. Whitham, MSN, MS, RN, CNE, USA*

#### Purpose

The purpose of this presentation is discuss the design, development, implementation, and evaluation of 3D virtual simulations in undergraduate and graduate nursing education. The focus of the presentation will be on use of metrics to assess the effectiveness of internally developed and externally purchased simulations used within one nursing program.

#### Target Audience

The target audience of this presentation is undergraduate and graduate nursing faculty, academic nursing leaders, simulation and assessment coordinators of nursing programs.

#### Abstract

The changing landscape of academia with tightening clinical access for nursing students has led to innovation in nursing programs worldwide. One form of innovation has been the development of virtual simulations for both undergraduate and graduate nursing students. In addition, nursing education continues to transform to greater online and hybrid classroom formats from the traditional face-to-face classroom environment.

Designing innovative and engaging classroom and practice experiences for nursing students to meet this changing landscape was achieved through the development of five virtual simulation learning experiences. Undergraduate and graduate nursing students experience virtual simulations within the classroom. 3D virtual learning simulations were designed to meet student practice experiences in community health, leadership and management, and health assessment. Ongoing design work is supporting nursing student exploration of nursing theory and research in a virtual nursing museum. In addition, virtual simulation bots (a) support the student services experience, and (b) the students' academic learning experience.

All of these virtual simulations, except the health assessment simulation, were designed and built by the University's interprofessional group of committed academicians, instructional designers, and 3D virtual world multi-player, multi-user simulation experts. The goal was to create immersive and realistic simulation experiences for nursing students in a private and secure academic learning environment. Each new virtual simulation was imagined, designed, developed, beta tested and then introduced into the online classroom. Following initial classroom launch, metrics have been gathered to continuously improve the student learning outcomes and faculty experience.

Student and faculty feedback and course metrics assess the effectiveness of developing and implementing virtual simulations for use in nursing education. Pre and post – assessments within courses provide measurement information to support continued use of these various virtual simulations. Finally, use of metrics provide data to support changes within the 3D worlds and course designs to improve course delivery and learning outcomes.

Benefits of virtual simulation achieved include innovation in the nursing curriculum with value added learning for nursing students. Students are able to meet practice experience requirements with expanded flexibility via the virtual simulations. Each student has access to the simulated environment 24 hours a day, seven days a week, with requisite technical support. The virtual environment, hosted by the University is private and, therefore, a personally safe learning environment for students and faculty.

All virtual practice experiences are logged in real time using the student's name. Each student has a unique login and password protected access. These accesses are logged such that the faculty of record

is able to assess time in location, repeated attempts to competency, and assess or compare student documentation to student interaction in the 3D virtual world. As these learning experiences are real time during the enrolled course, students' ability to fabricate practice experiences are minimized.

This session will conclude with next steps in the design, use, and evaluation of 3D virtual simulations in online education. Discussion topics will include use of formative and summative assessments within virtual simulations; and use of assessments to document achievement of program learning outcomes.

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## H 07 - Evidence-Based Strategies to Provide Quality Care

### Continence Behavioral Rehabilitation Program

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*Audrey Cochran, MSN, RN, GCNS-BC, USA*

#### Purpose

The purpose of this presentation is to explore the public health and economic impact of the stigma surrounding lack of bladder control. Biofeedback and non-pharmacologic strategies will be presented and practiced.

#### Target Audience

The target audience of this presentation is nurses caring for older adults, primary care nurses, and rehabilitation nurses.

#### Abstract

This presentation will discuss the public health impact and the economic costs of ineffective management of bladder control. Participants will learn strategies to teach bladder and bowel control; evaluation, analysis, and plan of treatment for a continence behavioral rehabilitation program; and have the opportunity for a demonstration and practice of pelvic floor exercises. Additional nursing implications for the presentation include developing a sensitivity to urinary incontinence to earn and maintain patient trust.

#### References

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## H 07 - Evidence-Based Strategies to Provide Quality Care

### A State School Nurse Initiative that Could Transform Healthcare Globally

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*Paul D. Loprinzi, PhD, MS, BS, USA*

#### Purpose

to describe a state-wide initiative that would culminate in legislation mandating nurses in all Kentucky schools. With stakeholder involvement including nursing educators, nursing organizations, the department of education, the public health department, and youth advocates, data was compiled, and strategies devised, for providing support of population health beginning in childhood.

#### Target Audience

any person interested in delivering population health, using the school system model - nurses, teachers, counselors, administrators - integrating health care initiatives, disease prevention, well child checks at the onset of a child's education.

#### Abstract

The long-range purpose of this project is to legislate school nurses in all Kentucky public schools. The short-range outcomes are to provide data supporting the value of the school nurse, suggest models for funding the school nurse, and provide strategies for garnering support among all stakeholders. National data suggest that school nurses decrease absenteeism and increase graduation rates, important motivators for mandated legislation. A state-wide initiative that involved youth advocates, nursing organizations, the state department of education, and county health departments, surveyed the school nurses to determine which counties had school nurses. A follow-up IRB-approved project involved a telephone survey to determine the numbers of schools that had employed a nurse over the past five years and those that had not. Graduation rates, ACT scores, and absenteeism for schools with full time nurses were compared to those schools with no access to a nurse. Findings noted that 42.3% of Kentucky schools had a full time nurse. When compared to schools without access to a full time nurse, those with daily nurses had a significantly lower absence rate (6.3 vs. 6.8, with a p value of 0.05). Graduation rates were also higher in the schools with access to a daily nurse (83 vs. 78%, with a value of 0.0002). There was no significant difference in ACT scores for the two comparison groups. The next phase in supporting the value of school nurses will be to provide data related to chronic condition outcomes, as well as measures for health and wellness outcomes. Research related to alternative methods for funding school nurses, especially as the Accountable Care Act has emphasized the importance of health promotion and disease prevention, will be presented to the legislators.

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## H 07 - Evidence-Based Strategies to Provide Quality Care

### Searching for Clinical Guidelines, Algorithms, and Mixed Methods Studies: What's Wrong with PICO?

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*Janice M. Jones, PhD, RN, CNS, USA*

#### Purpose

The purpose of this presentation is to suggest methods of EBP retrieval using a non-PICO format most appropriate to the clinical issue, study design, and level of the student or practicing clinician. The tendency to default to PICO may result in difficulty locating guidelines and algorithms for specific patient populations.

#### Target Audience

Nurse clinicians, nursing students, and nurse educators who teach or engage in the retrieval of or monitor the process of locating evidence-based practices.

#### Abstract

**Background Information:** The Population-Intervention-Comparison-Outcome (PICO) format has often been promoted in nursing as the best method to formulate a clinical question in seeking evidence-based practices for specific patient problems and populations. Although helpful in determining best interventions based on quantitative research, the PICO format less readily lends itself in projects or papers involving quality improvement, the search for clinical guidelines or algorithms, mixed methods studies or qualitative research. The PICO framework also assumes the comparison of two interventions rather than three or four.

**Description:** PICO questions should be well defined with specific populations described, focused interventions with their comparative groups, and the outcomes of interest. Interventions are compared with either an active or inactive control intervention (Cochrane, 2011). No treatment is an example of an inactive control intervention. Comparison of meditation compared to no meditation as a method of lowering blood pressure would be an example of inactive control. An active control measure would be the comparison of interventions, for example, the use of meditation compared to yoga as blood pressure reduction interventions. The PICO framework also assumes the comparison of two interventions rather than three or four. Continuing with this example, how effective is meditation compared to yoga compared to prayer. A three or more comparison group is rarely found in most evidence-based practice textbooks or the nursing literature when it may very well be an appropriate format in initial attempts to locate evidence.

Huang and colleagues (2006) identified several challenges in using the PICO structure format. They discuss the difficulty in representing some clinical questions using a PICO framework. The practice that a well focused clinical question using well-articulated PICO elements is the sole key to efficiently locating high-quality evidence and also central to making evidence-based clinical decisions is debated. Clinical questions that are focused with known interventions and a clear outcome lend themselves best to the PICO format. They argue that the PICO question framework appears to be best suited for therapy or intervention clinical questions that are focused or specific in nature. In support of PICO, specific components of this framework do provide the key word search strategy that can yield more precise results when used correctly and appropriately. However, a different search strategy must be used in order to locate various forms of research and evidence-based clinical practices.

To date, evidence-based guidelines are becoming more prolific in the literature. Guidelines are generally comprised of a variety of evidence-based resources. These may include meta-analyses, randomized controlled trials, and experimental and quasi experimental studies. These guidelines are published by notable medical and nursing organizations such as the American Heart Association, Society for Gastroenterologists and the American Association of Critical Care Nursing and provide a high level of evidence as they form the basis of total patient care for a specific practice or disease entity. The PICO format may lend itself to one or two aspects of these guidelines but may not address the guidelines in

total. Therefore, valuable evidence may be lost in the search process unless one is already aware that such guidelines exist. Evidence-based bundles and algorithms are increasingly used in clinical settings where appropriate. These comprise evidence-based practices that are bundled together to assist in the decision making process. Bundles such as that for ventilator-associated pneumonia are the gold standard in caring for patients on mechanical ventilation. Medication algorithms for the initiation and maintenance of glucose control are now considered evidence-based standard practice. The initiation, diagnosis, and management of acute coronary syndrome and stroke are other examples of lengthy evidence-based guidelines found in the literature and online. A search strategy for the location of such guidelines and algorithms will be proposed in the presentation.

Although the PICO format may be modified to include qualitative research, other formats such as Sample-Phenomenon of Interest-Design-Evaluation-Research Type (SPIDER) as proposed by Cooke, Smith & Booth (Qualitative Health Research, 2012) are being published. The authors devised the SPIDER method to better ascertain metasynthesis studies and mixed methods studies which are difficult to find under the PICO format. Specific search strategies for qualitative studies will be discussed in the presentation as well as how mixed methods studies may be located.

Students or practicing nurses initially learning the evidence-based retrieval process may find that the PICO framework is best suited to understanding this process and its basic premise. Once the student or nurse has enough background information or has an understanding of guidelines and algorithms, then the search strategy may need to change in order to locate evidence-based bundles, guidelines, and algorithms. These summarized evidence-based practices are often included in the electronic medical record for purposes of implementation and documentation and also in the computerized provide order entry. Implementation of the bundle or algorithm may then also be monitored and assessed as aggregate data for various reporting organizations and quality improvement or quality control.

Summary Recommendations: Leveling of the evidence-based process within the undergraduate curriculum should occur as the student advances from specific patient care to a population of care for patients with common clinical problems. It is debatable whether clinically-focused Undergraduate and Masters' level projects or papers and clinicians new to the evidence-based retrieval process should first focus on the search process for evidence-based guidelines and algorithms which are considered filtered sources of evidence. Or should the PICO approach initially serve this purpose? A non-PICO approach may be best suited for advanced practice nurses responsible for diagnosing and treating patients in the in-patient or out-patient setting. If a guideline or algorithm cannot be located via the traditional search process, then the use of the PICO format would be more appropriate in locating evidence-based practices and answering clinical questions.

The pros and cons for using the PICO format for clinically-focused papers and projects will be presented along with exemplars. Alternatives to PICO will be used as a focus for discussion. It is important for both educators and clinicians to recognize when the PICO format is the appropriate tool to use when searching for research studies and evidence-based practices and to recognize that other search strategies may need to be utilized and/or developed to account for other sources of evidence. Nurse educators and clinicians, along with professional librarians who have expertise in the literature retrieval process, may well develop different retrieval formats for evidence-base practices in the future.

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## H 08 - Education Strategies in Undergraduate Nursing

### Impact of Multicontextual Teaching/Learning on Minority BSN Student Engagement: A Qualitative Research Study

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#### Purpose

To examine the impact of using multi-contextual teaching/learning on minority pre-licensure nursing students and to provide methods for adopting this pedagogy. Qualitative research outcomes utilizing multi-contextual pedagogy will be discussed.

#### Target Audience

The nurse educator who wishes to increase minority student engagement, self-efficacy, and appreciation of student-centered pedagogy.

#### Abstract

Lack of diversity among nursing and student nursing populations is not a new issue. As early as 2004, the Sullivan Report called on the healthcare professions to increase the number of minorities within the ranks. Many healthcare professions, including nursing, answered this call by focusing efforts on increased minority student recruitment. However, despite the increased focus on recruitment, numbers of ethnically diverse healthcare professionals still remain low. Statistics provided by the Budden, Zhong, Moulton, and Cimiotti (2013) indicated that only 19 percent of registered nurses were of a racial or ethnic background. In light of the continued lack of diversity within the ranks of the registered nursing population, the National League for Nursing (2009) cited the measurement of academic outcomes of diverse nursing student populations as a priority research area.

Despite attempts to increase enrollment of minority nursing students, retention while in the traditional pre-licensure nursing programs remains a problem. Increased rates of minority student attrition have been attributed to several factors. Multiple research studies that cite lack of academic preparation as a key factor contributing to increased rates of attrition among minority (Martinez, Sher, Krull, & Wood, 2009; The Sullivan Commission, 2004). Additionally, researchers from Brown and Marshall (2008) noted poor test taking skills caused increased levels of attrition among minority baccalaureate nursing students. Lofton, Newman, Dumas, Gilden, and Bond (2012) reported that a lack of consistent documentation regarding attrition rates and that some have estimated attrition rates for minority nursing students to as high as 85%. Clearly, the learning needs of minority baccalaureate degree nursing students are not being met. It is evident that nursing educators need to focus more on retention strategies for minority student populations.

One method of increasing minority student retention is a shift in pedagogical approach away from the traditional nursing education of low-context pedagogy: reading assignments, lectures, and examinations. This approach may not meet the needs of minority student populations (Bednarz, Schim, & Doorenbos, 2010). Research conducted by Giddens (2008) cited that the creation of a student-centered pedagogy based on Ibarra's Theory of Multi-Contextual Learning may be one means of addressing minority student retention. This theory purports that the incongruence between student learning preferences and faculty teaching methods is problematic. Students from diverse cultural backgrounds typically prefer high-context learning environments, such as telling stories, using case studies and simulation, and opportunities to learn together in groups.

A qualitative study was designed to assess minority students' perceptions of learning in a multi-contextual teaching/learning environment. Minority was defined as someone who is a member of an ethnic or racial minority group and enrolled in a baccalaureate program of nursing. The study took place in a single-purpose, private, Catholic nursing college in a single academic semester. Appropriate IRB approvals were obtained. Six minority students were recruited and completed a semi-structured interview of their perceptions of the multi-contextual teaching/learning environment. Some of the qualitative data themes



arising from the student interviews were: (1) preference for group work, (2) appreciation of personalized, student-centered, active teaching/learning strategies, and (3) preference for rapid application of knowledge. This data points to the positive impact of multi-contextual teaching/learning environments on pre-licensure minority nursing student perceptions of learning.

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## H 08 - Education Strategies in Undergraduate Nursing

### A Baccalaureate Weekend Program: Teaching/Learning Strategies

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*Susan Sheriff, PhD, RN, CNE, USA*

#### Purpose

Describe teaching/learning strategies of a weekend/online baccalaureate nursing program.

#### Target Audience

The target audience of this presentation is nursing faculty members and nursing administrators of baccalaureate nursing programs.

#### Abstract

One of the most pressing problems facing health care today is the current and future nursing shortage. Texas Woman's University (TWU) has developed a model to reinvent nursing education through offering baccalaureate nursing education via a weekend/online program to individuals who already have earned a non-nursing baccalaureate degree. The innovative partnership between TWU and the hospital practice partners offers a six semester (including summers) upper division nursing program to individuals with a baccalaureate degree in another discipline. All didactic courses are offered via distance education with 100% of course content online. Clinical nursing courses are offered on weekends and the TWU nursing professors teach the didactic portion of the course on Friday evenings. Clinical experiences are offered at the partnership hospitals on Saturdays and Sundays with nurses functioning as clinical associates to preceptor the students.

The goals of this project were to increase the number of registered nurses available for employment in Texas. The Texas Higher Education Coordinating Board awarded TWU \$330,000 to implement this new program. Twenty students were admitted in May 2008 and completed the Weekend/Online Nursing Program May 2010. The program was further expanded when TWU received a \$744,422 Health Resources and Service Administration (HRSA) grant to expand the program over three years from 7/1/2010 through 6/30/2013. A one-year extension was given so that the program ended June 30, 2014. There were a total of 77 graduates from the program and currently 31 new students are beginning the program September (fall) 2014. The program is now funded by Texas Woman's University (TWU).

This project offers three unique purposes for the future of nursing education:

1. Create and implement an innovative model for undergraduate nursing education through distance education and weekend scheduling to increase nursing school enrollment with emphasis on recruitment of racial and ethnic minority students and students from underserved areas.
2. Develop partnerships between a nursing program and health care organizations that would provide nursing students opportunities to serve vulnerable underserved populations in the clinical setting.
3. Provide didactic nursing courses 100% online and schedule clinical experiences on weekends to extend educational opportunities for disadvantaged, unemployed, and underemployed citizens to achieve a baccalaureate nursing degree.

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## H 08 - Education Strategies in Undergraduate Nursing

### Teaching Undergraduate Nursing Students: An Innovative Approach to Answering Clinical Questions Utilizing Current Evidence-Based Practice

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*Judith Carrion, EdD, MSN/Ed, MSHS, RN, RN-BC, CRRN, USA*

#### Purpose

The purpose of the presentation is to share lessons learned during the re-design of an undergraduate nursing research course. The course redevelopment used traditional activities, levels of evidence based practice, and unique learning activities to teach research concepts. The motivation for the re-development was related to past course evaluations.

#### Target Audience

The target audience of this presentation is nurse educators, students, administrators of both hospital based and community health care services.

#### Abstract

Teaching Undergraduate Nursing Students: An Innovative Approach to Answering Clinical Questions Utilizing Current Evidence Based Practice

We were challenged with the redevelopment of a 3 credit undergraduate nursing research course into a two week time frame. This approach was supported by the University's block curriculum based on mastery content learning. The course redevelopment used traditional learning activities, levels of evidence based practice, and unique learning activities to teach research concepts. A primary motivation for the re-development of this course was students past evaluations of the overall relevance of the course to "real" nursing.

The re-design of this research course enabled students to develop research skills through the generation of their own research questions based on clinical experiences. The use of evidence based practice was taught through a systematic review process. This pedagogical approach is supported by a number of organizations and accrediting bodies that assert, professional nursing practice be grounded in research that will ultimately impact patient outcomes and ensure the delivery of safe care.

An important feature to this course included collaborative learning. Students worked in groups to develop a unique PICO question (population, intervention, comparison, and outcomes). This included critically appraising and synthesizing the current literature related to the PICO question.

Our strategies challenged the nursing students to apply research concepts to further explore and elucidate solutions to clinical concerns experienced in the care setting. These innovative strategies included: collaborative learning and group work; the generation of a unique PICO clinical question; orientation to various search strategies provided by a library expert; a student activity entitled "what is in the box"; attendance at a research center where current health related studies were in progress; a professional poster presentation, and other creative presentation methods.

Significant outcomes that supported the changes and innovative strategies used in this course, was validated in the students' end of course evaluations. Overall the evaluation results were very positive. The curricular redevelopment of this course proved to be successful for undergraduate students.

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## H 09 - Transforming Professional Practice through Evidence

### Evaluation of an Athletics Model to Develop Values for Professional Practice

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*Karen Beckstedt Montoya, MS, RN, USA*

#### Purpose

This presentation describes an athletics-inspired professional values education program for nursing students at the University of Cincinnati. The theoretical framework for this athletics model includes team-based learning and behavior-modeling techniques. The presentation will describe the current research study of the program and preliminary results of this innovative athletics-inspired approach.

#### Target Audience

The target audience of this presentation is baccalaureate nurse educators and hospital administrators with an interest in strategies that influence professionalism among new nurse graduate hires.

#### Abstract

**Purpose:** The American Association of Colleges of Nursing (AACN) has identified values and ethics as a competency for interprofessional collaborative practice and the education of baccalaureate nursing students. Yet the abstract nature of values and the lack of emphasis and example in modern culture make professionalism education in nursing very challenging. Students must learn to demonstrate values that are essential for effective coordination of care, improved patient outcomes, and for continued representation as the nation's most trusted profession. This research study, currently in progress, describes an innovative athletics-inspired approach to the professional values development of baccalaureate nursing students through a combination of team-based learning and behavior modeling techniques. This strategy has been in practice for four years at the University of Cincinnati with positive preliminary evaluation data but requires a more sufficient measure of the effectiveness of this educational approach. This study seeks to determine if an athletics model approach to professional values education in nursing affects the development of professional values in the baccalaureate nursing student as measured by the Healthcare Selection Inventory tool and to evaluate student satisfaction with this professional values education approach. This study will contribute further to knowledge regarding the effectiveness of teaching strategies for professional values development and lays the foundation for future research describing the long term effects of professional values education upon the post-graduate baccalaureate student in terms of performance, healthcare team collaboration, retention, and transition to practice.

**Methods:** While preliminary evaluations of student and faculty perceptions of the PVPN have been positive, they do not provide a sufficient measure of the effectiveness of this approach to professional values education. A tool designed to measure individually held values and associated behaviors is needed to measure outcomes of the program. **The Healthcare Selection Inventory** (HealthcareSource, 2012) is a behavioral-based survey tool designed to identify values that healthcare organizations have deemed critical to successful job performance and patient care. The Healthcare Selection Inventory uses a nursing norms scale addressing a series of values (work ethic, energy, teamwork, patient focus, compassion, adaptability, multi-tasking, valuing diversity, openness to learning) closely aligned with the goal values of the PVPN. The Healthcare Selection Inventory has been designed to tap into the set of Big Five personality constructs, which have been shown to be related to job performance. The Big Five personality dimensions provide a solid framework for testing hypotheses relating personality to job performance (Barrick & Mount, 1991; Hertz & Donovan, 2000). HealthcareSource also utilizes a framework based on critical values and nursing competencies identified by healthcare organizations for assessing job performance one year post-hire. Such an assessment would lend itself to future research related to the long term effects of professional values education upon graduate nurse behavior and performance of patient care.

This study will employ a pre-post test design. The Healthcare Selection Inventory tool was administered to participating incoming sophomore nursing students at the start of the fall semester of 2013 prior to introduction to the PVPN intervention. The PVPN is implemented with all nursing students on a voluntary participation basis as has been the custom. The Healthcare Selection Inventory tool will then be administered at the end of the sophomore year, following spring semester 2014 and again at the end of the junior year following spring semester 2015.

**Results: Preliminary Data:** Prior to implementation of the research study, preliminary outcomes data were obtained following determination by the University of Cincinnati Institutional Review Board that this educational strategy and evaluation did not constitute human subject research. An investigator-developed evaluation tool was administered to the sophomore students following one full academic year of exposure to the Professional Values Program for Nursing. Forty-four students responded for a response rate of 92%. The survey consisted of five Likert scale questions. Content validity of the tool was established by having three faculty and content experts evaluate the survey. The items were determined to be both clear and relevant with all items but one scoring very clear and very relevant. One item, This program increased my potential for success in the College of Nursing, was determined to be somewhat relevant.

The majority of students (84 to 88 percent) agreed or strongly agreed that the program improved their understanding of the expectations of the college of nursing related to professional behaviors, enabled them to better recognize professional behavior in themselves and others, and improved their ability to work as a team. Eighty percent of students agreed or strongly agreed that the program increased their potential for success in the college of nursing or could help them succeed in the workplace following graduation.

Five faculty and educational staff members were administered a five point Likert scale tool for program evaluation following two terms of experience with classes at the sophomore level. Faculty and staff identified improved ability to work as a team and improved potential for success in the BSN program as the two greatest strengths of the PVPN followed by increased student engagement, professional communication, and improved compliance with professional behaviors. The Professional Values Program for Nursing was offered to students as a voluntary experience, with no effect upon course grade, yet one hundred percent participation was elicited. There have now been seven academic terms of experience with the PVPN program with a total of 155 sophomore and junior level students participating.

**Conclusion:** Preliminary outcomes related to this program have been positive. The initial round of pre-intervention data has been collected from the first cohort with post-intervention data and results anticipated in April of 2015. This study seeks to utilize the Healthcare Selection Inventory, a behavioral-based survey tool, to examine values and associated behaviors necessary to measure program outcomes. This study will contribute further to knowledge regarding the effectiveness of teaching strategies for professional values development and lays the foundation for future research describing the long term effects of professional values education upon the post-graduate baccalaureate student in terms of performance, healthcare team collaboration, retention, and transition to practice.

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## H 09 - Transforming Professional Practice through Evidence

### Evidence-Based Practice Fellowship Immersion: Transforming Staff Nurse's Professional Practice

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*Nancy Wells, DNSc, RN, USA*

#### Purpose

The purpose of this presentation is to describe the professional and personal changes that staff nurses experienced during a 1-year evidenced-based practice fellowship program.

#### Target Audience

The target audience of this presentation is both nurse educators and nurse administrators who oversee evidence-based practice nurse fellowships.

#### Abstract

Background: Evidence-based practice (EBP) fellowship programs have been shown to decrease barriers to EBP and promote professional growth. Nurses at one organization described their EBP fellowship program as “life-changing”, prompting nursing leaders and educators to examine what intrinsic changes might have occurred as a result of participation in the program.

Purpose: The purpose of this qualitative study was to explore the professional and personal changes that occurred in staff nurses during and following a 1-year EBP fellowship program

Materials & Methods: Focus groups were conducted with staff nurses in an academic medical center who completed the fellowship program from 2007 to 2011. Six questions with predetermined probes were asked during the focus group. Focus Groups were audiotaped and transcribed for content analysis using Atlas TI. Three focus groups were conducted before saturation was reached. A total of 12 nurses participated.

Results: Five themes were identified from the data: support, resources, knowledge, confidence/self-actualization, and empowerment. Within each focus group, there were multiple examples of changes that occurred in these nurses in terms of their confidence in their ability to seek evidence, apply it to their practice, and make a change based upon it. The sense that “I can make a practice change” reflects the sense of empowerment these nurses described.

Discussion: The participants in the focus groups described a transformation in their professional and personal development as a result of the fellowship program. The themes that emerged were consistent with Kanter’s definitions of the elements of structural empowerment. Each nurse gained knowledge, confidence, and the firmly-rooted sense that he/she can make a real difference in patient care through practice change.

Conclusion: We observed differences in staff nurses’ commitment to nursing and an enthusiasm for research that was not evident prior to the fellowship program. Our data suggest that a 1-year program on research and EBP may provide all of the essential elements needed for structural empowerment. Ultimately, this sense of empowerment will lead to better patient outcomes.

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# **Leadership Oral Presentations**

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## A 11 - Developing Leadership Skills in New Nurses

### Transition from Student Nurse to Professional Nurse: Induction and Professional Development Support of Newly Qualified Professional Nurses

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*Memme Girly Makua, BCur, MCur, RN, South Africa*

#### Purpose

To share with the audience the findings upon exploring the induction and professional development support given to newly qualified professional nurses during compulsory community service in the public healthcare institutions of SA; as well as to highlight the importance of a smooth transition from student to professional nurse.

#### Target Audience

Employers of nurses; Nursing education - faculty members; Nursing practice – nurse managers, nursing human resource development personnel and professional nurses; Policy makers and Research – academia and evidence based practice researchers

#### Abstract

**Background:** There is poor retention of graduates by the Public Health Sector in all health disciplines in South Africa (SA). Compulsory community service was introduced to curb the shortage of personnel. This forms the first formal work experience for the newly qualified health professionals, including newly qualified professional nurses. The compulsory community service is served for a period of one year in public healthcare institutions, before the graduate can obtain final registration with the respective health professions council, like the South African Nursing Council (SANC) for nurses and midwives.

In order for this first impression to have good memories and a positive impact for these nurses, the healthcare institution has to provide a structured formal transition program that will significantly improve retention and productivity. To undergo a smooth transition, newly qualified professional nurses need clinical learning support from the organization. Organizational support influences their effectiveness and job satisfaction. The first three to twelve months of employment is stressful and the experiences of this period profoundly influence the careers of the newly qualified professional nurses.

For the first six months of practice, newly qualified professional nurses mostly focus on learning their new roles, the policies and procedures of the practice setting. Induction and professional development support facilitate the transition from being a student nurse to a professional nurse, as well as to enhance clinical competence and professional socialization.

**Objectives:** To describe the induction and professional development support given to newly qualified professional nurses during the compulsory community service in South Africa.

To describe the ideal but practical induction and professional development support suggested by operational nurse managers to enhance the role transition of newly qualified professional nurses.

**Methodology:** The study design is a mixed method of concurrent triangulation approach. The presentation is from part of the qualitative findings, the focus groups. Six focus group discussions consisting of five operational nurse managers per group, from various levels of health care institutions of South Africa, were held to explore the experiences of the operational nurse managers during their supervision of the newly qualified professional nurses serving the compulsory community service.

**Findings:** The induction has been reported as not being standardized in the healthcare institutions and professional development support ranging from 'on the spot teaching', to 'pairing of novice with expert' where possible due to the shortage of personnel.

Some operational nurse managers expressed the view that, it is a waste of patient care time to mentor the newly qualified professional nurses during community service as they might not apply for a permanent post with the same institution on completion of the community service

Operational nurse managers agreed unanimously that they should create supportive practice environments that facilitate newly qualified professional nurses' integration into the healthcare institutions, and ensure a smooth transition from student to professional.

**Conclusion:** A formal structured induction and professional development support for newly qualified professional nurses can be a positive professional socialization experience that can lead to confident, competent, independent as well as safe nurse practitioners. It might even reduce the high attrition rate of newly qualified professional nurses that is facing communities globally.

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## A 11 - Developing Leadership Skills in New Nurses

### Life Experiences of a Newly Graduated Nurse Working Under Supervision of a Mentor

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#### Purpose

To describe experiences of being a newly graduated nurses working under supervision of the nurse mentorship at a private hospital in Thailand by using qualitative research based on Hermeneutic phenomenology.

#### Target Audience

Understanding on a newly graduated nurse's experience upon the supervision of the nurse mentor.

#### Abstract

The purpose of this research is to describe experiences of being a newly graduated nurses working under supervision of the nurse mentorship at a private hospital in Thailand by using qualitative research based on Hermeneutic phenomenology. Ten novices were participated in this study while data were collected by using in-depth interviews with audio-recorded and field observations. Data were transcribed verbatim and analyzed by using content analysis of Diekelmann's method.

The result was found by following issues

1) Before working with a mentor, a novice nurse felt 1.1) Fear of incompatibility, most of novices are fear of incompatibility which cause them stomachache, Anorexia and hard to sleep 1.2) Worried that mentor will stern, from the experience of being a novice found out that mostly mentors often stern and annoy when novice inquires because it causes them more works

2) During working with a mentor, a novice nurse had of positive and negative experiences 2.1) Feel comforted and happy working with mentor, while working together, mentor always encourage novice by advising, giving knowledge, take good care and not let them be isolated. Moreover, when mistake happened, the mentor will protect and speak up for them from being blame by the doctor or patient 2.2) Feel uncomfortable working with mentor, the mentor blame when novice cannot work like they expected and annoying to repeat teaching work plus sometimes being stern at the front of patient which cause them scurry, scare, and feel diffidence to work because afraid that they will gain no trust from patient and relatives

3) After end of mentoring period, a novice nurse could adjust themselves and understand why the mentor had to be strict which help reducing the conflict while increasing the relationship and feels great to each other.

From the results of this study, it provided a significant understanding on a newly graduated nurse's experience upon the supervision of the nurse mentor. It is recommended that the administrators should develop an effective strategy to strengthen and facilitate the transition process of novice nurses, in adjusting to the new environment and be a professional nurse under the mentorship system.

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## **A 11 - Developing Leadership Skills in New Nurses**

### **New Graduate Nurse Perception of Competence Compared to Nurse Leadership**

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#### Purpose

The purpose of this presentation is to examine new graduate nurses' perception of competence in comparison to nurse leadership (preceptors/nurse managers) perception of new graduate nurse competence in clinical settings. This presentation will also discuss the roles of nursing educators and preceptors in the new graduate nurses' transition to practice.

#### Target Audience

The target audience of this presentation is graduate nurses' and preceptors, nurse educators, charge nurses and nurse managers in leadership roles.

#### Abstract

New graduate nurses (NGN) face stress and challenges as they progress through the rigors of orientation and acclimation to the first year of clinical nursing. Health care organizations and academic institutions have significant roles in preparing competent entry-level nurses. However, previous research suggests that only 10% of hospital and health system nurse executives perceived their new graduate nurses as fully prepared to provide competent patient care. In this current research, we are examining the new graduate nurses' perception of competence in comparison to the mid-level nurse leadership (preceptors and nurse managers) perception of new graduate nurse preparedness. Data is in the collection phase via an anonymous web-based questionnaire and will be completed by March 15, 2015. The sample size is expected to be minimal 75 nursing leaders (nurse managers, charge nurses, and preceptors) and 75 new graduate nurses (novice nurses). Data analysis will be completed by beginning of April, 2015 and incorporate recommendations for healthcare organizations and academic institutions. These recommendations will focus on strategies for preceptor role modeling and training and nurse educators for preparation of nursing students in clinical experiences for entry into practice at the nursing program level. Results of this study will elucidate areas for both immediate and long-term implementation to improve new graduate nurse orientation programs and preceptor engagement.

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## A 12 - Unproven Nurses in the Workforce

### A Grounded Theory Study of Nurse Manager's Preferences in Hiring Newly Licensed RNs

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#### Purpose

The purpose of this presentation is to describe the hiring preferences of nursing leaders who hire newly licensed RNs, including their attitudes toward the prelicensure degree. These preferences are discussed within the context of the IOM recommendation to achieve 80% BSN preparation among nurses by 2020.

#### Target Audience

The target audience of this presentation is faculty in prelicensure nursing programs and nursing leaders who hire newly licensed RNs in acute care hospitals.

#### Abstract

**Purpose/Aims:** The purpose of this research study was to explain how acute care nurse managers select the newly licensed RNs (NLRNs) they hire.

**Rationale/Background:** A good process for selecting NLRNs can reduce expensive employee turnover and improve teamwork on units. There has been extensive research regarding interventions that improve the retention of NLRNs after they are hired, such as residency programs, preceptors, mentors and support groups, but there is very little in the literature about nurse managers' preferred applicant attributes or the processes used by nurse managers to select the right candidates for hire.

**Methods:** A qualitative, constructivist approach was used to construct a substantive grounded theory regarding how acute care nurse managers select the newly licensed RNs (NLRNs) they hire. Eighteen acute care nurse managers who had hired NLRNs within the past year were recruited to participate in semi-structured interviews. Participants also submitted forms or tools used in the NLRN selection process to be examined. Fifteen different acute care hospitals were represented in the sample, including a variety of sizes, for profit or not for profit status, and geographic location within a Southwestern state. Using constructivist grounded theory processes including constant comparison, transcribed interviews were coded in three stages: initial, focused and theoretical. The qualitative data analysis package QSR NVivo 10 was used to assist in the organization, storage and analysis of data.

**Results:** Together this researcher and the 18 participants constructed a substantive theory explaining the processes and preferences used to select NLRNs for hire. Five theoretical concepts were identified: Developing Beliefs and Preferences, Expressing Beliefs and Preferences, Gathering Information Throughout the Process, Finding the Fit and Making a Decision. Participants expressed preferences in the categories of NLRN work and life experiences, school factors, gender, personality/attitude, skills and applicant behaviors during the selection process. About half of the participants expressed no preference between NLRNs with a BSN and those with an associate degree. The others expressed a preference for hiring BSN graduates, but qualified that preference by stating that the applicant's fit for the position was more important than the degree. All but two participants stated that they would hire a NLRN with an associate degree if they felt they were the best fit for the position. The initial or current educational level of the hiring nurse manager did not appear to be associated with their NLRN degree preferences.

**Implications:** This study examined NLRN hiring preferences and processes, including the current attitudes of hiring nurse managers toward the recommendation from the Institute of Medicine (2011) to reach 80 percent BSN preparation in the nursing workforce by the year 2020. Most participants in this study did not demonstrate that they strongly preferred BSN preparation among their new hires, at least at



the prelicensure program level. The findings of this study may be used to inform additional research directed to improving selection processes, and to further examine the hiring preferences expressed by participants.

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## A 12 - Unproven Nurses in the Workforce

### Newly Graduated Registered Nurses' Perception of Psychiatric Nursing

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#### Purpose

to discuss perceptions of newly graduated RN's towards psychiatric nursing. We will describe potential factors influencing negative perceptions and discuss actions that can be taken to avoid potential workforce shortage in this subspecialty.

#### Target Audience

nurse leaders, educators, and undergraduate faculty.

#### Abstract

In 2009, Hanrahan raised the concern of a potential shortage of psychiatric nurses since fewer new graduates are choosing this subspecialty of nursing as a career choice. Nurse leaders and educators need to understand why newly graduated registered nurses (GRNs) are not choosing psychiatric nursing as a career path. There is little evidence examining nurses' perceptions of psychiatric nursing within the United States. In order to develop a strategy to increase RN entry into this subspecialty nurse leaders must understand how perceptions are influenced by nursing education.

A survey was conducted with newly GRNs who were admitted to a nurse residency program in a large academic medical center to examine perceptions of GRNs towards mental illness, psychiatric nursing and their psychiatric nursing education programs. Participants were asked to rate the value of psychiatric nursing as a subspecialty and rate statements in the following subject groups: Perception of Psychiatric Nursing (PPN), Perception of Undergraduate Psychiatric Experience (PUPE), and Perception of Mental Illness (PMI). The project also examined relationships between the GRN's rating of the subspecialty of psychiatric nursing and their perception of psychiatric nursing, undergraduate psychiatric nursing educational experience and mental illness.

Based on the research hypotheses, a multiple regression was conducted to determine factors influencing PPN. Seven potential covariates were included in a multiple regression and accounted for 36% of the variance in PPN (adjusted  $r^2 = .323$ ). Participants perception of their undergraduate psychiatry clinical experience per the PUPE ( $p=.004$ ), and their perception of mental illness per the PMI ( $p=.023$ ), and their overall ranking of psychiatric nursing was statistically significantly correlated to their PPN at an alpha significance level of .05.

This presentation will highlight the above and additional findings, the creation of three subscales about perceptions of psychiatric nursing and proposed actions to combat negative perceptions of psychiatric nursing.

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## A 12 - Unproven Nurses in the Workforce

### A Study Examining Senior Nursing Students' Expectations of Work and the Workforce

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#### Purpose

The purpose of this study was to explore traditional and accelerated Bachelor of Science nursing students' expectations of nursing work and the workforce. Focus group interviews found two overriding themes: Stressors and Coping Strategies. Students believed stressors will affect their transition into the NLRN role and have developed coping strategies.

#### Target Audience

The target audiences are hospital/nursing and academic administrators. Both healthcare organizations and academic institutions will benefit from the knowledge of this study. Knowledge about student expectations can promote academic and workplace changes aimed at improving newly licensed nurse retention rates.

#### Abstract

**Background:** Nursing is considered fast-paced, labor intensive work with cyclical shortages. To ensure that patients receive a consistently high level of care, hospitals have increasingly relied on schools of nursing to rapidly prepare newly licensed registered nurses (NLRNs) to function with high competence. Educational pathways resulting in a BSN degree include traditional 4-year and shorter accelerated nursing programs. The accelerated program provides an expedited alternative (i.e., 11-18 months) to a BSN degree for students who have achieved a previous bachelor's degree. Kramer (1974) described the stressful transition from nursing education to practice as "Reality Shock," and Duchscher further defined the early student to RN period as "Transition Shock" (Duchscher 2009). This role transition difficulty is blamed for much of the 15-60% NLRN turnover in their first 3 years of employment.

**Aim:** This study explored traditional and accelerated Bachelor of Science in Nursing (BSN) students' expectations of nursing work and the workforce.

**Method:** This qualitative study of 14 focus groups (N = 98) is phase 1 of a 3-phase longitudinal study comparing senior student expectations of the workforce and workplace to their perceptions as newly licensed nurses. Phase 1 examined student nurses expectations of the workforce and workplace.

**Results:** Participants included 98 (74.8%) BSN students enrolled in their final semester of school. Ages ranged from 20-57 in accelerated (n=39) and traditional (n=59) programs, representing members from the Baby Boomer, Generation X, and Millennial generations. Ages significantly differed between traditional (m=23.1; SD=3.5) and accelerated (m=27.9; SD =6.4; p<.001) students. Accelerated students were more likely to be married (16.9%) than traditional students (2.6%; p <.01).

Two overriding themes for accelerated and traditional students emerged: Stressors and Coping Strategies. Four Stressors were described: 1) "role transition" was the greatest stressor that students reported as they prepared to enter the workforce; 2) "contagion" concerns were expressed as students felt comfort in their knowledge of infectious processes and personal protective equipment (PPE) use, yet feared contamination with pathogens; 3) "personal life impact" concerns were expressed by traditional and accelerated students when nursing schedules, such as working holidays and weekends, long hours, and nights, were expected to impact their lives and require family support; and 4) "fear of violence" was expressed when students realized that the work environment would be socially and psychologically challenging with emotional, verbal, and physical abuse from physicians, coworkers, patients, and family members.

Student nurses were acutely aware of stressors in clinical environments and expressed fear and anxiety with transition to practice. To succeed as a NLRN in this challenging environment, students developed Coping Strategies. Four general categories of Coping Strategies were described: 1) "fitting in as a real nurse" was described as students discussed two common strategies to cope with role transition that included establishing and maintaining good working relationships, and finding a supportive environment for successful transition to the NLRN role. To improve the likelihood of support in the clinical environment, students planned to seek out a mentor, act exceptionally nice to people in the workplace (e.g., make coffee, buy gifts), and exhibit authentic willingness to help (e.g., help certified nurse aides [CNA]); 2) "taking precautions" was described as student nurses identified strategies to thwart risk from contagious diseases. They planned to wash their hands and take the highest precautions to protect themselves (e.g., always wear gloves with patient care). However, they expressed the importance of remaining compassionate to patients and ensuring these precautions do not impede patient care; 3) "taking care of myself" was described by both accelerated and traditional students as they discussed strategies for combating the anticipated stress to themselves, family, and friends caused by the NLRN role; and 4) "staying physically and psychologically safe" was described because violence was viewed as part of the job and students related strategies for self-protection while working. In dealing with colleague or physician violence, some students expressed a strong desire to advocate for themselves to curb any misuse or abuse. Others planned to keep quiet, respond kindly to a rude or discourteous colleague, walk away, or talk to the nurse manager.

**Conclusion:** This study suggests students have experienced stressors in the clinical environment and anticipate them in the NLRN role. During transition, strategies such as "fitting in" and "staying safe" will be employed to ensure work success.

**Implications for Nursing:** For decades, there has been discussion of transition shock for students as they leave the educational system and join the workforce as NLRNs. Today, Generation Xers and Millennial students have access to an increased speed of communication within a healthcare environment with growing budgetary constraints, high acuity, advanced technology, and physiological dangers. Consequently, nursing students are keenly aware of the workplace challenges that consist of stress caused by a strained workforce, unique work schedules, families and patients experiencing the most fragile life experiences, and exposure to dangerous transmittable diseases. These students have observed the "real world" and are savvy; they have developed strategies to overcome transitional barriers and realize that they must actively participate in a successful transition process.

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## A 13 - Cultural Competency in Nursing Education

### Measuring Cultural Competency: One-Year Post Immersion Experience in Costa Rica

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#### Purpose

The purpose of this presentation is to determine the effects of a study abroad program on cultural competence one-year post experience compared to immediate post experience. One method of teaching cultural diversity is experiential. Study abroad programs offer students an experience working with individuals from other diverse cultures.

#### Target Audience

nurse clinicians and educators interested in methods to develop cultural competency. Strategies for nurses and students to best deliver care to our diverse client populations may include using study abroad experiences and immersion courses. This presentation will discuss cultural competency research one-year post immersion course in Costa Rica.

#### Abstract

**Background:** According to the United States Census Bureau (USCB), over 37% of the US population is non-white. The Hispanic population grew by 43% and individuals who identify themselves as belonging to two or more races increased by 33% between 2000-2010. Minority residents of the United States are estimated to be as one in three with the population reaching 101 million (United States Census Bureau (USCB), 2010a; USCB, 2010b & Humes, Jones & Ramirez, 2011). Nurses need to provide culturally competent care for our diverse population. According to the American Association of Colleges of Nursing (2008) it is important to serve our diverse patient populations by facilitating the education of baccalaureate nurses who are culturally competent.

Offering immersion courses have been described in the literature as a method of developing cultural competent nurses. Positive quantitative results have been described in study abroad programs to improve cultural competency and personal growth with undergraduate baccalaureate nursing students (DeDee & Stewart, 2003; Carpenter & Garcia, 2012; Downing, Kowal & Paradies, 2011; Ballestas & Roller, 2013). The short-term study abroad program can foster long-term global engagement in students (Fisher, 2009). Preparing students and faculty to deliver culturally competent care has been described in study abroad programs (Bentley & Ellison, 2007).

However, little is known about the long-term effects of study abroad programs in nursing and more research has been indicated in the literature (Read, 2011; Edmonds, 2012; Kelleher, 2013). This abstract describes the results of a one-year post experience in Costa Rica of baccalaureate nursing students who had an increase in cultural competence scores immediately following the one-week immersion course. The study purpose was to determine if initial competence scores were maintained one year following the experience.

**Purpose:** The purpose of this presentation is to determine the effects of a study abroad program on cultural competence one-year post experience compared to immediate post experience. One method of teaching cultural diversity is experiential. Study abroad programs offer students an experience working with individuals from other diverse cultures.

**Design:** Quantitative comparison design measured cultural competency based on an immersion program utilizing an instrument completed at conclusion of program (N=18) and one-year (N=15) after participating in the one-week program in Costa Rica. The study design was a pre-test post tests one utilizing the instrument: Inventory for Assessing the Process of Cultural Competency among Healthcare Professionals-Revised (IAPCC-R) with permission of the author, J. Campinha-Bacote. The subjects

completed the 25 questions Likert scale instrument answering strongly agree (4points), agree (3points), disagree (2 points) and strongly disagree (1 point). The point scale total equals 100 points. The higher score indicates an increase in cultural competency. Cultural proficiency is scored 91-100, culturally competent is scored 75-90, culturally aware is scored 51-74, and culturally incompetence is scored 50-25 (Rollo, 2014). Scores one-month after initial immersion experience in Costa Rica were compared to scores one-year post experience utilizing the same instrument (IAPCC-R). The effectiveness of the initial immersion program has been reported elsewhere (Ballestas & Roller, 2013). IRB was obtained from authors' university.

**Theory:** Cultural competency is defined as a “process, not an end point, in which the nurse continuously strives to achieve the ability to work in the cultural context of an individual, family or community from a diverse cultural/ethnic background” (Campinha-Bacote, 1994 pp. 1-2). The framework chosen for this research study was the model: The Process of Cultural Competency in the Delivery of Healthcare Services. This theoretical model follows a fluid process that spans cultural awareness, cultural desire, cultural skill and cultural knowledge. The study fits the theoretical model in unique ways because cultural competency begins during the process of acquiring awareness, knowledge, skill and desire (Campinha-Bacote, 2002).

**Results :** Demographics for the 15 subjects were an age range of 21-41 years. The mode was 22 years of age (38.9%). Gender was predominately female (93.3%). Race /Ethnicity was self-reported as Black/African American N= 2, (13.3%); Asian, N= 1(6.6%); Caucasian N=8, (53.3%); Hispanic/Latino N=1, (6.6%); and Other N= 3, (20%). The initial immediate post immersion overall increase in total scores from the pre-experience to immediate post Costa Rica study abroad experience was an 89% improvement in cultural competency (Ballestas & Roller, 2013). The mean scores from the immediate post experience t-test (78.83) (Time 1) and the one year post experience t-test (78.80) (Time 2) were similar. Students increased their scores one year post experience to culturally proficient N=2 by 13.3%. Cultural proficient scores decreased; this was because 2 students originally culturally proficient were now scored in the higher category. Three students could not be contacted and thus not included in data. The cultural aware category scores remained unchanged for the N=4 at the year follow up. The initial post experience scores and the one-year post experience scores from the groups were compared using a t-test= .012 There was no significant difference between the students' (N=18) one-year scores and the one-year after experience scores (N=15). Although some students increased or decreased their score, the group's overall cultural competency was maintained one-year post immersion course.

**Study Limitations:** Limitations of this study were its small sample size and that students in this study were primarily seniors in a four-year program and thus may have gained cultural competency from courses completed in the nursing curriculum. Three subjects from Time 1 did not participate in Time 2 data collection because they could not be contacted. The (IAPCC-R) instrument has been reported to be validated and reliable. However, there is now a student version of the instrument available (Rollo, 2014) which may have been more appropriate for the study.

**Conclusion:** Cultural competency that increased at the conclusion of a study abroad program was maintained one-year post immersion experience for baccalaureate nursing students. Few past research reported have described cultural competency post one-year immersion course outcomes. The comparison of the two groups revealed no significant differences between them. This confirmed that at the post one-year immersion, subjects maintained the gains in cultural competency they achieved by attending a one-week immersion experience in Costa Rica. Nurse educators have a challenge to provide opportunities for nursing students to gain and maintain skills of cultural competence. Assisting nursing students to learn about and provide culturally competent care can be achieved through a short-term immersion program. Culturally based experiences should be available in the curriculum to offer all students the possibility to participate in study abroad courses. This study's findings although using a small sample indicate further research is needed to measure the effectiveness of the program such as with a control or comparison group.

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## A 13 - Cultural Competency in Nursing Education

### Nursing Education in Jordan: A Fulbright Scholar's Perspective

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#### Purpose

to describe nursing education in Jordan and to discuss challenges that nurse educators there are facing as viewed through the lens of an American nurse educator who taught at the University of Jordan for one year under the auspices of the Fulbright Scholars program.

#### Target Audience

nurse educators; nurses interested in global nursing; nurses interested in the Fulbright program

#### Abstract

In Jordan there are 15 universities that award a baccalaureate degree in nursing. One of the largest nursing programs is at the University of Jordan (UJ) in the capital, Amman. UJ was the first university based nursing program in Jordan. When the program started in 1972 female and male students matriculated, but then male admissions were halted until 1982. Masters education began in Jordan at UJ in 1986 and the first PhD program in nursing started at UJ in 2005. Prior to 2005 many of the nursing faculty received their doctoral education in the US; others went to the UK. Since 2005 there have been 48 doctoral graduates and 39 doctoral students are currently matriculated. Currently there are 51 full time nursing faculty at UJ.

Associate degree nursing education is offered in about 29 colleges throughout the Kingdom. Graduation from either program allows the nurse to be registered, without requiring a licensure examination. The two categories of nurses are distinct, each with their own job title and responsibilities.

Major issues in nursing education include:

- Lack of clinical experience of some of the faculty. Many of the doctorally prepared faculty have limited clinical experience prior to their advanced studies
- Discrepancy between the English language (mostly US) textbook view of nursing and the culturally different environment that the students find in the hospitals
- Large clinical groups (8-10 is common)
- Lack of available clinical sites for students and lack of student access to electronic records
- Entrance to the nursing program is based on the composite score of general national exams given during secondary education
- The need to limit the number of male students because of female patients' preference for female nurses

Strengths in the nursing educational system include strong support from Her Royal Highness Princess Muna, the King's mother, who was honored by STTI in 2009 for her contributions to the profession. A strong research ethic with many studies focused on nursing practice and education in Jordan helps to advance nursing science. Collaborative agreements and scholarly exchange with universities outside Jordan also enhance the perspectives of the nursing faculty.

As a Fulbright Scholar, I had the opportunity to fully participate in the academic life of the Faculty of Nursing. I taught qualitative research methods and professional writing to doctoral students as well as guest lectured in various undergraduate classes. I also worked closely with the faculty at UJ as they formed the first nursing honor society in Jordan. This society was created with guidance from STTI and will petition to become a chapter of STTI after the required one year waiting period. The cultural and educational exchange that occurs as a result of the Fulbright Scholars program provides many benefits to the host institution as well as to the institution where the scholar normally teaches.

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## A 13 - Cultural Competency in Nursing Education

### Understanding the Lived Experience of Nursing Practice in Haiti

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#### Purpose

The purpose of this presentation is to describe the current lived experience of nursing practice in Haiti.

#### Target Audience

Nurse leaders, nursing educators, practicing nurses, funders and policy makers who are interested in understanding and enhancing global health care and nursing education.

#### Abstract

With 80% of its population living below the poverty line, Haiti remains one of the lowest resource countries in the Western hemisphere. Compounding the high morbidity and mortality rates is the shortage of all levels of healthcare personnel including nurses. Most of the health care in Haiti is delivered by Registered Nurses (RN), the overwhelming majority of whom are diploma educated. Research shows that better nursing consistently leads to better outcomes for patients. Increasing the number of nurses with the Bachelor of Science in Nursing (BSN) degree is central to reducing morbidity and mortality rates. The World Health organization (WHO) and the International Council on Nursing (ICN) recommend global strengthening of nursing services by improving the educational level of nurses. Effective January 2014, the entry level for nursing in Haiti has been upgraded to a baccalaureate level. There is a need for pathway programs that will facilitate the transition of the current diploma graduate nurses to BSN status. This researcher is partnering with the Ministry of Haiti, and the University of Haiti to provide a program of nursing education that will allow RNs educated at the diploma level to obtain a BSN. This program would address the need for high quality nursing care in Haiti and provide a smooth transition from RN to BSN. There needs to be buy-in by the nurses currently in practice in Haiti. The research questions are: what are the perceptions of diploma prepared nurses of their nursing education and how do nurses perceive the mandate to make the BSN the minimum level for entry into practice in Haiti. This research project explores the views of nurses in practice in Haiti who are currently enrolled in the RN to BSN program in Haiti

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## B 11 - Developing Nurse Leaders

### Creating Nurse Leaders through a Senior Leadership/Management Immersive Learning Capstone Experience

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#### Purpose

The purpose of this presentation is to highlight a nursing programs' immersive learning capstone experience to help students transition to the professional nurse role. This is accomplished through an intensive capstone experience where students are paired to work with a registered nurse preceptor to enhance skills and develop leadership qualities.

#### Target Audience

The target audience of this presentation is all nurse educators, nursing students, and practicing registered nurses seeking to serve as preceptors, mentors and coaches.

#### Abstract

The transition from student to professional practice can be difficult for new registered nurses since nurse managers have high expectations for performance (Thomas, Bertram & Allen, 2012, Thomas, Ryan, Hodson-Carlton, 2011). In addition to the didactic requirements, the clinical experiences are developed to gradually prepare students for professional practice. Traditionally, nursing students are closely monitored during their clinical experiences by a registered nurse faculty. The main purpose for the clinical experience is to enhance the relevance of theoretical knowledge gained in the classroom. In addition, the development of the Quality, Safety, Education for Nurses (QSEN) essential core competencies of patient centered care, teamwork and collaboration, evidenced based practice, safety, quality improvement, and informatics are critical to the development of every new nurse in professional practice (Dolansky & Moore, 2013; Joint commission, 2013).

Generally, nursing students are focused on applying technical skills learned in a laboratory or simulation setting and acquiring new skills under the supervision of the course faculty. The immersive learning capstone experience is different because the course faculty is not usually present, but rather the student is paired with a registered nurse preceptor to meet course objectives and personal goals. The faculty at a midwestern university sought to have students meet the QSEN core competencies and to develop leadership attributes. Once students are assigned a registered nurse preceptor, the students become responsible to make contact with the preceptor, obtain the work schedule, and complete and submit all required clinical paperwork prior to starting the capstone experience. Students develop two long-term goals and six short-term goals to be completed during the capstone experience focusing on skills and leadership qualities. Throughout the capstone experience students must demonstrate leadership skills through professional behavior, communication, role-modeling, delegation and supervision, and team work. Additionally, the students are required to complete an immersive learning project. The quality improvement evidenced-based project is identified by the student along with preceptor (and clinical managers) as a process in need of improvement. The entire project is student driven. A component of the immersive learning project is that the students, in groups of two or more, must produce a product for the nurses such as a brochure, power point presentation, and/or fact sheets. Students complete the immersive learning capstone experience with not only greater skill acquisition, but also having developed and demonstrated leadership qualities.

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## B 11 - Developing Nurse Leaders

### Fostering the Integration of the Clinical Nurse Leader Role in Japan through a Multidisciplinary Clinical Immersion Program in the United States

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*Asako Katsumata, PhD, ME, BA, RN, CNL, USA*  
*Shannon, K. Lizer, PhD, FNP-BC, USA*

#### Purpose

The purpose of this presentation is to describe how Nursing leaders in the U.S. collaborated with Japanese nursing leaders to promote qualified Japanese nursing faculty to gain in depth understanding of the assumptions of the Clinical Nurse Leader role in theory and clinical practice through a clinical immersion experience.

#### Target Audience

The target audience of this presentation includes clinical and academic nursing leaders who envision international collaboration toward the advancement of nursing leadership, and advanced nursing practice.

#### Abstract

**Background:** The Clinical Nurse Leader's (CNL) role is increasingly valued and desired in U.S. healthcare systems, and abroad (Murphy, 2014). This is primarily due to the ability of the CNL to transform healthcare delivery, and improve outcomes (Harris, Roussel, & Thomas, 2014). However, there is a shortage of qualified CNL faculty and the Commission on Nurse Certification (CNC) has extended the faculty certification deadline through 2016 (AACN, 2014). The purpose of this project was to promote qualified nursing faculty to gain in depth understanding of the assumption of the CNL role in theory and clinical practice.

**Program:** A seven-day CNL certification review seminar for qualified nursing faculty was developed in partnership with Saint Anthony College of Nursing and Saint Anthony Medical Center in Rockford, Illinois, and Saint Joseph Mercy Hospital in Ann Arbor, Michigan. The theoretical components of the curriculum included nursing leadership, clinical outcomes management, care environment management, evidence-based-practice, and case studies. The clinical immersion experience was coordinated through nursing administration at Saint Joseph Mercy Ann Hospital.

**Outcome:** A total of 10 participants joined the CNL immersion and certification seminar. This included seven qualified nursing faculty from Japan, one nursing faculty from the U.S., and two CNL students. 2) The clinical immersion experience occurred in a mature location where the CNL role had been fully operationalized. 3) The immersion created opportunity for CNLs to disseminate critical outcomes achieved through microsystem leadership at Saint Joseph Mercy Ann. 4) A total of 21 Continuing Education credits were provided to the seminar participants. 5) Strong collaborative partnership development between two different health systems served to promote and facilitate faculty CNL certification, implementation, integration, and clinical practice.

**Recommendation:** CNL faculty preparation for CNL certification should involve clinical immersion with an institution where the CNL role is fully incorporated. This fosters deeper understanding of the integration and clinical practice of CNL's at the microsystem level through clinical immersion. Partnerships between higher education and clinical settings are imperative to enhance the understanding of content delivered didactically.

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## B 11 - Developing Nurse Leaders

### Promoting Inclusion of Diverse Students into Nursing Education for Leadership Development

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#### Purpose

The purpose of this presentation is to showcase the NN-CAT Nursing Network-Careers and Technology program, which is a nursing mentoring program that has as its goal to help guide underrepresented students and impoverished students into applying successfully to nursing school and potential roles as nurse leaders.

#### Target Audience

The target audience of this presentation is for faculty, educators, and administrators that are actively seeking new and innovative ways to improve the diversity issue in professional nursing and to increase the number of future nursing leaders from a multitude of ethnic and rural backgrounds.

#### Abstract

**Purpose:** The purpose of the Nursing Network: Careers and Technology Program as authorized in Title VIII, Section 821 of the Public Health Service Act is to increase nursing education leadership opportunities for individuals from disadvantaged backgrounds (including racial and ethnic minorities under-represented among registered nurses). The NN-CAT (Nursing Network-Nursing Careers and Technology) program is designed to provide student stipends, scholarships, and opportunities for mentorship through three innovative sub-programs focusing upon increasing cultural inclusivity in nursing education.

**Methods/Clinical Research Expertise Area/Pedagogy:** The NN-CAT Mentoring Program was established in 2013 at Western Carolina University whose faculty were concerned about the shortage of a diversity of nursing students and nurses in the Western North Carolina region. The nursing mentoring program was established to provide individualized nursing mentors to guide minority and rural students to success in their pursuit to enter nursing school and become future nursing leaders in practice. The nursing mentoring program provides nursing mentors from both the community as well as the School of Nursing. Mentors are university prepared nurses that are trained to provide comprehensive individualized mentoring to prenursing students from rural counties in Western North Carolina.

The second NN-CAT sub-program is the WCU School of Nursing (SON) and the MedCat Academy Program of Wake Forest University which partners to offer a summer collaborative in exploring health careers to promote academic success. The program features enhanced science preparation for high school students preparing to enter nursing school. The focus is upon encouraging students from disadvantaged and diverse backgrounds to pursue nursing and strive to become leaders for their profession.

The third NN-CAT sub-program consists of an enriched virtual Second Life science curriculum that is being developed by both the IT department of WCU and the science teachers in Cherokee, Graham, Swain, and Jackson counties and the Cherokee Indian Qualla Boundary. The purpose is to increase interest in both science and the nursing profession for high school students from diverse and disadvantaged backgrounds.

The program strives to increase the leadership goals of young students who are completing high school and hoping to enter college.

**Results/Findings:** Preliminary educational program progress and results will be presented for each of the three programs. The three programs are individual educational research studies that have been funded by the HRSA division of the nursing government.



**Conclusions/Recommendations:** Preliminary conclusions and recommendations based upon the progress of the three programs will be presented to the participants. Recommendations for other educators will be presented to help foster similar programs with the overarching goal to increase inclusion of diverse students both into applying and being accepted into nursing schools, as well as increasing the multicultural heritage of nurses entering the profession for future leadership development.

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## B 12 - Caring for the Public's Health

### Integrating Population Health into Primary Care APRN Practice to Improve the Health of the Public

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*Susan Swider, RN, PhD, APHN-BC, FAAN, USA*

#### Purpose

To engage the learner in describing curriculum approaches in graduate nursing education that enhance the ability of primary care APRNs to integrate population knowledge and skills into their practice.

#### Target Audience

nurse educators, primary care APRNs, and employers of primary care APRNs.

#### Abstract

Nationally, numerous agencies now call for the integration of primary care and population health, including the Centers for Disease Control and Prevention and the Institute of Medicine. This integration is critical to forward the nation's health agenda, build healthier communities, and reduce health care costs. The emphasis on enhancing the numbers of primary care APRNs is necessary to increase access to care, but unless primary care APRNs gain population health knowledge and competencies, they will not be instrumental in developing and implementing the necessary population-focused strategies to meet the Healthy People 2020 goals. Recognizing the challenge, the American Association of College of Nurses (AACN) and the Centers for Disease Control and Prevention launched an initiative to enhance the integration of population and public health content into nursing curricula, as well as to advance the public health nursing workforce. However, current primary care APRN programs are challenged to incorporate the necessary population health content to affect population outcomes into DNP curricula and remain competitive in program length.

This session describes the innovative efforts of faculty at one university in designing a post master's DNP curriculum that expands the role of the primary care APRN by incorporating population health content towards developing the necessary competencies to meet the health needs of populations and communities across diverse settings. Primary Care APRNs in the post-master's Leadership to Enhance Population Health Outcomes program focus on developing population-based knowledge and skills to enhance clinical health outcomes for patient aggregates and populations. This knowledge and skill set can be used across specialty areas to assess the health and illness needs of clinical populations and develop, implement and evaluate population-focused interventions to address these needs. The program is on-line, with three required on campus visits. Students apply course content through a structured clinical experience in their work site or community setting, gaining valuable skills in developing, implementing and evaluating a program for a vulnerable population.

Building on the DNP core courses in leadership and healthcare economics, the curriculum includes courses in policy, finance, advanced nursing roles in population health, population health assessment, and population intervention planning, implementation, and evaluation. Students gain skills in assessing a population for the most prevalent risks and health needs, develop evidence-based interventions or programs to address unmet needs, and engage in sustainable health promotion and disease intervention planning for vulnerable groups. DNP project examples and student and faculty feedback on the project development process to date will be shared along with lessons learned. Curricula suggestions and recommendations are provided for other programs looking to integrate population health content into DNP curricula, to help assure primary care APRNs are prepared to effect change in the nation's health.

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## B 12 - Caring for the Public's Health

### Barriers to the Development of a Public Health Initiative with a Coalition of Community and Neighborhood Resources Using Community-Based Participation

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#### Purpose

The purpose of this presentation is to identify barriers in implementation of the Patient Protection and Affordable Care Act, revealing interprofessional dynamics as a major contributor to achieving population health outcomes.

#### Target Audience

The target audience includes nurses, community leaders, and healthcare professionals with an interest in understanding and acting to improve population health in their community. Nurses empowered with interprofessional contacts will find the data in this presentation of interest as they plan to impart positive changes within their community.

#### Abstract

Influence of social determinants of health on health is essential to reducing health disparities. Each community strives to improve public health. Imparting change takes many years. The Patient Protection and Affordable Care Act includes the removal of barriers to providing home and community-based services<sup>1</sup>. The World Health Organization's Commission on Social Determinants of Health has acknowledged, "measuring the problem" as one of three principles of action to achieve health equity<sup>2</sup>. In order to recognize inequities in a community, it is necessary to approach the disparities from multiple perspectives. Barriers to the development of a healthy neighborhood initiative are described.

The process of improving the health of a community has many positive outcomes. The white paper "Healthy People, Healthy Lives", stressed "the importance of local innovation to reduce inequalities and improve health at key stages in people's lives." This included "the empowerment of local government and communities to shape their environments and tackle local problems"<sup>3</sup>. Community-based participation includes reflection of the community's values, beliefs, and vision. This practice empowers the community members. Empowerment is a viable public health strategy to improve the health of the residents<sup>4</sup>. Using a bottom-up approach enabled the residents to have more control over and improve their health<sup>4,5</sup>. Empowering the residents to participate in the assessment and development of a public health initiative remained an essential component of the project.

Community participation is a key to empowerment. There are several barriers to community participation that are established in the literature. These barriers are a lack of community skills, dominance of professional culture, lack of organizational abilities, and local political dynamics<sup>6</sup>. Lack of community leadership supporting collaborative partnerships with involvement from outside support organizations, the influence of a neighborhood leader, and the community perception of local government involvement impacted the overall success of the initiative<sup>7</sup>.

There are many challenges to using a community-based participation approach. In developing the coalition, a group of interested persons took a giant step backward to become unaffiliated with the group. In the individual meetings with the local pastors, this topic was discussed. The shifting of power from the leaders and professional partners was uncomfortable to the group members. No singular reason was cited as a cause for lack of participation. Instead of looking at the 46808 community as a whole, focus groups were held within each faith congregation to solicit specific health issues to address in smaller groups. The pastors were amenable and offer to share resources. A rippling effect was expected.

The barriers identified in the literature rang true with the development of this initiative. Barriers included lack of community skills, dominance of professionals, lack of organizational abilities, and the state of local

political dynamics. A community member could not be forced to become empowered to take action regarding the health of their community. There was a disconnect between the goals of community leaders and residents. The social determinants of health remained unclear for this community.

The impact of acknowledging the barriers to a healthy neighborhood initiative could resurrect its momentum. Evaluating the perspective of each set of participants, the community and organizational partners, and the residents, was instrumental in maintaining forward progress. Using evidence-based practice was foundational in the development of a healthy neighborhood initiative. Comprehending principles that influence social change was paramount to effectively anticipate and reduce barriers. Levels of understanding, intimidation, and previous experiences all contributed to the influence on community participation. The ability to go back and clarify, revisit goals and barriers that arise, tenacity, and patience were useful lessons to take forward as new projects are written as part of implementation of the Patient Protection and Affordable Care Act.

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## B 12 - Caring for the Public's Health

### **Leadership in Nursing Education: The Development of a University-Based, Interprofessional, Chronic Wound Clinic Model that Provides Clinical Leadership, Evidence-Based Healthcare and Excellence in Clinical Education**

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*Eleanor S. Horton, RN, ADN, BHlthSc (Nsg), MHlthSc (Nsg), PhD, Australia*

#### Purpose

To present evaluation data from our Wound Solutions Clinic which models a different process of placement development and engagement. Clinical leadership and responsibility for clinical expertise reside with the community service provider while the university partners with them providing clinical placements and cutting edge research into wound healing and management.

#### Target Audience

clinical nurses, academics, nurse leaders and other professionals interested in positive practical learning opportunities for students in an interprofessional environment.

#### Abstract

Many clinics develop as student placements across a variety of disciplines on university campuses usually run by students and facilitated by staff. This presentation describes our Wound Solutions Clinic Model, which is a different process of placement development and engagement. The Wound Solutions Clinic is a joint venture between the University of the Sunshine Coast (USC) and community care service provider Blue Care, in Queensland, Australia. The clinic is staffed by an interprofessional team of Blue Care employees. It is located on the university campus and provides educational placements for USC nursing, occupational therapy, nutrition and exercise physiology students. In other models, campus-based clinics are managed by university faculty and students. Clinical leadership and responsibility for clinical expertise reside with the service provider (Blue Care) while the university partners with Blue Care to provide clinical placements and cutting edge research into wound healing and management. The objectives of the clinic development were to: increase the number of nursing and allied health student placements in the community; provide high quality learning experiences in a supportive inter-professional environment; improve patient outcomes; establish an interprofessional research community and contribute to the University commitment to community engagement. Aspects of academic and clinical leadership that have ensured the sustainability of this joint venture and data examples from the evaluation project that have been collected from client and student feedback will be presented in detail. This model aims to provide excellent local clinical care and student educational experience but also through the healthcare provider/university partnership it seeks to transform regional approaches to clinical education and provide robust clinical trial evidence to support the healing and management of chronic wounds globally.

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## B 13 - Developing Nurse Leaders through Service Learning

### Service Learning in RN to BSN Leadership Service Learning

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*Cheryl Moseley Conway, MSN, RN-BC, NE-BC, USA*

#### Purpose

The purpose of this presentation is to share a service learning education strategy implemented in the RN to BSN leadership practicum.

#### Target Audience

The target audience of this presentation is educators, academic partners, and RN to BSN students interested in learning more about service learning opportunities in RN to BSN leadership education.

#### Abstract

According to the Institute of Medicine (IOM) Future of Nursing Report, there need to be innovative strategies to meet the goals to attain the education percentages set forth by 2020. The Western Carolina University RN to BSN Program includes a leadership practicum in which the student spends 60 precepted hours with a preceptor with his/her BSN or higher nursing degree in a nursing leadership role.

Background: The leadership practicum has a dual course component which includes a professional synthesis project that is an approved service learning course by the University and completed during the semester. Miller and Anderson (2007) describe service learning as a student educational experience with participation in community partnership for academic credit. The model is based upon transformational leadership and the facilitation of the relationship between the preceptor and the student during the semester. The leadership professional synthesis project focus is a leadership topic that is both needed by the site and a learning opportunity for the student.

Description of Innovation: The RN completing the RN to BSN program engages in the experience of collaborating with his or her preceptor to establish a leadership project topic that is of service to the site and a learning opportunity. This experience provides the opportunity to build skills in finding evidence-based resources, communicate, and foster time-management. The student documents weekly field notes toward completing the project and shares experiences during the semester.

Implications for Practice: The leadership practicum experience creates a new awareness for many students. During synchronous sessions, students share comments about presenting for the first time, seeing leadership roles "from a new perspective", enjoying the work on projects, and a feeling of empowerment that was not felt previously. During the semester, there are emerging leadership skills that develop as students seek information and present findings. Previous project topics have included: seeking evidence-based information for a grant; participating on a role-description planning team; gathering evidence-based data for a new orientee guide; finding evidence-based information for policy revisions/guideline revisions; participating in audits/preparation for accreditation; preparing for Magnet designation; gathering information for Beacon Award preparation; education RNs about nursing incivility, and many other ideas. These emerging BSNs have shared comments about being empowered through the process of being precepted/mentored and creating a project that would be used in the practice setting.

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## B 13 - Developing Nurse Leaders through Service Learning

### A Global Health Project to Engage Nursing and Elementary School Students: Developing Future Leaders through Service-Learning

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*Deby E. Tyndall, MSN, RN, USA*

*Wendy Sullivan, MSA, BS, USA*

#### Purpose

to discuss the planning, implementation, and evaluation of a service-learning, global health project between East Carolina University College of Nursing and Wells Elementary School.

#### Target Audience

students, faculty, and administrators who are interested in collaborating with community partners for the purpose of service-learning and global awareness.

#### Abstract

**Background/Purpose:** A partnership between East Carolina University (ECU) College of Nursing and Wells Elementary School in Wilson, North Carolina began in the Fall 2013. A global health project to develop future leaders aimed to provide a service-learning experience to enhance global awareness for both elementary school students and nursing students.

**Methodology:** A service-learning model was used to engage students at Wells Elementary in a global health project to benefit children in Guatemala. The project began with ECU nursing faculty/students using the Global Awareness Standards for North Carolina Public Schools to teach 3 lectures: 1) information about the country of Guatemala, 2) lifestyle and children health issues in Guatemala, and 3) service learning/purpose of project. Designated as the project leaders, the 2nd grade class created broadcasting commercials to be aired on the school's "Beaver News" network. The broadcasts educated students throughout the entire school as well as the local community of the supplies needed for nursing students to conduct charlas (health talks) for Guatemalan children. Various phases of the project were featured in the local newspaper on three different occasions to inform the community.

**Results:** Wells Elementary collected over 2,100 donations (toothbrushes, toothpastes, soaps, washcloths, crayons). Nursing students used these donated items to provide health charlas to more than 200 children at four Guatemalan schools in May 2014. Nursing students shared the results of the project during a follow-up visit to Wells in September 2014. Excitement from the success of the project sparked interest to continue the partnership for the upcoming 2014-2015 school year. The school has begun these efforts by collecting new and used books for Guatemalan children in recognition of International Literacy Day.

**Discussion:** Schools of nursing should identify innovative approaches to emphasize the value of service-learning to develop future leaders in a global society. Partnering with community agencies can provide a platform to mentor students and develop leadership skills. This project facilitated a collaborative leadership experience between elementary school students and nursing students.

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## B 14 - Discussing Nurses' Attitudes and Actions

### Attitudes of Nurses and Student Nurses toward Self-Care

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*Kathleen Cino, PhD, MS, BS, RN, CNE, USA*

#### Purpose

The purpose of this presentation is to report the findings from an educational research study with nurses and student nurses. The study investigated self-care practices before and after an academic semester of mind-body and self-care education.

#### Target Audience

The target audience of this presentation are nurses, nurse educators, nurse researchers, and student nurses.

#### Abstract

**Study Aim:** The purpose of this study is to assess the impact of classroom learning/experiencing of mind-body therapies on the attitudes of nurses and student nurses with regard to mind-body therapies and self-care.

**Background:** Stress is expected among student nurses and decreased stress coping is evident in poor academic performance, student attrition, and suboptimal professional identity formation (Galbraith & Brown, 2011; Hensel & Laux, 2014). For nurses and student nurses learning healthy stress coping is part of the development of self-care. Self-care promotes health and is a core value in the American Holistic Nurses Association Scope and Standards of Practice (Mariano, 2013).

The mind-body therapies increase self-awareness of body sensations (i.e. muscle tension), all or nothing thinking, and negative emotions as experienced in the stress response. Examples of mind-body therapies are mindfulness, yoga, journaling, guided imagery and hypnosis, progressive muscle relaxation, and meditation. Using mind-body therapies is one way of improving healthful stress coping. The effectiveness of these therapies increases with practice and genuine interest. Mind-body therapies may even help change self-defeating behaviors.

This study will determine attitudes of study participants to these concepts at the beginning and end of the semester. The results of this study will contribute to further development/refinement of those mind-body therapies which nurses and nursing students determine support their self-care.

**Method:** Participants: RN-BS completion students and prelicensure student nurses enrolled in a baccalaureate program at a college in the northeast United States.

**Measures:** Mind-body Skills Attitudinal Scale (MBSS) (Tractenberg, Chaterji & Haramati, 2007) is 21 item seven point likert scale designed to measure changes in classroom attitude in medical students for mind-body therapy after course work in the subject area. The scale has also been used with nursing students enrolled in that mind-body medicine course (Karpowicz, Harazduk & Haramati, 2009).

**Procedure:** Once the Institutional Review Board at the college approves the study all participants will sign informed consent and complete the MBSS survey.

The educational activity is focused on self-care for health promotion. After a self-assessment, a plan for care of self is created. Course readings and activities on a variety of mind-body experiences including progressive muscle relaxation, meditation, laughter, chair yoga, and touch therapy provide the educational component on mind-body skills. Throughout the semester, the participants will evaluate progress on self-care behaviors. At the semester end, a final evaluation of self-care activity earns the project grade. In addition, all participants will complete the post test MBSS survey. Analysis of data for change in participant attitude toward Mind Body Skill will be done at study end.

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## B 14 - Discussing Nurses' Attitudes and Actions

### Nurse Attitudes toward Patient Advocacy in the Long-Term Acute Care Hospital Setting

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*Carole D. Liske, PhD, MSN, BSN, RN, USA*

#### Purpose

The purpose of this presentation is to disseminate findings of a quantitative, descriptive, cross-sectional study about LTAC nurses' attitudes toward patient advocacy and relationship with education. This presentation may help inform nurse leaders to identify educational strategies that promote development of professional advocacy behaviors and skills in LTAC nurses.

#### Target Audience

The target audience of this presentation would include both clinical and academic nurses and nurse leaders interested in advancing the essential role of nurses as patient advocates for vulnerable populations.

#### Abstract

Advocacy is the essence of nursing's professional commitment to preserving human rights, protecting patients from harm, and providing quality care. In this dynamic healthcare environment with increased patient complexity and clinical acuity, sub-acute transitional care settings flourished. Given the vulnerability of patients in transitional settings such as long-term acute care (LTAC), the essential role of nurses as patient advocates emerged as a cornerstone of nursing practice. Despite the universally recognized importance of nursing advocacy in maximizing patient safety and delivery of quality care, no consensus existed about the concepts comprising nursing advocacy actions. To explore nurses' attitudes toward advocacy in LTAC, a quantitative, descriptive, cross-sectional study was conducted with two specific aims: to measure nurse attitudes along three core attributes of advocacy (safeguarding patients' autonomy, acting on behalf of patients, and championing social justice in the care of vulnerable patients) and to determine if levels of nursing education influenced attitudes toward advocacy. The Attitude toward Patient Advocacy Scale employed in this study demonstrated high internal consistency at 0.94%,  $p = 0.05$ , study sample size  $n = 108$  (67% response rate), and confidence interval of 95%. ANOVA analysis indicated no statistically significant association between educational levels and advocacy attitudes in LTAC nurse respondents. Findings also indicated the majority of nurse respondents disagreed that it was their role to mediate when the patients' wishes were in conflict with the physician or family. The study findings have important clinical implications for LTAC nurses and nurse leaders in the LTAC setting.

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## B 14 - Discussing Nurses' Attitudes and Actions

### Gratitude in Action

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*Cynthia A. Diefenbeck, PsyD, MSN, RN, PMHCNS-BC, USA*

#### Purpose

The purpose of this presentation is to discuss the process of activating gratitude in action in a chapter. The desire to promote the welfare of others can be expressed through fundraising in local communities as well as celebrating member successes while remaining socially conscience of global needs.

#### Target Audience

The target audience of this presentation includes all members of STTI from new members to retirees and across all areas of nursing. All members will become engaged in the chapter and new inductees will benefit from current leaders to develop an avenue that effectively addresses activating gratitude in action.

#### Abstract

Innate to the culture of our chapter is the spirit of giving and promoting philanthropy through gratitude in action. Our desire to promote the welfare of others is expressed through fundraising and monetary donations in our local communities as well as celebrating member successes while remaining socially conscience of global needs. Our chapter is committed to demonstrating altruistic and compassionate values in our chapter, community and global initiatives.

Our chapter holds an annual Membership Appreciation night to celebrate our active, inactive and potential members. The opportunity to newly form and reignite collaborative relationships, offer appreciation, and embrace the spirit of giving is cultivated in this informal gathering. For the past four years, our chapter has collaborated with the University's Nursing Alumni Network to bring together former graduates, members and promote munificence. This past appreciation celebration, our chapter celebrated its' fortieth anniversary. Our current and past presidents were honored for their dedication and contributions to the chapter. One past president has started a new journey for our chapter in recognizing and renewing our livacy. Creative writings on individual thoughts, feelings and vision for the future of our chapter, STTI and the nursing profession were collected. Individuals were encouraged to think about what their legacy would be and were then challenged to actively participate and live that journey. Members were also asked to bring personal hygiene items for a future donation to a local community center, which supports those who are in need.

Our chapter has a long-standing history of embracing service and showing gratitude as a core strategic value. Our service initiatives respond to the needs of vulnerable populations both locally and globally. The outreach endeavors are initiated and coordinated by and include a variety of our members. Members have formed strategic alliances with numerous community agencies to conduct these efforts, which help publicize the unique contributions of STTI. Community collaborations also help to increase the impact of our service efforts and ensure the sustainability of efforts over time.

Our chapter shows gratitude in action by supporting area hospitals by providing annual grant support of \$1,000 as well as mentorship to nursing staff to bridge the gap between research and practice. The financial support may be used for the direct costs incurred for research projects (e.g., survey materials, equipment, printing, statistician, etc.) or research dissemination (poster or podium preparation).

Our chapter recognizes the challenges members of our communities face with chronic mental illness. Members of the chapter, in collaboration with local mental health clinics, have developed a continuing program for our Annual Holiday Outreach. The local mental health clinic determines holiday wish list items and then the wish lists are disseminated among members who may purchase items from the list to be presented during the holiday seasons. These gifts are often in the form of everyday necessities such as

clothing and personal hygiene items. This collaborative effort culminates in an annual Holiday Party for the residents.

In response to the president's call to action, our members were challenged to provide 90 Minutes of Service during the week of Founders Day. The act of giving is contagious when the outcomes and personal enjoyment in providing service is displayed to others. With this in mind, members were asked to share services completed during this time on social media platforms promoting paying it forward. Members participated in a local 5K run to support safe driving habits following the death of a local nursing student in a tragic car accident.

We also express our gratitude to chapter members who have demonstrated selfless behaviors going above and beyond expectations and providing inspiration to others by presenting them the annual Florence Nightingale Award. The recipient of this award is selected by the chapter president and presented a certificate during our fall membership induction ceremony. In addition, the recipient is highlighted in our chapter newsletter. Our chapter has also made a concerted effort to include newly inducted members or those in their first year feel appreciated for their efforts. In addition to the Membership Ambassador efforts to stay connected with newly inducted members, times were offered at meetings for networking. These informal but planned times were appreciated by the members and led to increasing active members. Our chapter also shows appreciation to mentors and colleagues by awarding full and partial travel for the STTI Leadership Conference. The chapter continues to support members to attend the local consortium brunch.

Two years ago a Wine Tasting Benefit Event was designed to raise money for expanding our philanthropy efforts. The chapter provides food and members can attend to support the event and our outreach initiatives. The chapter receives money that is used to complete over 60 hygiene packs for a local charity. Our chapter has also been involved with Stockings for Soldiers, Books for Uganda, Hygiene packs for Haiti, Flip-Flops for Haiti, a UNICEF Water pump for Africa, and the Red Cross Hurricane Sandy Relief.

Our chapter's support of showing gratitude also extends to its own members. Student scholarships are provided each year. In addition, new member subsidies are available if invited candidates are unable to join due to financial barriers. The chapter works with these students to help them complete the Edith Anderson subsidy application. The chapter agrees to finance the remainder of the membership and induction fees not covered by the Edith Anderson subsidy.

A strong foundation for gratitude in action is a chapter that engages members to share information and work towards common goals. Our chapter encourages members to connect at board meetings, through newsletters, online through social media and email, and more. To keep members connected and updated with real-time information, our chapter is actively utilizing The Circle, Sigma Theta Tau's professional networking site, to post information about member activity, chapter achievements, and upcoming events. On this site, members have the ability to participate in discussions, personalize their profile, access chapter news and much more. The Circle is one of many ways to introduce our newest members to networking and becoming involved in events and activities. In addition to The Circle, Our uses social media to build an involved network and expand collaboration on Flickr, LinkedIn, Twitter, and Facebook.

Our chapter reaches out to chapters across STTI networks and creates collaborative initiatives by networking at conventions and conferences. Our chapter attends two local Consortiums, as well as the Leadership Connection Conference. Our chapter joined the region by serving on the planning committee to develop the conference about providing veteran care into the community with a focus upon behavioral health. Our chapter also served on the donation committee of the other local consortium. The international Leadership Connection Conference was attended by four of our members and in an effort to enhance professional and chapter leadership goals, and our members attended sessions on strategic planning, advancement of technology and the Circle, member recruitment and retention, board management, leadership in mentoring, outreach, workplace violence, and developing global leadership. This chapter also has an active member on the STTI international governance committee.

Our ability to maintain a vibrant service outreach orientation that responds to the needs of vulnerable populations locally, regionally, and internationally, is directly related to the passion, dedication, and enthusiasm of our members and shows our gratitude in action. In addition, our chapter maintains a vibrant Philanthropy Committee which supports these efforts through a variety of fund-raising activities. A strong foundation of our chapter is our continued dedication to involvement and outreach initiatives for nurses as demonstrated by member collaboration and networking locally, regionally, and globally. Our chapter demonstrates strong leadership qualities and is committed to the mission and goals of Sigma Theta Tau International. As a chapter, we believe our efforts to give and display gratitude towards others not only in our professional but personal lives, is exemplary. However, we are constantly evaluating and modifying our approaches on how best to remain magnanimous in our local, state and global efforts.

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## B 15 - Role Delineation of Nurse Scholars

### Creating a Culture of Clinical Inquiry: The Role of the Scholar in Residence

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*Martin Schiavenato, PhD, MS, BSN, BS, RN, USA*

#### Purpose

to explicate the current opportunities and challenges facing clinical systems to build and sustain a culture of inquiry evidence based practice.

#### Target Audience

nursing leadership and management.

#### Abstract

Integration of research and EBP into clinical practice are deemed a core competency by the IOM and required for Magnet Recognition by the American Nurses Credentialing Center (ANCC). Education and support of the nursing staff, administrative support mechanisms and infrastructure are critical to build and sustain EBP. The Scholar in Residence (SIR) illustrates a viable approach for healthcare institutions to partner with PhD prepared nursing faculty to facilitate clinical inquiry and EBP utilization.

This presentation highlights the experience of two individuals serving as Scholar in Residence over a two year period at a major non-profit hospital system in a joint academic/clinical appointment. That personal experience reveals unique issues pertinent to promoting a culture of inquiry as well as essential supportive infrastructure. Methods of communicating with direct care providers will be discussed. Significant positive outcomes include building interdisciplinary relationships in a clinical setting, establishing rapport and credibility and creating an ongoing reliable structure to facilitate clinical inquiry and EBP. Nursing staff respond positively to coaching and mentoring through the EBP steps and often express insecurities in their EBP and research knowledge and skills. Challenges include clarifying the roles of leadership, direct care nurses, the Scholar in Residence and employee-nursing students in structuring and conducting EBP projects. It is also challenging to access nurses to identify individuals interested in participating in EBP or research activities and to maintain contact with project leaders. Additionally, authority in this clinical setting is indirect so that the avenues to influence change among nursing leadership, staff nurses and administration will differ. From the academic perspective, challenges for the Scholar in Residence includes interpretation of this position as scholarly engagement for tenure-track faculty and adopting a generalist versus focused area of research.

The SIR role potentially yields synergistic and mutually beneficial outcomes at both academic and healthcare institutions seeking collaborative work in EBP and research. However, challenges implicit with the new role and predictable changes to the culture of nursing highlight a need for further professional discussion and research into this and similar roles. Integration of the role of the Scholar in Residence into the culture and organizational structure of the clinical setting will increase the ability to effect change through the application and utilization of EBP and research at the bedside.

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## B 15 - Role Delineation of Nurse Scholars

### An Analysis of Nursing Preparation to Meet the Demands of the Largest U.S. Patient Population

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*Kim K. Kuebler, DNP, MN, APRN, ANP-BC, USA*

#### Purpose

Provide an overview of three research studies that evaluated undergraduate and graduate nurses self-perceived knowledge with actual knowledge of common chronic disease, symptom and self-management and, review the startling results of a systemic review of graduate nursing curriculum content on chronic symptomatic disease.

#### Target Audience

Undergraduate and Graduate nursing educators, nurse clinicians and nursing students. Editors and authors of nursing educational content.

#### Abstract

Americans aged 65 and older compared to people aged 20-64 is expected to rise by 80% over the next decade. The oldest of the 80 million baby boomers reached age 65 in 2011 and, more than a quarter of all Americans – or three out of four are estimated to have at least two or more chronic conditions or behavioral health problems. Currently 75% of the American population is living with and dying from symptomatic chronic conditions contributing to the costliest health care in the US. The Affordable Care Act has provided funding and direction by the US Department of Health and the Health Services to promote initiatives from the Institute of Medicine, the Agency for Health Research and Quality, the National Institutes of Health and the Health Resources and Services Administration among other federal agencies to demonstrate innovation and initiatives targeting patients with multiple chronic conditions (MCC) and implementing self-management practices This presentation will provide an overview of the current federal initiatives and describe three research projects that highlight the need for undergraduate and graduate nursing education in the clinical management of common chronic disease, symptoms and self-management.

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## C 10 - Are There Plans for the Nursing Workforce?

### Fostering Workforce Development through Meaningful Experiences: Pathways to a Nursing Degree Program

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#### Purpose

As the largest group of health care professionals, registered nurses will be fundamental to a more comprehensive form of health care provision. The purpose of this presentation is to describe the creation of one program to interest young students in careers in nursing through experiential learning opportunities.

#### Target Audience

Nurses, nurse educators, nurse administrators, nurse recruiters, nurse academicians

#### Abstract

The RN workforce is projected to grow from 2.71 million in 2012 to 3.24 million in 2022, creating a 19% increase in the need for nurses. The Bureau of Labor Statistics projects the need for 525,000 replacement nurses in the healthcare workforce generating over one million nursing jobs by 2022 (Bureau of Labor Statistics, 2012). As the demand for nurses increases, the profession of nursing must employ innovative approaches to foster an interest in a nursing career.

In response to the national healthcare mandate, the program Pathways to Nursing (PTN) was started in 2006. The PTN was an innovative partnership between the area healthcare agencies, county schools, and the regional university to expose high school students to the profession of nursing. In 2009 the program was expanded to include middle school students and was renamed Pathways to a Nursing Degree (PTND). The expanded program included two unique learning opportunities: (a) Nurse Summer Camp for high school students, and (b) Nurse Career Day for middle school students. Currently, the program is a partnership between a regional university and the area regional medical center.

Summer camp high school participants spend two days on the university campus, including an overnight in the dorms and an additional two days in shadowing experiences with registered nurses in a myriad of specialties throughout the medical center. While the high school students are on campus they engage in a variety of nursing related activities, and a “meet and greet” with academic advisors about the requirements for the baccalaureate nursing program. They participate in the skills lab performing skills such as vital signs, tube feedings, IV flushes, and dressing application. Additionally, students participate in the assessment of a high fidelity simulator and have the opportunity to play a role in a faculty led simulated code. Additionally, students engage in experiential opportunities such as the cadaver lab, a medical therapy dog, the digital planetarium, and campus wellness.

Experiential learning continues at the regional medical center through the shadowing experience. Eight shadowing opportunities are provided to the students. These opportunities include experiences in medical-surgical areas, the emergency department, labor and delivery, and surgery.

Based on program exit surveys from 2009 supported by k-12 educational literature, PTND faculty identified that middle school students, especially “at risk” students who become involved with collegiate activities and opportunities as early as 6<sup>th</sup> grade are better prepared for future career selections. The measured outcomes from college readiness programs implemented in the middle school grades include academic motivation, increased classroom participation, willingness to take on more work, and improved career maturity levels (Standing, Judkins, Keller, & Shimshak, 2008).

Therefore, a second educational component was created for 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> graders entitled Nurse Career Day. This component provides middle school students a one day on campus exposure to the profession of nursing. According to Kenny, Blustein, Haase, Jackson, and Perry (2006), students entering high school with previous exposure to career planning tend to place a higher value on their education, thus becoming more engaged in the schooling process which ultimately impacts career choices.

Based upon the standards established within the national GEAR UP model, the PTND program partnered with area middle schools demonstrating 50 percent or greater student population on free or reduced lunch to bring middle school students to campus for a Nurse Career Day. While on campus the students participate in a skills lab, an assessment of a high fidelity simulator, and interactive scavenger hunt. Additionally, students are given the opportunity to meet with an advisor regarding the academic requirements needed in high school to be successful in nursing.

Since 2009 the PTND program has had contact with 190 high school students through Summer Camp and 59 middle school students through Nurse Career Days. Through program exit surveys students indicate an overall positive experience. For both middle and high school students the number one reason for what influences their interest in a career in nursing is attending PTND camp or career days. The second highest category for influencing their interest in nursing is their parents and the third, which is meaningful from a health provider stand point, is a "health issue that either you or someone else has dealt with".

Of those students completing the exit survey, both middle and high school students indicate they plan to attend a four year college. High school students identified money as an obstacle to higher education. The middle school students did not identify any obstacles for attending college. Because middle school students did not identify any obstacles, this becomes a pivotal time for college and career planning.

Data collected also demonstrate that the majority of both middle and high school students attending the PTND program reported that no immediate family members are nurses. Through the PTND program students are exposed to many meaningful aspects of modeling and role-modeling that are associated with professional nursing behaviors. According to Erickson (2014), role modeling is often embedded in nurturing and facilitative behaviors. In a proactive attempt to contribute to a strong nursing work force it is important to give students an image of the nursing profession early in their educational development. Additionally, connecting with students early allows for a sense of affiliation thereby contributing to the perception that he or she has some control over the direction of his or her life (Erikson, 2014; Frisch & Bowman, 2011). These connections foster students' transformations in the direction of their hopes and dreams. Parse believed that nurses, in their presence with others, help to support clarification of this new direction (Parse, 1999).

The Pathways to a Nursing Degree program is the focus of a longitudinal study which is investigating the impact of the program on the selection of a nursing or healthcare career by those students who have attended this program. Longitudinal data will begin to be collected in the Spring of 2015. Although longitudinal data is pending, the current program evaluation data supports the continuation of this unique opportunity.

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## C 10 - Are There Plans for the Nursing Workforce? Understanding Burnout among Oncology Nurse Practitioners

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### Purpose

The purpose of this presentation is to offer a starting place for understanding the current workforce needs among oncology nurse practitioners, an understudied group. The prevalence of burnout, psychological morbidity, job satisfaction and stress based on a survey among members of the Oncology Nursing Society are presented.

### Target Audience

The target audience of the presentation is administrators, nurse leaders, workforce planners, and the nurse practitioners themselves. Nurse educators can also use the findings of this study to support instructional strategies for needed self care for nurses in this field.

### Abstract

As 10,000 baby boomers reach the age of 65 each day, the incidence of cancer is estimated to increase by 67% between 2010 and 2030. The IOM predicts that since the entire oncology workforce, including nurse practitioners, is not growing at the rate of expected need, there will be a serious shortage of oncology physicians, nurse practitioners and nurses by 2020 (Institute of Medicine [IOM], 2008). The American Society of Clinical Oncology (ASCO) workforce suggests that increasing the role of nurse practitioners and physicians assistants in an oncology practice is one effective way to address the projected oncology workforce shortage and to ensure continuous delivery of high-quality cancer care (Erikson, Salsberg, Gaetano, Bruinooge, & Goldstein, 2007). Health care providers in oncology are considered to be at risk of a work-related stress syndrome, termed 'burnout,' due to the constant and sometimes overwhelming emotional stress resulting from issues of patient death and dying. Among oncologists/hematologists, 61.7% report feelings of burnout, with the top three signs being frustration (78%), emotional exhaustion (69%), and lack of satisfaction with their work (50%) (Allegra, Hall, & Yothers, 2005).

Approximately 40% of oncology/hematology nurses experience burnout (Aiken, et al., 2001). Burnout can lead to decreased job satisfaction and depersonalization of patients, as well as changing professions (Dougherty, et al., 2009; Spinetta, et al., 2000).

Burnout in oncologists/hematologists and oncology/hematology nurses has been well documented, however there is paucity of information regarding burnout in oncology/hematology nurse practitioners. In order to retain experienced oncology/hematology nurse practitioners, burnout needs to be identified and addressed. Given the magnitude and the potential severity of nurse practitioner shortage in this field, determining the burnout prevalence, psychological morbidity, and job satisfaction and job stress is urgently needed. The purpose of this study is to measure the prevalence of burnout, psychological morbidity, job satisfaction and job stress in oncology/hematology nurse practitioners.

Using the data base obtained from Oncology Nursing Society (ONS), emails with a link to the surveys were sent to members with a forward link to other oncology/hematology NPs who may not be ONS members. The initial email included the introductory letter and the link to the survey. A follow-up email was sent 8-10 days after the initial mailing. A final personalized and signed letter was sent three weeks after the first notice. The survey period was 8 weeks in total.

Data collection instruments included the 22 item, 3 factor structure Maslach Burnout Inventory, the General Health Questionnaire (GHQ) to measure psychological morbidity, Hospital Consultants Job Stress and Satisfaction Questionnaire ( HCJSSQ) to measure job satisfaction and job stress, and finally and the investigator developed Intent to Leave instrument, along with demographic data.

A sample of 350 members received emails with 143 respondents after 8 weeks.

Early findings suggest participants indicated a moderate level of exhaustion and sense of personal accomplishments with a low sense of personal accomplishment. These are coupled with a high number of responses indicating a plan to remain in the field, working for prolonged periods of time, and many don't have time to do the work that must be done. Recommendations include exploration of factors which support the high retention rate in this field when compared to other groups.

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## C 10 - Are There Plans for the Nursing Workforce?

### Transformational Leadership and Intent to Stay: Moving Research Into Nurse Leaders' Practice

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*Christine T. Kovner, PhD, RN, FAAN, USA*

*Carol S. Brewer, PhD, RN, FAAN, USA*

#### Purpose

to describe the relationship between transformational leadership and intent to stay in one's job.

#### Target Audience

nurse leaders and policy makers.

#### Abstract

**Research Background:** High turnover of staff nurses is a persistent problem for healthcare systems in the United States and globally. It negatively impacts patient outcomes and has high organizational costs estimated at \$1.4-2.1 billion per year based on 2006 RN salaries (Brewer, Kovner, Greene, Tukov-Shuser, & Djukic, 2012). Although turnover is a complex phenomenon with many precursors at play, poor management by nurse leaders is one of the top reasons staff nurses leave their employers (Kovner et al., 2007). In a 2011 systematic review of 53 studies, (Cowden, Cummings, & Profetto-Mcgrath, 2011) only three studies showed that a transformational leadership style had a direct positive significant relationship with intent to stay. Since then Laschinger et. al (Laschinger, Wong, Grau, Read, & Pineau Stam, 2012) found a similar relationship, however Abualrub (Abualrub & Alghamdi, 2012) found no relationship.

**Objective:** The purpose of our study was to examine the relationship between transformational leadership style and intent to stay, a direct antecedent of actual turnover, in a nationally representative sample of early-career nurses from the U.S. using multiple covariates.

**Methods:** This was a cross-sectional, correlational study of nurses who had been licensed for 7.5 to 8.5 years. We used data collected in 2013 as part of a large longitudinal study begun in 2006. Our nationally representative sample of RNs licensed between August 1, 2004 and July 31, 2005 is from 51 metropolitan statistical areas and 9 rural areas in 34 U.S. States and the District of Columbia. The analytic sample in 2013 was 1,375. The response rate for the sample used here was 69%. After removing nurses who did not work with physicians, and those who did not work in a job that required an RN license or in a health related field, the analytic sample was 1,198 RNs. After removing cases in which critical data were missing, we analyzed data from a sample of 1,173. We collected data using a survey with a \$5 incentive and a maximum of five contacts for non-responders. Data were collected from both a mailed survey and an internet based survey. We used an expanded Price Model of Turnover (Price, 2001) to guide inclusion of survey questions, which comprised four domains: demographics (e.g. age, race), 2) work setting (e.g. position, shift), 3) attitudes about work (e.g. satisfaction, work group cohesion), and 4) availability of work in other organizations. Attitudes were measured using instruments that had good reliability and validity and that had been used in previous published research. Bass (Bass & Steidlmeier, 1999, p.11) notes "Transformational leadership refers to the leader moving the follower beyond immediate self-interests through idealized influence (charisma), inspiration, intellectual stimulation, or individualized consideration. It elevates the follower's level of maturity and ideals as well as concerns for achievement, self-actualization, and the well-being of others, the organization, and society." TL was measured with a 6-item scale (e.g. "My manager develops a team attitude and spirit in the staff in the department") with possible response options ranging from strongly disagree to strongly agree and mean scores ranging from 1 to 7 (Hammer, Ommen, Rottger, & Pfaff, 2012). ITS was measured using a scale with 4 items (e.g. I plan to stay with my present employer as long as possible.) Mean scores ranged from 1 to 5.

Covariates included: job tenure, months worked as RN, work status, setting, unit type, overtime, highest nursing degree, age, gender, ethnicity, children at home and marital status, autonomy, MD-RN

collaboration, job-family conflict, organizational constraints, promotional opportunities, quantitative workload, and local and nonlocal job opportunities, all of which have been reported in the literature and/or found in our own research to be related to ITS. We used ordered probit multivariate regression analyses (Greene, 2008) and STATA to model the relationship between TL and ITL.

**Principal Findings:** The nurses in our sample were married (74%), white (86%), women (90%) with a mean age of 40 who had worked on average 7.5 years. Transformational leadership was not significantly related to intent to stay ( $p < 0.275$ ). It was correlated with supervisor support (.801,  $p < .000$ ) and mentor support (.583,  $p < .000$ ). Neither TL nor supervisory support, entered separately into the models, directly impacted ITS. Both job satisfaction ( $p < 0.000$ ) and organizational commitment ( $p < 0.000$ ) were positive, significant predictors of ITS.

**Conclusions:** Transformational leadership is not directly related to RNs' ITS, nor is a related concept, supervisory support. Our findings are in contrast to what others have found for transformational leadership. Differences include using a different sample, including different covariates, and measurement differences. Because of our large sample size we are confident that our study was sufficiently powered to find a relationship if one existed. It may be that a "fully specified" model (or one that has a sample large enough to include many covariates) provides more accurate findings than those with fewer covariates and/or smaller samples. Further, our measurement of transformational leadership may be different from how others have measured the concept. We treated ITS as an ordinal variable, while others have treated it as a ratio or interval variable.

**Implications for Policy, Delivery, or Practice:** Having nurse leaders who are knowledgeable about evidence-based practices for staff retention is critical to ensure a stable nursing workforce and optimal patient outcomes. Leadership development is costly; therefore leadership education and practice must be informed by research in order to be effective. Our study does not lend support for transformational leadership style as an important competency for leaders in reducing ITS. Yet, organizations invest in TL training. Based on our findings, leaders who want to increase ITS need to focus on job satisfaction and creating good work environment. Because our findings are not consistent with many other TL findings reported in the literature, further study of both transformational leadership and other concepts of leadership is warranted.

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## C 11 - Developing Online Nursing Education

### Aligning Outcomes, Assignments, and Assessment in Designing an Effective Online Program

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#### Purpose

to present the logic model concept and the potential to: show the alignment of program mission, vision, and goals with the organizational mission, vision, and goals, as well as professional standards and guidelines, connect important resources to particular courses or assignments, identify critical benchmarks, individual and aggregate outcomes for learning.

#### Target Audience

the nurse educator, academically or practice- based, wanting to learn more about designing learning materials in a systematic manner through the incorporation of the logic model.

#### Abstract

Higher education institutions are increasingly expected to link the academic pedagogies in a manner that facilitates the application of practice-level skills. In an effort to develop high-quality and effective online learning environments which prepare the student for immediate contributions in the workplace, this college developed a strategy for the development of a completely online program to ensure quality and increase learning in the courses and program. By using a logic model framework and methodology, program, course, and student learning outcomes, assignments, and assessment of learning can be easily organized to flow in a cascading manner. Through the use of this “curricular logic model”, nursing programs can have a platform that assists in evaluation, assessment, and revision of the curriculum in chart form. This visual representation of the nursing curriculum provides the nursing faculty the opportunity to use creativity in design so that the various levels of outcomes are easily identified. For example, color-coded program, course, and individual assignment outcomes make distinguishing them from one another more expedient. This method also highlights how the outcomes flow from general to specific. The overall document can be designed to be as simple or complex as the user desires. For example, a general logic model that only includes organizational, program and course outcomes could be developed, or a complex model could even include weekly learning outcomes for each particular course and, or, outcomes for specific assignments.

The logic model concept has the potential to: show the alignment of program mission, vision, and goals with the organizational mission, vision, and goals, as well as professional standards and guidelines, connect important resource availability to particular courses or assignments, identify critical benchmarks, individual and aggregate outcomes for learning throughout the program (clinical courses, capstone course) and to highlight consistencies or inconsistencies in curricular design and outcome achievement.

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## C 11 - Developing Online Nursing Education

### Fostering Retention: A Success in Transitioning a RN-BSN Program to Online Delivery

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*Nena Powell, PhD, MSN, BSN, ADN, RN, USA*

#### Purpose

The purpose of the presentation is to provide an overview of strategies and associated outcomes of an innovative approach to improving retention rates of RN-BSN students enrolled in a distance education program.

#### Target Audience

The target audience includes nurse faculty and nursing program administrators seeking innovative, successful strategies for retention of RN-BSN students in distance education programs. The session also targets nurse administrators in health systems to assist nurse employees in identifying student-centered BSN distance education completion programs.

#### Abstract

**Background Information:** Poor student retention with online courses has been documented. The Allen and Seaman (2013) survey noted that although higher education had rapidly embraced online education, there is a noted trend downward with student retention with online course delivery. There is a dearth in the nursing literature related to retention rates for RN-BSN students enrolled in distance courses and/or programs. Distance education for RN-BSNs does demonstrate the need for student-centered strategies to promote retention of this diverse student population. The literature clearly articulates that RN-BSN students also have unique challenges related to time constraints, work-life balance, personal issues, financial constraints, fear and motivation (Romp, et al., 2014; Gillespie & Langston, 2014). Transitioning the JMU RN-BSN hybrid program to an online delivery format required specific attention to ensuring retention and graduation of admitted students. This was accomplished with an emphasis on seamless progression and an academic success course that included an onsite orientation.

**Description of program practices:** A needs assessment with rural RNs in the state of Virginia was conducted to ascertain specific information related to program delivery as well as barriers to enrollment. This data, in conjunction with an analysis of the literature and input from community and state partners, provided the foundation for innovative strategies integrated into the curriculum to promote student retention in the RN-BSN program. Variables deemed critical to the success of students included connections/relationships, academic/technology support and strong faculty advisement. Articulation agreements were developed with several associate degree programs to promote seamless progression towards BSN completion. This collaboration supported students in actively completing general education and prerequisite coursework required by the university while enrolled in their associate degree programs. The specific strategies integrated into the RN-BSN curriculum included an academic success course incorporating onsite orientation, relationship building with peers/faculty and technology support.

**Summary of recommendations:** With the transition of the RN-BSN to online delivery in August 2013 and the subsequent admission of a second cohort in January 2014, the retention rate was 97% for the first year of the online program delivery. Enrollment in the program increased by 343%, from 2012 to 2014. A survey of enrolled students identified that the mandatory onsite orientation was an effective strategy for socializing students to the university, RN-BSN program, technology support services and peers/faculty. Designing an onsite orientation that provides opportunities to employ all technology and software that will be used in the online delivery of the program enhances students' confidence and skills once participating in the program from a distance. The online JMU RN-BSN program demonstrates that with a student-centered focus on the needs of this diverse student population, retention rates can exceed national standards for both undergraduate nursing programs and online programs in general.

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## C 11 - Developing Online Nursing Education

### Collaboration between Faculty, Instructional Design and Technology Services in Development of a Course Template for Online Learning Environments

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*Denise K. Gormley, PhD, RN, USA*  
*Matthew C. Rota, MA, USA*

#### Purpose

to demonstrate partnerships between faculty, ID, and IT in the development of a LMS course template for online content delivery improves communication and engagement with students; improves faculty and student satisfaction, technology tools are leveraged; and ultimately, innovation is maximized to improve outcomes.

#### Target Audience

nurse faculty, staff and administrators involved in online course delivery in nursing programs interested in developing strong partnerships to leverage technology and innovation to improve student outcomes.

#### Abstract

**Background:** Nationally, 7.1 million students are now taking online courses, and 77% of academic leaders rate student learning outcomes as the same or superior to face to face instruction. Technological Pedagogical Content Knowledge (TPCK) is a framework that identifies the knowledge faculty need to teach effectively online with technology. This was our model for creating a course delivery template in the Course Management System (CMS) that could be flexible enough to be used across colleges and programs. To that end, we worked with instructional design (ID), faculty, IT, and administrators to develop a common template for course delivery. Collaboration occurred to identify features of a template that would span colleges/programs and be learner-centered, streamline course design, include intuitive navigation and a logical presentation, and encourage student engagement and improve student and faculty satisfaction. Included in the development of the new course template was faculty input, instructional design, technology resources and support, our CMS platform and Quality Matters. Faculty partnered with the instructional design team and college technology services to develop a course template that contained standardized functionality but allowed for customization as needed for particular courses.

**Discussion:** Faculty develop course syllabi including learning outcomes, textbook choice, content and assignments/assessments. Instructional Designers identify flow and learning patterns, and integrate CMS tools to enhance student learning. Instructional Technology serves as the liaison between faculty and CMS support, and identifies new technologies to support course teaching. Major focus areas for the template included: streamlined content presentation, technology support, and academic support, and allows for development of course objectives and module level objectives for weekly content areas.

**Report:** Once the template was developed, ongoing workshops occurred with full day, half day and targeted hour long training sessions to facilitate use of the template and comfort with educational tools. Takeaways from this endeavor included: clearly identify stakeholders and include in planning and implementation, establish core principles and design the template using the core principles identified, collect data, and continuously improve.

**Conclusions:** With the partnership between faculty, ID, and IT, there is more effective communication with students, students feel more engaged, questions directed to faculty are reduced, technology tools are leveraged to enhance teaching and learning, improve efficiency and save time, and innovation is maximized.

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## C 12 - Developing Nursing Leaders

### Essence-Driven Leadership: Illuminating the Lived Experiences of Chief Nursing Officers

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#### Purpose

The purpose of this presentation is to give light to emerging strategic experiences (e.g. the social processes, psychological disposition and leadership perspective) which impinged on CNOs decision making, leadership style, organizational culture and climate.

#### Target Audience

The target audience of this presentation are aspiring chief nursing officers, nurse executives, nursing practitioners, hospital administrators, nurse educators, nursing leaders and future researchers.

#### Abstract

**INTRODUCTION:** This paper embraces the lived experiences of selected ten Chief Nursing Officers (CNOs) in tertiary hospitals within the Philippine's National Capital Region. The study gave light to emerging lived experiences (e.g. the social processes, psychological disposition and experiential perspective) which impinged on CNOs decision making, leadership styles, organizational culture, climate and transformation.

**METHOD:** Individualized in-depth, unstructured interviews with field notes were used as consented among ten selected CNOs in tertiary hospitals within NCR. Consent from the colleges and all affiliating institutions were sought prior to data gathering procedure. Written consent for each co-researcher was secured before interview process began. Anonymity and confidentiality was observed all throughout the research process to address ethical concerns of the participants.

The research design rested on the Heideggerian and Gadamerian hermeneutics combined with Giorgi's method of qualitative content analysis. Constant comparative technique further degraded emerging themes which embodied the phenomena conserving the perspective of ontological objectivity with an intricate degree of reductionism. It lies in the premise of naturalism and object relativism which resonates the reality of facts as embodied, perceived and interpreted.

**RESULTS:** The essence-driven leadership framework elucidated leadership essentials necessary to cultivate and sustain organizational success. Elements of CNOs lived experiences were exhibited in the continuum of highlighted personal and organizational transformation, as follows: (1) Self-mastery; CNOs understanding of sense of self (control and awareness) either personal or interpersonal processes which allow them to have a realistic perspective of themselves in interaction with the environment; (2) Environmental mastery, is characterized by CNOs instinctiveness of perception. It details the experiential expertise amongst CNOs that make them intuitive of future occurrences in an ever changing healthcare milieu; (3) Grounding, on the other hand is the fusion of self and environmental mastery to construct a holistic perspective of the organization in interaction with the external forces (4) Essences, is the fuel of CNOs sense of purpose, which is found in three dimensions (workforce, executive role, and clients) which sustain motivational momentum and leadership drive (5) Organizational transformation through adaptive change is achieved when there is clarity of direction, sense of purpose, esprit de corps and ultimately, the renouncement of status quo through (6) Transcendence is communicated in the organization.

**IMPLICATIONS:** Leadership through strategies isn't formulaic. Sheer figures and numbers are insufficient to become a transformational and transcendental chief nursing officer. Leaning on the soft science of leadership and structure from strategies, the Essence-driven leadership resonate from chief nursing officer's sense of organizational purpose. The elements of the framework blend in variable degrees,

which is refined through time and experience. With this model, leaders not only provide mere vision but bring purpose to impact.

**Keywords:** Chief Nursing Officer, Essence- Driven Leadership, Strategic Lived Experiences, Transcendence, Transformation.

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## C 12 - Developing Nursing Leaders

### Authentic Work Experiences of Chief Nursing Officers: A Phenomenological Inquiry

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#### Purpose

The purpose of this presentation is to describe the results of a qualitative study of Chief Nursing Officers (CNO) within the Southeastern United States; exploring their work experiences, dynamics and environments as the lead voice for nursing. These results will help CNOs sustain and further enhance high quality patient care.

#### Target Audience

The target audience of this presentation is CNOs and Administrators. Advancing the Registered Nurse (RN) into a professional, guaranteeing consistent quality patient care is one of many responsibilities of the CNO. CNOs must think differently, removing barriers in the hospital setting, providing effective practice and patient care at bedside.

#### Abstract

**Background:** Studies have shown that job dissatisfaction, increased workload demands, poor working conditions and high patient acuity (overload) are among the challenges facing the registered nurse (RN) today. These challenges are also being faced by the Chief Nursing Officer (CNO), the leader of the professional nurse, in advancing the RN into a highly functioning professional practice guaranteeing, daily, the delivery of quality patient care. Today's CNO must think differently to remove the barriers in the acute care setting, providing effective practice at the point of care.

**Purpose:** The purpose of this study was to explore the work experiences of the CNO as the leader, voice and advocate for the professional nurse in the acute care setting. This information may help determine how future CNOs will be even more successful in the leadership role for the professional nurse to provide even more consistent, quality patient care.

**Methods:** Guided by the naturalistic inquiry paradigm, this qualitative, phenomenological inquiry (Moustakas, 1994) yielded an understanding of the human experience of the CNO as the leader for the RN. This approach determined textural-structural, "what" and "how" composite descriptions through the lens of the participants, conveying an overall essence of the CNOs' work experience as the leader of the RN.

**Results:** The CNOs in the study experienced bullying and unwritten hierarchy in the corporate suite. They were not fully prepared to communicate in financial/business terms and, therefore, were not heard and understood by the other members of the executive team. As a result, the CNOs engaged in many battles and decisions were often made regarding nursing and patient care issues without the full and adequate input of the CNO, all affecting quality patient care.

**Conclusions / Implications for Practice:** This study was the first to investigate and explore the work experiences of the CNO as the leader for the professional nurse. One of the themes that emerged from this study was "battling", primarily caused by the CNOs' expertise in clinical matters and not high level business and financial expertise. The CNO is the professional nurse's leader and must communicate total, net worth impact for both the nursing and organizational areas in order to be heard. Evaluation of nursing curriculum is needed to ensure that future leaders of nursing have all the knowledge and skills necessary to be dynamic, innovative leaders, establishing a lasting impact on the healthcare industry.

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## C 12 - Developing Nursing Leaders

### Voice Behavior of Clinical Nurses and Leadership Behavior: Finding the Connection

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#### Purpose

The purpose of this presentation is to share the result of the study that explore the relationship of direct supervisors leadership behavior and the clinical nurses voice behavior. Understanding the elements that promote and support nurses' voice behavior has a grave implication to our patient safety and overall healthcare quality.

#### Target Audience

The target audiences in this presentation are healthcare clinicians in different roles, from leadership to frontline staff, including nursing educators and administrative leaders.

#### Abstract

**Problem of study:** Quality improvement is at the heart of patient safety. Nurses, who act as front line staff, are in the best position to identify issues and concerns that affect the care of their patients. They have firsthand knowledge of what works and what does not work. Their reluctance to voice concerns and issues has grave implications with regards to patient safety and on the organization's ability to learn from error. Further investigation of the front line staff's concerns can prevent errors and provide resolution leading to greater safety for patients. This study explored the relationship of leadership style and the quality of leadership affiliation to the voice behavior of clinical nurses. The outcomes from this study may influence healthcare organization in promoting voice behavior to staff.

**Theoretical framework:** Two leadership theories, Full Range leadership theory and Leader-Member Exchange theory, were used to guide the study. It was conceptualized that leadership style defined by specific leadership behaviors and the high quality of leadership affiliation has impact on clinical nurses' voice behavior. In addition, clinical nurses' perceived psychological safety mediates the relationship between leadership characteristics and the nurses' voice behavior.

**Methodology:** This study is a non-experimental, correlational research design developed to examine the relationship between clinical nurse's perception on their direct supervisor's leadership style, their leader-member affiliation, and their voice behavior. A cross-sectional survey was conducted after the Institutional Review Board (IRB) approval from the Texas Woman's University was obtained. There were 154 total responses but only 146 responses were used in the analysis due to set criteria. Hierarchical regression analysis was employed to explore the relationship between variables. Participants' age, tenure, gender, and work shift were used as control variables. Preliminary analysis was conducted to ensure that no assumption was violated.

**Result:** The full regression model accounted for 26.4% ( $p < .0001$ ) of the total variance in voice behavior. The introduction of the socio-demographic variables explained 1% of the variance ( $F = .339$ ,  $p = .851$ ). Adding leadership affiliation and leadership styles, the model explained 24.4% of the variance ( $F = 5.664$ ,  $p < .0001$ ) and indicated that leadership behaviors do affect voice behaviors. After entry of the PS at step 3, the variance explained by the model as a whole was 26.4%, ( $F = 5.258$ ,  $p < .0001$ ). In the final model, only leadership affiliation, ( $\beta = .262$ ) and transformational leadership ( $\beta = .229$ ) showed any strength of contribution.

**Conclusion:** The study findings indicate that contextual leadership characteristics are a significant contributing factor in the clinical nurses' decision to engage in speaking up regarding their issues and concerns. Leaders play an important role in employees' decisions to voice work related ideas and concerns. Creating an environment where ideas for improvement are respected and supported is a step towards higher quality care.

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## C 13 - Exploring Strategies to Promote Leadership Growth

### Could Critical Thinking Help Create Nurse Managers Who are Transformational Leaders?

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*Susan Zori, DNP, MA, BSN, RN, NEA-BC, USA*

#### Purpose

The purpose of this presentation is to share implications of research that explored the relationship between nurse managers' dispositions to use critical thinking (CT) skills and RN staff nurses' perceptions of the practice environment.

#### Target Audience

The target audience of this presentation is nurse managers and directors in a variety of inpatient and ambulatory health care settings as well as nurse educators and graduate students in nursing administration.

#### Abstract

The front-line nurse manager of a patient care unit, is expected to function as a transformational leader. Effective nurse leaders are capable of creating an environment that supports nurse empowerment, through open communication, and shared decision-making. Achieving goals that align the organization with quality outcomes is essential to survive in today's transformational health care environment (Kelly, Wicker, & Gerkins, 2014).

The purpose of this presentation is to share findings and implications of research that explored the relationship between nurse managers' dispositions to use critical thinking (CT) skills and RN staff nurses' perceptions of the practice environment and its applicability to transformational leadership behaviors.

This descriptive study used a convenience sample of 12 nurse managers who completed the California Critical Thinking Disposition Inventory (CCTDI) and 132 of their respective staff nurses who completed Practice Environment Scale (PES).

An analysis using an independent sample t test revealed significant differences at the ( $p < .001$ ) level between specific nurse managers' mean CCTDI scores for open-mindedness, analyticity, and critical thinking confidence and significant differences at the ( $p < .01$ ) level for systematicity when compared to their respective RN staff nurses' mean PES scores. There was no statistical difference in the nurse managers' scores on the CCTDI when tested for the influence of the demographic variables of age, education level, and years of experience.

Results indicated nurse managers with a stronger disposition to use CT skills were linked to staff nurses' more positive perceptions of the practice environment. Transformational nurse leader competencies have been established by various professional organizations such as American Organization of Nurse Executives ([AONE] 2005) and the Oncology Nursing Society ([ONS], 2012). Both organizations specify that communication and relationship management are key competencies required by transformational leaders. Nurse managers with strong CT dispositions may have strength in the development of transformational leadership competencies especially those that influence satisfaction of staff RNs with the practice environment. Including educational strategies that enhance the development of CT dispositions may be helpful as programs to develop transformational leaders are created. Additional research to explore the link between nurse managers' CT dispositions and development of transformational leadership competencies would be beneficial.

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## C 13 - Exploring Strategies to Promote Leadership Growth

### The Role of Ethnic Nursing Organizations in Developing Future Nurse Leaders

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*Maria Matza, PhD, RN, PHN, USA*

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#### Purpose

The purpose of this presentation is to share information from a qualitative research study on the role of ethnic nursing organizations in developing nurses for leadership. Additionally, the presenters will discuss ways to increase diversity in nursing, including leadership and academic roles

#### Target Audience

The target audience of this presentation is all nurses interested in encouraging diversity and mentoring in nursing. It should appeal to faculty, educators, nurse managers and administrators, as well as staff nurses.

#### Abstract

**Purposes/Aims:** The aim of this qualitative descriptive study was to explore the role of ethnic nursing organizations in developing their members for leadership.

**Rationale/Conceptual Basis/Background:** There is a disparity between the ethnic makeup of the US population, and those of nurse, nurse leaders and nursing faculty members. While the US population is 63% non-Hispanic whites and California only 42% non-Hispanic whites (US Census Bureau 2012 statistics), the nursing profession is more than 83% non-Hispanic white (HRSA report, 2010). Amongst nursing leadership and nursing faculty members, the disparity is even greater. "Only 12.3 % of full time nursing faculty members are coming from minority backgrounds" (AACN report). In order to foster diversity amongst nursing leaders and nursing faculty, it is desirable to encourage minority nurses to develop for these roles. One source of mentoring and development might be found in the ethnic or minority nurse organizations. Since this has not been the focus of research in nursing to date, a qualitative study using content analysis method was conducted.

**Methods:** The research team conducted in depth interviews of nurses who held membership for at least 3 years in one of the ethnic nursing organizations. Focus of these interviews was aimed at discovering how the organization helped them develop in their career, provided mentorship or encouraged them in continuing education or seeking leadership. Qualitative content analysis methods was utilized to analyze results. Transcribed interviews were analyzed by the team and initial coding done, identifying specific words and phrases. The research team then grouped together the words and phrases into categories of data. From the review of the emerging categories, themes were found and a model was created.

**Results:** Fifteen participants were interviewed. Four participants interviewed were members of their local Philippine Nurses Association, six were from the Black Nurses Associations, and five from the Hispanic Nurses Association. Three male and 12 female nurses participated, with ages ranging from 32 – 65 and years in nursing from 15-33. Education levels range from BSN to Ph.D.

Analysis indicates that these organizations provide opportunities for leadership, mentoring and encouragement to the members. The participants noted comfort and a sense of community and "home" from being with persons from similar backgrounds. "You don't have to explain where you come from" one participant reported. However, others noted that it is "not enough" and mentors are found in other professional organizations, also. A key finding is the importance of community and "giving back" to their communities as strength of these organizations.

**Implications:** It is important to understand factors that help to both retain and develop nurses as leaders. Many factors have been considered, but thus far, no one has looked at the ethnic nursing organizations as a potential source in contributing to this development. As noted, this is an area with

virtually no research. The ethnic nursing organizations play an important role in developing nurse leaders. Understanding and disseminating the role of these organizations might lead to future considerations of they can contribute to increasing the diversity of nursing leadership and faculty.

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## C 13 - Exploring Strategies to Promote Leadership Growth

### The Role of Coaching in the Development of Nurse Managers

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*Liz Westcott, DCM, MSc, RN, RNT, United Kingdom*

#### Purpose

This purpose of this presentation is to share the results of empirical research undertaken into the role that coaching is playing in the development of nurse managers.

#### Target Audience

The target audience of this presentation is senior nurses, nurse managers, coaches, policy makers

#### Abstract

This presentation will share the results of empirical research undertaken into the role that coaching is playing in the development of nurse managers.

Background: The role of the nurse manager is pivotal to maintaining good patient care. The term nurse manager is being used to denote first level line managers such as ward sisters, charge nurses, ward managers and community leaders. Health care managers currently face pressure from the public, professional and regulatory bodies, advances in technology, reductions in public funding and an ever-increasing and aging population. Within this pressured environment, nurse managers have a pivotal role in the management and leadership of staff and the quality of patient care.

Nurse managers manage very complex settings and their leadership and management is essential to the maintenance of high standards and patient safety. However, they usually undertake this position as their first line management role and often have very little training before they are appointed and little when they are in post.

It has been identified that the style and qualities of the nurse manager will have a considerable influence on team ethos and behaviour. It has also been suggested that leadership style influences the culture of a practice area and therefore, has an effect on the quality and standard of care. Additionally studies by the RCN report that nurse managers have been found to be unclear about what is expected of them in their leadership and management role; with this lack of clarity being compounded by time pressures, lack of resources and complicated lines of authority.

It has been well documented that nurse managers feel inadequately prepared for their line manager role and that this hinders their ability to perform their roles effectively. The importance of some preparation prior to a manager being appointed has been identified, so they can be better prepared to succeed in their new role. If this pre-preparation is in place it is suggested that managers can then better contextualise the learning they undertake once in post.

Coaching is one of the key approaches through which leadership within organisations can be developed. Effective coaching can be used by employers to retain key employees and helps to create a cohesive workforce, which will work effectively even when under pressure.

Coaching has undergone a major change and is now actively sought by employees rather than being seen as a remedial process for underperformance. Coaching is also now seen as one of the most effective methods for managing talent and is seen as an opportunity for leaders to have insightful conversations and reflect on their performance.

In the public services, coaching has been offered to executive management and high potential level staff for a number of years but is still only just emerging as an option for middle managers and nurse managers.

**Aim:** To explore the role that coaching is playing in the development of nurse managers.

**Methods:** This mixed methods research used a pragmatist paradigm and gathered data from a quantitative survey of 100 healthcare providers and qualitative interviews of nurse managers, coaches and directors of nursing during 2013. A probability, stratified sampling approach was used to recruit directors of nursing to the survey. For the qualitative interviews, a 'non-probability approach' to sampling was used. Sampling was purposeful with an element of snowballing and convenience sampling methods. The nurse manager group comprised staff who had been nurse managers for between two and five years when they received coaching. This study adhered to the three dimensions identified for ethics in research; procedural, ethics in practice and professional codes. Thematic analysis was the framework used for data interrogation. Once cross-cutting themes were identified, the interviews were re-analysed, using pattern coding, to identify how each group viewed these and what patterns had emerged.

**Results:** The survey results appeared to suggest that a development programme was offered to NMs within 6 months of appointment in only 50% of the organisations. This suggests from this sample that development is still not widespread and mandatory.

The interview analysis showed that coaching developed resilience, leadership and a coaching culture in health care settings as well as improvements in patient care.

**Discussion:** Coaching is not widespread for nurse managers in many organisations but may have a big impact on nurses, patients and organisations if adopted.

The importance of the first line managers having development and adopting a coaching style of management. Coaching helps with difficult decision making, 360-degree line management and project management. The value of a coaching style in clinical supervision and mentoring to develop skills and performance was identified. Coaching leads to transformation of the nurse manager and their team but needs to be accessible to all and can be introduced as part of a development programme.

It was found that there is a perceived added value that a nurse as a manager brings to a management role in terms of reflection ability and the natural caring style that comes from being a nurse. Organisations other than health care could learn from the caring side of nursing as a useful asset and is reflected in the value of using a coaching style of management. In essence, using a coaching style isn't being a soft manager but is getting the best out of staff.

Coaching improves and maximises resilience, self-efficacy, self-confidence, and self understanding and can help in the very difficult transition to NM role. It was identified the line manager should not be the nurse manager's coach but should have a coaching style of management

There appears to be an unrecognized, 'by-product' link, between support for coaching NMs – transformative leadership – improved patient care. Coaching can help in a shift to problem focused coping and can help with moving from vulnerability to resilience

**Conclusions:** Coaching of nurse managers and developing a coaching culture gives clear benefits to themselves, their patients and the organisation. All nurse managers should be advised to have coaching when they take on the new role, when they move into any subsequent role or when they embark on major projects. Organisations should ensure that formalised coaching is not undertaken by the nurse managers' line manager. Nurse managers should be encouraged to use a coaching style of management with their direct reports and peers.

Organisations should ensure that any coaches used for nurse managers have undergone training and undertake supervision. There should be an Identification in the UK, of the differences between coaching, mentoring and clinical supervision and develop a clear framework to show this. Finally all health care organisations should engender a coaching culture in their staff.

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## C 14 - Nursing Education Leadership Competencies

### Nurse Educator Leadership Competencies: Instrument Development and Testing

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#### Purpose

The purpose of this presentation is to describe the leadership competencies of nurse educators in academia and establish the psychometric properties of a newly developed instrument.

#### Target Audience

The target of this presentation is nurse faculty, administrators, and nursing students.

#### Abstract

Leadership is an essential element of the role of the nurse educator. Many nurse faculty leaders find themselves in administrative positions in higher education with insufficient leadership education and/or experience. Leadership succession planning in nursing education is often overlooked. This is of great concern in nursing education because leadership in academia has been associated with organizational outcomes, faculty satisfaction, and a healthy work environment. Organizational success is dependent upon the competency of its leaders. The development of nurse faculty who have the leadership skills that are essential to take on these challenging roles is critical. This study builds upon two previous studies conducted by the authors examining the leadership competencies of nurse educators and to develop an instrument to measure these leadership competencies.

The Competencies for Leaders in Nursing Education Instrument (CLNEI) was developed based on four competencies and task statements that emerged from a qualitative study with nurse educator leaders and a follow-up national Delphi study to confirm the results. The four core competencies are: Articulate and promote a vision for nursing education, Function as a steward for the organization and nursing education, Embrace professional values in context of higher education, and Develop and nurture relationships. The data were used to create the items and subscales of a self-report instrument to assess leadership competencies in nurse educators. The 24-item instrument uses a 7-point Likert scale rating the frequency (never to every time) in which the nurse educator perceives he/she engages in the leadership activity. Therefore, the purposes of this descriptive study were to describe the leadership competencies of nurse educators in academia and to establish psychometrics for a newly developed instrument.

All participants were nursing faculty members teaching in programs in a Commission on Collegiate Nursing Education (CCNE) member school of nursing, and were recruited using proportionate random sampling of schools from the nine US regions determined by the US Census Bureau (N = 84 nursing schools). An email was sent to all potential participants from the schools (n = 2400) via Survey Monkey® from the study investigators.

All data were downloaded to SPSS. Demographic data were analyzed using descriptive statistics. Psychometric evaluation of the instrument was conducted to determine reliability and validity including determination of Cronbach alpha coefficients for the instrument overall and subscales, as well as confirmatory factor analysis. Qualitative comments from the findings were analyzed using in-vivo coding and analysis for similarities among participants. Findings and demographics of the sample will be presented.

Nurse educators are challenged to become leaders, using innovation and creativity to create a more efficient and effective learning environment for students. As members of the academic community, they must become leaders in university governance to proactively address increasing regulation in higher education and threats to academic freedom. This study contributes an instrument for the science of

nursing education that can be used to assess leadership in nurse educators. It may be used in conjunction with leadership development programs for nurse educators to identify areas for development or to assess program outcomes. It may also be used to evaluate relationships between leadership competencies and organizational outcomes in higher education. The findings of this study contribute to best practices for leadership in nursing education.

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## C 14 - Nursing Education Leadership Competencies

### Preferred Educational Methods of RN's With More Than Ten Years of Inactive Patient Care

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#### Purpose

The purpose of this presentation is to further define competency through testing RN's with inactive patient care of more than 10 years, who are enrolled in an online program that contains a hands-on skills lab, compared to those who are enrolled in the online program only.

#### Target Audience

The target audience of this presentation is nursing educators and nurses who have been out of the "direct patient care" nursing workforce for more than 10 years, who wish to return to the workforce.

#### Abstract

The Colorado State Board of Nursing rules and regulations provide a policy that states that "if you do not have an active license in another state and all of your licenses have been expired two (2) years or more, you must demonstrate competency to practice by successfully completing refresher courses as defined in Nursing - Board Rule 5.6" (CSBON, 2015). According to this policy, the competency is derived from completing an RN refresher program. The objective of this paper is to further define competency through testing RN's with inactive patient care of more than 10 years, who are enrolled in the online program that contains a hands-on skills lab compared to those who are enrolled in the online program only. This proposal, through solution and problem description, implementation, evaluation and monitoring, will present three levels of testing. These exams are given to gain baseline knowledge from students, knowledge after the online learning portion is finished and knowledge after the skills lab and online are finished. A comparison study of sample students will be reviewed as part of the decision-making. The results of the study and its outcomes will be shared with other educational institutions and state boards of nursing throughout the United States. The desired outcomes are to develop guidelines within Colleges and Universities for admission to the RN refresher program and to implement this evidence-based proposal as a nursing policy within the Colorado State Board of Nursing.

The implementation of this study consists of four main steps. "These organized methods will follow a specific procedure to study the issues, therefore lending to the idea that the results will be more accurate and are not influenced by opinion or belief" (Potter, 1995, p265). First, the specific population will be identified. The study will be conducted over one year time. Second, the nurses will be divided into two sample groups, for comparison purposes. Third, the demographic data of participants will be identified and posted as student plus their zip code. The variables will include age, sex, years since graduation, years since last practiced, total years of practice prior to inactivity, level of nursing degree, ages of children at home, and other non-nursing work that will be reviewed to see if there are other variables that need to be considered. Fourth, the instrument will be a pre-refresher test given to all participants at the beginning of the program, with the same test given mid-way through and then another test as the final. Other methods of data collection may be reviewed for use in future research.

Proposed study in progress, with results pending.

In conclusion, continued nursing research is a critical component to the survival of the nursing profession. According to IOM report (2011), "nursing education must be fundamentally improved both before and after nurses receive their licenses". The influence of research on nursing education and nursing practice is immense and will forever change the overall advancements of the nurse. Conducting studies will allow the use of evidence-based research to make the needed adjustments and changes necessary for the ongoing improvement of nursing. This study will address the preferred learning needs of nurses who are returning to nursing practice after being inactive more than ten years. By sharing these learning experiences with others, changes and improvements can be made to nursing education. By sharing the

outcomes, the opportunity is set forth for further research and to eventually make a difference in the nursing profession as a whole.

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## C 14 - Nursing Education Leadership Competencies

### Informatics Competencies: Transition from Classroom to Bedside

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#### Purpose

To create educational strategies to build regional informatics competency. 2. Review assessment findings and identified gaps in informatics knowledge/skills facing graduate nurses integrating into the nursing workforce. 3. Apply survey results to determine sequencing and core content of nursing informatics competencies. 4. Present educational tools to facilitate learning.

#### Target Audience

Nurse educators in academia as well as clinical agency. Clinical nurse leaders Informaticists Hospital Administrators

#### Abstract

Gaps in the integration of informatics into nursing curriculum and development of informatics competencies continue to exist (Hunter, 2013). Current and future nurse leaders are responsible for integrating extensive and variable patient information and making clinical decisions using multiple sources of data. Many of these nurse leaders have had little or no training in the area of informatics, yet are required to function in the digital age with expertise. While there is credible work by the National League of Nursing, the Robert Wood Johnson Foundation (QSEN) and Technology Informatics Guiding Education Reform (TIGER) Initiative; there remains a critical need to identify specific gaps in informatics competencies necessary for graduate nurses entering the workforce.

Clinical and academic partners joined forces to form an informatics leadership collaborative. The purpose of this collaborative is to explore the perception on the part of fourth semester nursing students and their preceptors regarding informatics competencies as described above. The Informatics Leadership Collaborative of Health Communities Forum for the Sacramento Region has set as a goal to advance bedside nursing to a level of practice in which the knowledge, skills and attitudes identified in QSEN Essentials of Baccalaureate Nursing Education, TIGER Initiative and the NLN are integrated into a standardized and coordinated program for all bedside nurse clinicians practicing in the region. The collaborative effort includes academic and service partners in a complex and well-developed healthcare community.

The Informatics Leadership Collaborative designed a descriptive study with the purpose of providing an analysis of the gaps in informatics knowledge, skills and attitudes of baccalaureate graduate nurses. The study participants consist of a purposive convenience sample of subjects recruited from five schools of nursing and four hospital agencies. Criteria for inclusion in the study is students in the final semester of nursing school and their preceptors. The participants completed a survey of 37 questions focused on the participant's perception of informatics skills, knowledge and attitudes.

Three semesters of data collection and analysis has provided data to guide the development of a standardized curriculum for health informatics technology. Healthcare redesign is dependent on the appropriate and effective integration of healthcare technology and informatics. A partnership between academia and the clinical agencies is essential to this goal. The QSEN competencies are all dependent on the comprehensive knowledge of informatics by the nursing student, bedside nurse and nurse mentor or preceptor. Studies (Bakken et al., 2004; Conors et al., 2002; Fetter, 2009a; Lucas, 2010) have concluded that it is necessary for schools and clinical agencies to collaborate on an effective integration of healthcare informatics competencies into the nursing curriculum. Through ongoing communication and partnership between academia and clinical agencies, it is possible that a solid foundation of informatics principles and competencies can bridge the gap for new nurses as they enter the clinical settings.

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## D 10 - Developing Shared Governance: Does It Have an Impact?

### Measuring Shared Governance in Acute Care Hospital Settings Using the Index of Professional Nursing Governance (IPNG)

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#### Purpose

The purpose was to evaluate shared governance (SG) in three acute care hospitals in Nevada. The goal was to obtain a baseline measurement of shared governance using the Index of Professional Nursing Governance (IPNG) to determine if the hospitals had achieved SG following six years of implementation.

#### Target Audience

The target audience of this presentation is Nursing Managers, Nurse Directors, and Nurse Administrators

#### Abstract

**Purpose:** The purpose of the study was to evaluate shared governance in three acute care hospitals. The goal was to obtain a baseline measurement of shared governance using the Index of Professional Nursing Governance (IPNG) to determine if three Las Vegas area hospitals had achieved a state of shared governance following six years of implementation.

**Background/Significance:** Employers are becoming more creative in their strategies to improve the work environment decrease turnover, and retain nurses within their organizations by implementing management strategies such as shared governance models. Shared governance models focus on creating a satisfying practice environment that empowers employees in the decision-making of nursing practice. The challenge nurse leaders face with the implementation of these models is measuring the outcomes and determining when shared governance has actually been achieved.

**Methods:** This was a descriptive study using the Index of Professional Nursing Governance (IPNG) survey tool to obtain a baseline measurement of shared governance. After obtaining IRB approval, which deemed the study exempt, the survey was distributed via interoffice mail and online via SurveyMonkey® to 1418 registered nurses employed at SRDH. The IPNG tool measured overall governance, in addition to six subscales of professional nursing governance: personnel, information, resources, participation, practice and goals.

**Results:** After 30 days, 342 surveys were returned for an overall response rate of 24%. However, only 207 surveys were useable in the analysis, due to the removal of incomplete surveys and outliers in the data. Demographically, the sample consisted of full-time, part-time nurses, and per diem nurses. The number of years in nurses' current position ranged from 3 months to 31 years ( $M = 5.27$ ,  $SD = 5.57$ ). The results of the survey indicate that all three acute care hospitals measured, although having shared governance structures in place since 2007, remains in traditional governance, with decisions being made primarily by management and administration.

**Conclusions and Implications for Practice:** Overall, the IPNG survey tool provided nurse administrators with a baseline measurement of shared governance and a target goal for re-evaluation. The IPNG tool also provided nurse leaders with specific areas to focus improvement efforts. The IPNG survey tool can be used in the future as an outcome measure for the implementation of strategies to address overall governance and subscales that scored below the shared governance range. Findings from this study will guide the leadership team in developing strategies and recommendations to support shared governance improvement initiatives.

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## D 10 - Developing Shared Governance: Does It Have an Impact?

### An Academic Shared Governance Model for Leadership in an Academic Setting

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#### Purpose

The purpose of this presentation is to explain how a school of nursing faculty, following the ANCC Magnet Program model, transformed faculty governance to a shared faculty-staff governance model to improve communication and transparency. To facilitate transformation, faculty and staff were provided development opportunities needed to support the change.

#### Target Audience

The target audience of this presentation is academic faculty and administrators who are interested in a shared governance model for faculty and staff organization.

#### Abstract

A West Texas university school of nursing (SON) has experienced tremendous growth over the past 14 years in three strategic areas – student enrollment, geographic locations, and program offerings. Currently, the SON has students and program offerings in multiple locations throughout central and west Texas. The SON Leadership Team has committed to continued growth to meet the need for a highly educated and well-trained nursing workforce in Texas and the nation. This high level of organizational complexity has created challenges in communication and engagement of the faculty and staff.

As a result of these driving forces, a Faculty and Staff Shared Governance Taskforce was appointed to evaluate the school's process of faculty and staff governance. This task force was charged to ensure efficient and effective operations designed to support the principles of partnership, equity, accountability, ownership and self-regulation across a multi-campus system. This taskforce supported the belief that faculty and staff thrive in an organization where core values are agreed upon and a meaningful structure for communication exists. Taskforce members conducted an extensive investigation of shared governance, a review of the current/ideal state of governance, and an analysis of the work of the faculty and staff to develop a well-organized shared governance process.

Based on this investigation, the Faculty and Staff Shared Governance Taskforce developed 1) a process of shared governance to include faculty and staff; 2) a values statement from an engagement survey; 3) a professional practice model for nursing education; and 4) a seven-step implementation plan and timeline to operationalize the faculty and staff shared governance process. The model for shared governance was based on the Magnet Hospital model of councils as designed by ANCC.

Inherent in the process was the need to develop effective strategies to develop the leadership capacity of the individuals willing to serve as officers and members of the councils. Staff and faculty alike expressed the need for training and/or refresher courses in parliamentary procedure, conducting effective meetings, and successful strategies for working together. Staff members had no previous experience in governance in the school of nursing and were especially in need of leadership training and mentoring.

Strategies identified, such as training sessions, effective tools, and development opportunities, will be presented. Challenges encountered, barriers addressed, and opportunities for growth will be presented to showcase alternatives which could be used in other academic settings to advance transparency, leadership and shared governance.

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## D 10 - Developing Shared Governance: Does It Have an Impact?

### To a Greater Influence of Nurses: Development and Implementation of a Professional Practice Model in the Netherlands

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#### Purpose

To share results of a implementation study in a Dutch hospital on the implementation process of a professional practice model as base of a nursing shared governance structure to improve the influence of nurses on organizational level.

#### Target Audience

interested in shared governance structures, professional practice models, strategies for improving the nursing work environment, the implementation process of these structures and models and the effect on quality of patient care and nursing job satisfaction.

#### Abstract

Nurses are responsible for delivering patient centered qualified care. To provide this care professional nurses are needed. Working in a professional environment is an important influencing factor for nurses to fully professionalize (Laschinger, 2008). A professional nursing work environment is characterized by the following factors: (1) nurse involvement in organizational policy, (2) nurse vision and policy on quality of care, (3) nursing managers with appropriate skills, leadership style and support to nurses, (4) adequate policy in terms of staffing and resources, and (5) relationships based on equality between doctor and nurse (Lake, 2002; Arford & Zone-Smith, 2005; Laschinger, 2008).

In a university hospital in the Netherlands, with more than 2100 nurses, the employee satisfaction surveys of 2011 and 2013 showed that nurses feel less involved in the organization's policy in comparison with other care functions. After analyzing the surveys, we concluded that several factors for a professional nursing work environment were not present at the hospital. For example, there was no vision on nursing and nursing policy at the organizational level available. Also there is no central control on nursing principles and implementation of nursing innovations in the organization. When asked, nurses acknowledged these situation as undesirable for their own work environment and for quality of care. Nurses said that they did not feel involved in organizational policy. This feeling is confirmed in a study by Ten Holter (2011). Until the end of the twentieth century it was common that a hospital had a nurse manager and nurse leader. Through the development of hospitals into large health care organizations the position of nurse leader has been lost in favor of the managers of today. And thus also the direct influence of nurses at the administrative level (Ten Holter, 2011). Nurses in our hospital felt a great need to change this and gain more influence on their own discipline within the organization.

In 2013 the newly founded nursing council of the hospital started with forming a vision on nursing. From American example, the nursing council decided to start working on a Professional Practice Model. A Professional Practice Model (PPM) is a visible framework that describes the professional nursing care with the aim to achieve the highest possible quality of patient care (American Nurses Credentialing Center, 2014). According Hoffart and Woods (1996) a PPM is a system that supports nurses in getting control of the nursing care and the environment in which the care is provided. A system is defined by Hoffart and Woods (1996) as structures, processes and values. ANCC (2014) indicates that a PPM is an integration of the mission and vision of nursing and nursing theory with the nursing profession. A PPM allows nurses to decide what the activities and responsibilities of nurses are and what conditions are necessary to perform these activities safely (Arford Zone & Smith, 2005). Either, a PPM gives nurses control over the operational definition of nursing in their own professional practice. Working with a PPM has positive consequences for patients, organization and nurses (Chamberlain et al., 2013). For patients advantages in terms of recovery, comfort, wellbeing and better prevention are described. These factors

contribute actively to the quality and safety of patient care. Nurses themselves experience a better practice management, communication, more sense of autonomy and empowerment. Finally within organizations employee satisfaction of nurses improved and a higher level of commitment to the organization was measured (Chamberlain et al, 2013).

The development of the PPM was led by the nursing council. Input was gained by nurses from all over the organization. After creating the first concept, important stakeholders like the medical staff and the board were consulted for feedback. Also nurses reactions on the concept model were gauged. After this the model reached its final form.

The PPM consists of a core, five domains and two rings. The nurse is the core of the PPM model because the model is about the nursing profession. The five domains represent the different aspects of the nursing profession in the hospital: technical expertise, evidence based care, clinical reasoning, education and research. Nurses must have sufficient skills and competencies to perform their duties in these domains within the context of our university hospital. The inner ring, personal leadership, indicates that nurses are accountable for the operation of these domains properly. The outer ring, the professional care relationship, shows that it is necessary to establish a professional relationship with the patient. The outer ring represents also the face to the patient, communication and respect.

Working with a PPM has proven to have many advantages (Chamberlain, et al., 2013). In the Netherlands, however, it is new. Most Dutch hospitals have a vision on (nursing) care but such a concrete model that gives guidelines for a professional nursing practice environment is not being used yet. A PPM is part of the shared governance structure. These structures are currently being developed in more Dutch hospitals and the effect of shared governance on the nursing work environment and the quality of care needs a lot of research in our context. Berger, Conway and Beaton (2012) argue that nurses should use the PPM to help others understand their important and complex work. They also say that a 'PPM is a testament to nursing's growth and development as a profession, demonstrating increasing autonomy and control over practice...' (Berger, et al., 2012). If this is true than working with a PPM can be the solution for Dutch nurses in the process of gaining more influence on organizational level. Therefore there is a need to study the effect of the PPM in a Dutch context.

At this point in time implementation of the PPM is started in our hospital. Part of implementation will be the study on the effect of the PPM on nurses employee satisfaction, nursing work environment and quality of patient care. By the time of the conference in November we will have our first results of the study and lessons learned from the start of the implementation of the PPM in a Dutch hospital.

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## D 11 - Encouraging Faculty Success through Mentoring

### Nursing Faculty Development: A System Change to Foster Mentoring and Training

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#### Purpose

The purpose of this presentation is to share one nursing school's Faculty Academy and Mentoring Program that positively influenced measures of performance, faculty satisfaction, and supported career advancement.

#### Target Audience

The target audience of this presentation is Nursing Faculty/Instructors, Faculty Chairs, Deans, and Presidents, Mentors and Other Disciplines interested in staff development and mentoring.

#### Abstract

An Illinois suburban nursing school experienced a high faculty turnover and an influx of inexperienced faculty. To support the strategic goals to “build the infrastructure” and mentor and develop new faculty a Faculty Development program was created. The program had a two-pronged approach: development of a Faculty Teaching Academy and initiation of a Faculty Mentoring Program. The Mentoring Program and Faculty Academy were designed to develop supportive and encouraging relationships, provide a venue for communicating information about faculty expectations and provide learning opportunities and promote mutuality.

Results of the programs provide evidence that faculty benefited from the mentoring relationships and academy activities. They felt more prepared and supported in their roles as faculty, and they expressed a feeling of greater mutuality. Faculty also expressed a desire for continuation of these programs with greater inclusion of external speakers. As a result of the programs, faculty evidence a greater interest in publication opportunities and are pursuing these opportunities with greater frequency than in the past. One recommendation for improvement of the programs includes earlier designation of the mentor/mentee dyad. Poor communication about new faculty hires negatively impacted the mentoring process, since potential mentors were unaware of new hires until the weekend prior to their arrival. Much of this can be attributed to poor communication between the Office of Human Resources and the college. This resulted in missed opportunities to establish the mentor/mentee dyad well in advance of their initiation onto the campus.

Another recommendation includes the assignment of work load credit for faculty mentors. While serving as a faculty mentor might be considered a professional responsibility, there is considerable time and work investment involved. For example, some faculty mentors serve in this role throughout the academic year in addition to assuming heavier committee and teaching loads. In order to avoid mentor burn out, administration should consider strategies for imposing lighter teaching loads or providing work load credits.

A recognition process for the mentors should be established. National and local recognition supports the caring philosophy that the college has for its faculty. Emails, recognition boards, and newsletters highlights are examples of methods that could be used.

Many experienced faculty expressed a desire to also have a mentor. Their original, informal mentor had either left the college or transferred into a national position. While they still held relationships with those colleagues, faculty requested a campus-based mentor. In addition, faculty expressed a desire to create a process for experienced faculty to mentor each other.

The institution of a Teaching Academy and Mentoring Program proved to be a highly rewarding endeavor. The program will continue to evolve and be revised as needed.

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## D 11 - Encouraging Faculty Success through Mentoring

### A Faculty-Based Mentorship Circle: Positioning New Faculty for Success

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*Janice Waddell, PhD, RN, Canada*

#### Purpose

The purpose of the presentation is to report on the implementation and evaluation of a mentorship circle initiative aimed at socializing new faculty to their roles and the expectations of the academic environment, and to help them learn new skills to position them to be successful in their academic career.

#### Target Audience

The target audience of this presentation is university and school specific administrators, mid-late career faculty members who wish to support new faculty colleagues, faculty members within the first two years of their academic role, and graduate students who are seeking academic appointments.

#### Abstract

Multiple and competing priorities, within a dynamic and changing academic environment, can pose significant challenges for new faculty. Mentorship has been identified as an important strategy to help socialize new faculty to their roles and to the expectations of the academic environment, as well as help them learn new skills that will position them to be successful in their academic career. In this presentation, the authors will report on the implementation and evaluation of a mentorship circle initiative aimed at supporting new faculty in the first two years of their academic role. The mentorship circle had five meetings over the course of the academic year. During the initial meetings the group shared their hopes and expectations for their involvement in the mentorship circle, developed group norms, and generated a number of thematic areas they wished to discuss over the course of the academic year. Examples of themes included developing one's program of research, creating a teaching philosophy and dossier, preparing one's annual report, and building a tenure application. A portion of the meeting was also dedicated to a general check-in to allow members to share and consult with one another about their day-to-day experiences of their new role. Focus groups were used to gather evaluative data about the effectiveness of the mentorship circle in supporting their transition to their faculty role. All the mentorship circle participants were invited by a research assistant to participate in a focus group interview. Participants reported that the mentorship circle provided them with a culture of support, a sense of belonging, and a safe space to discuss their concerns and learn strategies from both mentors and fellow mentees as they accommodated to their new role. The interdisciplinary nature of the mentorship circle facilitated faculty members' capacity to navigate their role and foster collegiality.

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## D 11 - Encouraging Faculty Success through Mentoring

### Mentorship and Novice Nursing Faculty: Working Together for Successful Role Transitioning

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#### Purpose

The purpose of this presentation is to inform the audience of the findings from my doctoral research study that explored the process involved in mentoring novice nursing faculty in an undergraduate program in Western Canada. Additionally, four ambient conditions integral to the mentoring process will also be presented.

#### Target Audience

The target audience of this presentation is nursing faculty particularly novice nursing faculty who are transitioning into the educator role for the very first time and who are teaching in the classroom, laboratory, or at the clinical sites.

#### Abstract

In baccalaureate nursing programs in which context based learning (CBL) is used as a teaching-learning modality, it has been observed that there is a shortage of experienced faculty both in the classrooms and in the clinical settings. This shortage has led to an increasing number of clinicians, frequently with no formal teaching preparation and with little or no teaching experience being hired into the position of faculty lecturer or sessional faculty. Such hiring practices have led to concerns about the mentoring process of these faculty members and their transition to the academic setting. Role transitioning from that of experienced clinician to novice educator is often filled with trepidation and uncertainty. Effective mentoring is pivotal to successful role transitioning of novice faculty. To date, there is a lack of research regarding this mentoring process.

The purpose of this grounded theory study was to examine the process involved in mentoring novice nursing faculty in a large university in Western Canada. Data collection occurred via semi-structured interviews. In keeping with grounded theory, constant comparative analysis and theoretical sampling were used. Working Together emerged as a dynamic and interactive process that occurred during an effective mentor-mentee relationship. Fundamental to this process of Working Together which ultimately fostered successful role transitioning for the mentee were four inter-related ambient conditions that included: a) sharing; b) communicating; c) role modeling, and d) supporting. Findings from this study could serve to augment our understanding of the mentoring process and in turn contribute to the promotion of an academic milieu that is nurturing, encouraging, and supportive for novice faculty.

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## D 12 - Nursing Professional Development

### Transformational Dialogue and Theory U: The Leaders Role in Guiding Emerging Change

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*Vivian P. Dawkins, PhD, RN, USA*

#### Purpose

The purpose of this presentation is to offer a series of skills and tools that will encourage powerful dialogue among nurses and leaders designed to promote and support disruptive innovation and change in health care.

#### Target Audience

The target audience of this presentation is nurse leaders at all levels, advanced practiced nurses in DNP programs, and educators interested in teaching about new theories and practices that promote change.

#### Abstract

The purpose of this presentation is to offer a series of skills and tools that will encourage powerful dialogue among nurses and leaders designed to promote and support disruptive innovation and change in health care. Using a model developed by David Kantor (2012) for transformational dialogue, and the model of Theory U developed by Otto Scharmer (2009) on change and the social technology of presencing, participants will engage in group conversations designed to promote the leadership of teams through times of social change.

Kantor's model utilizes the concept of structural dynamics to outline an approach to transformational dialogue. The concept of structural dynamics has its roots in systems theory and proposes a theory of how face-to-face communication works and does not work in human systems. Kantor's model explores four specific kinds of activities that happen in face-to-face conversations. Scharmer's model proposes a deep dive by leaders to reflect and synthesize the need for changing social systems that will impact the leaders ability to engage in the emerging realities of healthcare reform and to guide their teams through change in authentic ways. The presentation will include a discussion of four skills essential to working within the transformational dialogue model and the 24 practices and principles of Theory U. Participants will be presented with examples of transformational dialogue and Theory U and guided through a series of group dialogues that will enhance their understanding of how these models can be used to change social systems in the health care community. Transformational dialogue enables the leader to untangle problems in communication in any situation. Theory U helps the leader understand and participate in the emerging realities of today's health care systems. Together, transformational dialogue and principles of Theory U support, promote, and enhance a leader's ability to guide teams through change.

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## D 12 - Nursing Professional Development

### Transforming Your World: One Opportunity at a Time

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*Sheila Montgomery, MSN, RN, USA*

#### Purpose

The purpose of this presentation is to cover goal setting, some of the different degrees available and de-code professional improvement so nurses can cultivate a career development plan.

#### Target Audience

The target audience of this presentation is nurses who are looking for improvements in their present career trajectories. This presentation is for new and experienced nurses.

#### Abstract

Do you want to transform your world? Do you want to lead globally? Nursing has many different career paths and professional development seminars available. Nurse Practitioner, Case Manager, Private Duty Nurse, Acute Care, Director, Professor - or- Seven Habits, Who Moved my Cheese, Advanced Computer skills- the list goes on and on. With so many different degree options and developmental seminars, picking the right career path, or advancing your present one can be a daunting task. This presentation will guide nurses through a strength and weakness assessment, defining the needed skills to move their career forward, how to outline opportunities, and evaluation strategies. Professional development and education are requirements for keeping up with changes in technology and research. Time is limited and picking the right development is crucial to meet the current career demands.

Enhancing clinical and educational outcomes by transforming your practice can be achieved with the right objectives. If you are a nurse who has ever wondered- can I really do that? No matter where you are or what you want to do this presentation will lead you towards transforming your practice. This symposium will cover goal setting, some of the different degrees available and de-code professional improvement so nurses can cultivate a career development plan.

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## D 12 - Nursing Professional Development

### Using the Journey to Empowerment Professional Development Seminar to Enhance Nurses' Sense of Empowerment

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*Denise M. McNulty, DNP, MSN, BSN, RN-BC, ARNP, USA*

#### Purpose

The purpose of this presentation is to demonstrate how professional development can be utilized to enhance nurses' sense of empowerment in the workplace.

#### Target Audience

The target audience of this presentation is any nurse who has an interest in enhancing nurses' sense of empowerment. Staff nurses, nurse leaders, nurse educators, and nurse researchers may find this presentation beneficial.

#### Abstract

Several studies have examined the effect of staff nurse empowerment on patient outcomes. Nurses who perceive themselves to be empowered are more likely to use more effective work practices resulting in positive patient outcomes. With the growing complexity and challenges of healthcare reform, nurses need to feel psychologically empowered so that they can effectively manage their nursing practice and improve patient care. In an effort to enhance nurses' sense of empowerment in the workplace, a professional development seminar entitled The Journey to Empowerment for Nurses was offered to nurses employed by a six Hospital Healthcare System in Southwest Florida. The effectiveness of the empowerment seminar in enhancing nurses' sense of psychological empowerment in the workplace was evaluated using a confidential survey. The measure, Dr. Gretchen Spreitzer's Psychological Empowerment Instrument, has been used and found to be valid in health care and specifically valid with nurses. A pre-survey was conducted at the beginning of the empowerment seminar. Each Instrument was assigned an identification number to protect the participants' identities. The nurses were invited to retake the Instrument three months after attending the professional development seminar. A criterion to participate in the study was that participants be employed by the Healthcare System as an inpatient or outpatient Registered Nurse or Licensed Practical Nurse. Findings revealed that the professional development seminar may be an effective intervention in enhancing nurses' sense of empowerment which may have implications for both practice and academic settings.

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## D 13 - Leading Doctoral Education in Nursing

### Development and Evaluation of a Scholarly Writing Course in the Doctor of Nursing Practice Program

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*Maria R. Shirey, PhD, MBA, RN, NEA-BC, ANEF, FACHE, FAAN, USA*

*David E. Vance, PhD, MGS, USA*

*E. Laura Wright, PhD, MNA, CRNA, USA*

#### Purpose

This presentation describes the development and evaluation of an innovative scholarly writing course in a DNP program with a diverse student population. The designed curriculum as well as related outcomes will be discussed.

#### Target Audience

Educators interested in developing student scholarly writing capacity

#### Abstract

**Background:** There is available empirical and anecdotal data to suggest that students in the Doctor of Nursing Practice (DNP) program lack scholarly writing proficiency. Although success in scholarly writing is essential for progression in the DNP program, few academic programs have available formal writing for publication courses.

**Purpose:** This presentation describes the development and evaluation of an innovative scholarly writing course in a DNP program with a diverse student population. The designed curriculum as well as related outcomes will be discussed. Information is presented within the context of doctoral nursing education accreditation standards and evidence-based strategies incorporating leadership development for scholarly writing skill set acquisition and influence beyond the classroom.

**Methods:** The authors used existing evidence from the literature to develop and evaluate a scholarly writing course using a model that translates research findings into instructional design. The course also addressed the DNP Essentials of the Commission on Collegiate Nursing Education (CCNE) with particular focus on clinical scholarship. Critical appraisal of the evidence produced a curricular organizing framework that consisted of five course modules: Overview, Foundations, Mechanics, Practice, and Products/Dissemination. Each module had distinct assignments consistent with course objectives and conceived to follow an incremental “build a scholarly paper” approach. A total of 64 students at a large southeastern university completed the 3 semester hour distance accessible writing for publication course. Three faculty members experienced in scholarly writing and publication taught the course. Although extensive faculty guidance was provided over the course’s 14-week semester, emphasis was given to teamwork for building community and emphasizing peer instruction. The course culminated in a Virtual Conference for Clinical Scholars, a venue in which all teams (maximum of 5 students per team) presented their scholarly work and faculty gave awards to recognize exceptional products. A compendium of abstracts was assembled to showcase student work and emphasize professionalism and potential leadership influence. Program evaluation consisted of quantitative and qualitative student evaluations of faculty teaching and course design. Manuscript completion, submission, and pending publication were also measured.

**Results:** The writing for publication course produced 14 team manuscripts and 64 guest editorials suitable for submission to publication. Although 10% of the students verbalized frustration with working in teams, in 100% of the 14 teams at least one team member expressed appreciation for their newfound confidence in developing a scholarly paper suitable for submission to a journal for publication. The majority of the student evaluations of teaching rated instruction as positive and the course as rigorous. Mostly the students reported the course was helpful suggesting the developmental approach to building scholarly writing capacity was effective. It was evident from student performance and feedback

that more foundational instruction in the American Psychological Association's (APA) standards for formatting was needed early in the course as well as didactic content on team dynamics.

**Conclusion:** Scholarly writing in nursing is a necessary skill set that can be cultivated. Implementation of a writing for publication course as a required core course in the DNP program provides a developmental “guide by the side” approach to instruction that facilitates student program progression and enhances confidence for potential leadership influence. Enlisting students to pursue a guided scholarly writing journey is more effective than merely providing didactic content and expecting dissemination results. Institutions wanting to build student scholarly writing skills and enhance leadership potential for broader influence must invest in capacity building to reap future benefits. Part of capacity building in scholarly writing entails developing student expectations of receiving feedback and acceptance to constructive professional coaching.

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## D 13 - Leading Doctoral Education in Nursing

### Doctoral Programme in Nursing Science: Systematic Education for Future Researchers and Experts

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*Tarja Kvist, Docent, PhD, MSN, RN, Finland*

*Natalia Sak-Dankosky, MSc, RN, Finland*

#### Purpose

The purpose of this paper is to update the most recent developments in doctoral education in Europe and to describe the systematic development of PhD education in nursing in Finland, using the progress in the University of Eastern Finland as an example.

#### Target Audience

The target audience of this presentation are researchers and educators in doctoral programmes, those interested in doctoral education as a career path

#### Abstract

The need for PhD-prepared nurses has been globally evident. PhD-educated nurses with researcher training are needed in clinical practice, leadership positions and educational institutions as well as in research. The purpose of this paper is to describe the most recent developments in doctoral education in Europe as well as the systematic development of doctoral education in nursing in Finland.

In Finland, doctoral education has been offered in nursing and health sciences since 1979 and the first doctoral degree in the country was awarded in 1984 in Kuopio. Ever since a total over 100 PhDs completed their doctoral degree at the University of Eastern Finland (UEF).

In the University of Eastern Finland doctoral education in nursing science is arranged within the framework of the Doctoral Programme in Nursing Science provided by the Faculty of Health Sciences. The programme arranges PhD-courses and seminars in the field of nursing science and transferrable skills. The Doctoral Programme in UEF works in close cooperation with the Finnish Doctoral Education Network (a network of five universities). The Network coordinates doctoral courses in nursing science with the participating universities. Courses are held by international and national experts. The PhD students are supported to have an international exchange period in some of the collaborating universities and use special summer courses offered by e.g. European Academy of Nursing Science. The purpose of the Doctoral Programme in Nursing Science is to train excellent, internationally oriented researchers and experts with doctoral education for a variety of national and international duties. Other aims are to improve their research careers and to strengthen multidisciplinary research. The doctoral studies are supported by public funding and free of charge at the moment in all fields.

New candidates are selected to the programme twice a year through a systematic application process. Every year approximately 10-15 new students start their PhD degree. The programme attracts students from Finland as well as from other countries and continents such as Baltic countries, Africa, China, Germany, Greece, Italy, Poland, Sweden and Thailand. Postgraduate education is based on two parts: theoretical studies (50 credits) and a dissertation. The aim is to complete studies in four years. The programme offers courses on general transferrable skills, theoretical and methodological studies, research topic specific courses and research seminars. The degree includes a doctoral dissertation that is based on empirical research. Annually approximately 6-8 graduate. The doctorally prepared nurses work in clinical practice, educational settings, leadership positions in hospitals and primary health care, ministry of social affairs and health and in academic institutions as researchers and educators.

The purpose of this paper is

- to update the most recent developments in doctoral education in Europe

- to describe the systematic development of doctoral education in nursing in Finland, using University of Eastern Finland as an example.

Target Audience: The target audience of this presentation are researchers and educators in doctoral programmes, those interested in doctoral education as a career path

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## D 13 - Leading Doctoral Education in Nursing

### The Doctoral Journey: Exploring the Relationship between Workplace Empowerment of Nurse Educators and Successful Completion of a Doctoral Degree

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*Lisa Anne Burrell, PhD, MSN, BSN, RN-BC, CNE, USA*

#### Purpose

The purpose of this presentation is to present a quantitative, correlational study conducted to examine the relationship between nurse educators' perceptions of workplace empowerment and successful completion of a doctoral degree.

#### Target Audience

The target audience of this presentation includes nurses, nurse educators, graduate nursing students, deans/directors of nursing programs, other nurse leaders, and healthcare administrators.

#### Abstract

Nursing education and practice trends reflect an increasing need for nurse educators prepared with a doctoral degree. However, more than 50% of doctoral learners never complete the program. The purpose of the study was to examine the relationship between nurse educators' perceptions of workplace empowerment and completion of a doctoral degree. McClusky's Theory of Margin served as the theoretical framework to guide the investigation of empowerment as a predictor to doctoral degree completion. The research questions were used to guide the correlation between nurses' perceptions of empowerment while in a teaching position and completion of a doctoral degree. The study included nurses/nurse educators in two eastern states. A quantitative, correlational design was conducted. A convenience sample of 80 nurses/nurse educators who enrolled in doctoral studies while in a teaching position participated in the study. The Psychological Empowerment Instrument (PEI) was administered as an internet survey to collect the data. Descriptive statistics and logistic regression analysis were conducted to examine the data. Results of the study demonstrated no statistically significant relationship between workplace empowerment and completion of a doctoral degree or workplace empowerment and time to completion of degree ( $p > .05$ ). The lack of a significant correlation between the variables suggests that empowerment on the job is not a predictor of whether or not a nurse educator will complete a doctoral degree. Recommendations for further research include replicating the study using a larger sample, examining correlations between all but dissertation (ABD) status and empowerment, and conducting qualitative studies designed to examine motivating factors for enrollment in doctoral programs.

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## E 10 - Being Aware of Cultural Differences in the Clinical Setting

### Changing Hospital Culture: Collaborative Response to Emergency Cesarean Sections

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*Barbara C. Schuch, MSN, RNC-OB, C-EFM, USA*  
*Sally M. Krempel, MSN, RNC-OB, USA*

#### Purpose

Purpose This four part educational program aimed to change the culture and create an effective and collaborative response to emergency cesarean sections: I-NICHD Nomenclature: Speaking a Common Language When Interpreting Fetal Heart Rate Tracings II-Concepts for Teamwork Training in Obstetrics Background and Significance III-Neonatal Outcomes IV-Potential Postpartum Outcomes

#### Target Audience

The target audience for this presentation included physicians, residents, anesthesiologists, OB hospitalists, nursing staff, OB techs and patient care techs.

#### Abstract

**Problem:** Based upon the American College of Obstetrics and Gynecology's (ACOG) and the American Academy of Pediatrics (AAP) recommended standard (30 minutes from decision to incision for emergency cesarean sections) the "30-minute rule," a preliminary data review of "decision to incision" time audits, identified discrepancies in standardized communication and collaboration between medical and nursing staff.

**Purpose:** This four part educational program aimed to change the culture and create an effective and collaborative response to emergency cesarean sections:

- I-NICHD Nomenclature: Speaking a Common Language When Interpreting Fetal Heart Rate Tracings
- II-Concepts for Teamwork Training in Obstetrics Background and Significance
- III-Neonatal Outcomes
- IV-Potential Postpartum Outcomes

**Development/ Program Implementation:** By integrating Kurt Lewin's "Change Management Model," this educational program's aim was to change the culture and create an effective and collaborative response to emergency cesarean sections. The methodology of this interprofessional program incorporated a broad range of instruction (didactic lecture, fetal strip review & simulation). Focus was on standardized communication, interprofessional teamwork training, potential maternal/ infant outcomes and simulation of emergency cesarean section scenarios.

**Evaluation/ Results/Barriers:** Through implementation of this four part educational program, in conjunction with the development of departmental guidelines, ongoing data collection, and quality improvement review, this program was able to facilitate and sustain effective inter-professional collaboration and has made a significant impact on compliance with the ACOG "30-minute rule" standard, see (Table 1) Decision to Incision Data\*

Barriers to sustained culture change continue to be identified through the debriefing of each individual case and addressed through the provider and nurse "peer review process."

- Compliance with Standardized Nomenclature for Fetal Monitoring (NICHD language)
- Teamwork
- Following ER C/S Guidelines
- RN, Physician & Anesthesia Delays
- Improving patient safety and quality of care was the primary focus of the project.

**(Table 1) \*2013-2014 Decision to Incision Data**

Cases which met the “30-min. Rule” standard ACOG Benchmark (% Compliance)

**\*March 2013-December 2014 data, reflect post education results**

1st quarter 2013-45% compliance

**\*2nd quarter 2013-72% compliance**

**3rd quarter 2013-38% compliance**

**4th quarter 2013-89% compliance**

**1st quarter 2014-89% compliance**

**2nd quarter 2014-85% compliance**

**3rd quarter 2014-92% compliance**

**4th quarter 2014-62% compliance**

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## E 10 - Being Aware of Cultural Differences in the Clinical Setting

### A Tale of Two Countries: Comparing the Heart Failure Patient Journey in the United States and France

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*Alison Lee Walsh, MSN, RN, OCN, CNE, USA*  
*Judith Hupcey, EdD, CRNP, FAAN, USA*  
*David Munoz, USA*

#### Purpose

The purpose of this presentation is to describe the different healthcare delivery systems in the United States and France from a systems perspective, looking at the differences in insurance coverage, access to healthcare, nursing care, incidence, and outcomes.

#### Target Audience

The target audience of this presentation is nurses in the clinical, academic, and administrative settings in order to improve healthcare delivery and coordination of care to heart failure patients.

#### Abstract

**Purpose:** To compare the healthcare delivery system and care coordination efforts of the United States and France for the care of heart failure patients using a mixed-method research approach.

**Background:** More than 5 million patients in the United States and 15 million patients in Europe are currently living with heart failure, with the rate of new cases projected to rise each year. Heart failure is a devastating and costly disease that accounts for over \$39 billion dollars in health care expenditures in the United States and 2% of the overall national expenditures on healthcare in Europe. In a controversial assessment conducted by the World Health Organization in 2000, France was ranked as the number one healthcare system in the world, with the United States ranking at a distant 38. While the United States is in a transitional stage between private insurance and government health insurance via the Affordable Care Act, French citizens receive government insurance through a system of social security that covers nearly 100% of healthcare costs for chronic disease. Although the U.S. and French healthcare systems differ on many aspects, care coordination has been seen as a major component within high performance healthcare systems. In addition to these facts, it has been argued that better care coordination has the potential of improving health system performance, not only in terms of quality but also cost-efficiency. One of the major failures in care coordination is the poor transmission of information between providers that has led to a suboptimal provision of care. In the U.S., for instance, less than half of patients with heart failure leave the hospital with clear instructions and follow-up care procedure. Hence, understanding what main drivers of success and failure in terms of care coordination in heart failure can potentially result in a more effective and efficient provision of care.

**Methods:** This study utilized a multi-site mixed-methods research approach to compare the U.S. and French healthcare systems in terms of their care coordination capabilities. A multidisciplinary team composed of nursing and engineering scientists and professionals was put in place to design and conduct the multi-site study. The framework used was divided into four main phases: 1) Conducting in-situ observations to the Hershey Medical Center in Pennsylvania and Henri Mondor in Paris; 2) Qualitative semi-structured interviews along with focus groups with key healthcare stakeholders including physicians, nurses, nurse practitioners, case managers, and social workers at the two sites; 3) Quantitative questionnaires including multiple choice and Likert's scales with different healthcare stakeholders, and 4) Initial assessment of the findings using quality improvement tools to categorize and identify main strengths, weaknesses, and barriers of care coordination at both sites. The results provide a baseline for sharing best practices and lessons learned across the U.S. and French healthcare systems.

**Results:** The United States and France have vastly different approaches to tackling heart failure care delivery and coordination. With recent penalties instituted by Medicare for heart failure readmissions within 30 days, much attention has been dedicated to addressing the care coordination of heart failure

patients in the United States. Cardiologists and heart failure clinics manage the majority of heart failure care. Advanced practice nurses have a bigger role than ever in managing outpatient care via clinic visits, transitional care programs, and the use of telehealth. In France, nurses are employed as civil servants and are viewed as more vocational than as college educated professionals. Staffing ratios in France are starkly different, with approximately 35 patients being managed by three nurses and two nurse's aides. A beginning nurse's salary in France ranges from approximately \$1,300 to \$1,400 per month, after taxes, and French physicians make around 60% of what American physicians are paid. Additionally, mild to moderate cases of heart failure are generally managed by the primary care physician in France as opposed to a cardiologist. However, the French healthcare system allows citizens to choose their physician without the constraints of an insurance network, so physicians, specialists, and facilities must be increasingly mindful of their performance in order to stay competitive. Cardiologists are one of the most populous specialties in France, so wait times for appointments are often less than a week. Therefore, French patients have easy access to specialists and hospitals and are less likely to forgo healthcare than an under-insured American.

**Conclusions and Implications:** Both countries have much to learn from each other regarding healthcare delivery and care coordination of heart failure patients. Our approach serves as the baseline or roadmap for process and care coordination improvement. Heart failure is a major public health problem in both countries, with cases continuously on the rise. Although the structure of the French healthcare system allows for easy access and high reimbursements of medical costs, there is increased recognition that the cost of heart failure is too high in relation to hospitalizations and the duration of inpatient stay. This could potentially be addressed by increasing the role of nurses and by adding more educational references for the French public. France does not have internet sites dedicated to heart failure education the way the United States so commonly does. Conversely, the United States would benefit from a government insurance system in which every citizen was provided with healthcare coverage and the ability to choose their providers. This could increase the number of visits for preventative care rather than the majority of healthcare dollars going to emergency and inpatient visits.

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## E 10 - Being Aware of Cultural Differences in the Clinical Setting

### Intent of Hispanic/Latino Adolescents toward Tissue and Organ Donation: A Pilot Study of a Culturally Sensitive Educational Intervention

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#### Purpose

to examine the impact of a culturally sensitive educational intervention on organ donation intention among Hispanic/Latino students in three urban high schools, both through improving their knowledge of the organ donation process and by encouraging communication within families regarding this subject.

#### Target Audience

High schools, Public health departments, Governmental agencies: DMV, California Transplant Donation Network and Hospitals.

#### Abstract

**Background:** Adolescents of Hispanic descent are an important and under-represented target populations for organ and tissue donation. The intent of this study is to measure the effect of a culturally sensitive educational curriculum on awareness and intent to donate among a predominantly Hispanic cohort of adolescents.

**Methods:** A quasi-experimental pre-post design was conducted among students from 3 high schools with predominantly Hispanic populations. Subjects completed pre-intervention surveys prior to a 40-minute educational intervention. Post-intervention surveys were administered 10-14 days later. Changes to survey responses on knowledge and intent from pre to post intervention were compared using paired t-tests.

**Results:** A total of 301 students participated, 67% of which were Hispanic. Twenty-six percent of subjects expressed intent to donate pre-intervention; this increased by 18 percentage points (95 CI: 12%-25%) to 44% post-intervention ( $p < 0.0001$ ). At baseline, intent to donate was 26% and 22% among Hispanics and non-Hispanics. Post-intervention, 51% of Hispanics expressed intent to donate ( $p = 0.001$ ) and 28% non-Hispanic (0.13). Pre-intervention, females were more likely to discuss organ donation with family compared to males (33% vs 16%,  $p = 0.001$ ); post intervention, the prevalence increased in both groups (to 46% and 41%, in females and males, respectively).

**Conclusion:** This study demonstrates that a culturally appropriate, single classroom intervention can correct misinformation and promote communication about tissue/organ donation among high school students. The intervention appeared particularly effective among Hispanics, a group traditionally underrepresented among tissue and organ donors. These results proved to be effective regarding expressed intent, a large-scale cluster randomized implementation in all 13 high schools located in a large metropolitan bay area school district, is planned in 2015.

**Keywords:** Organ/Tissue donation, adolescents, culturally sensitive, education, knowledge and intent

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## E 11 - Enhancing Learning through Online Education

### A Leader's Challenge: Using E-Learning/Flipped Classroom Instructional Techniques to Build Graduate Nursing Student Leadership Skills

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*Deanne Ernesti, MSN, RN, USA*

*Suhasini P. Kotcherlakota, PhD, MSc, MEd, BSc, USA*

*Susan Waters, MS, USA*

#### Purpose

The purpose of this presentation is to illustrate an e-learning module (using online simulation and flipped classroom techniques) to develop graduate nursing administration students' political savvy, prioritization and problem solving skills and best practice strategies in navigating a politically delicate scenario involving declining employee satisfaction.

#### Target Audience

The target audience of this presentation is nurses in leadership positions, nurse educators and nursing students.

#### Abstract

**Background:** Healthcare organizations need employees with leadership skills who can successfully navigate politically delicate situations, determine alternatives, prioritize action steps, and develop best practices directed towards issue mitigation and resolution. Faculty are dedicated to ensuring that education is current and relevant for today's nurse leaders, based on authentic situations occurring in the healthcare environment. The e-learning module was developed for nursing administration / leadership students, but could have broader application for any leader. The design of this module included four sections: 1) content (reading/resource) review, 2) interactive online scenario, 3) assessment of the student's choices, and 4) flipped classroom dialogue and practice in skill application. Upon completion, students can assess and apply best leadership practice skills of Political Savvy, Priority Setting, and Problem Solving in politically delicate situations.

**Content Review:** The content review consists of readings and resources for students to develop their understanding of the content and context of politically delicate situations. Learners construct meaning based on their previous experiences and match new information against existing knowledge. For example, students may have seen employees that exemplify an organization's mission statement and values, but also have noticed some employees and teams with vested interests who defend their own needs and sabotage change efforts. In the content review, students learn that employees who are competent in the skill of Political Savvy accept that some employees' behaviors do not match the organization's mission and values. Students can develop skills to deal with these individuals within the organizational constraints (e.g. time, resources). Using Problem Solving, leaders must analyze and determine what the issues really are in a given situation, rather than drawing premature conclusions about the problem and best course of action. In addition, the work environment may have many priorities which might exceed available resources, so using Priority Setting within available finite resources is an important leadership skill.

**Interactive Online Scenario:** The interactive online scenario provides an authentic leadership situation that students might encounter in a healthcare organization today. Students are asked to watch, interact and immerse themselves in the online simulated gaming environment scenario. This immersion allows students to establish meaningful connections between their experiences and the content they've just reviewed. Students play the part of the Quality and Risk Manager and watch leaders (avatars) interact in a 23-bed Critical Access Hospital in a town of 2,500 people. Students are asked by the Chief Executive Officer (CEO) to investigate recent troubling employee survey findings. Leaders they encounter include the Chief Nursing Officer (CNO), the Mayor, the Human Resources Manager, and a Charge

Nurse. Students click on characters or objects (i.e. computer screen, telephone) to move through the scenario. Students view the scenario as many times as they wish.

**Assessment of Student Choices:** After watching the scenario, students are asked to complete an assessment where they need to reflect on the content they've reviewed and synthesize main issues in the scenario to choose priority actions to take (whom to talk to and what questions to ask) based on the content they've learned and the scenario they've seen. The assessment contains three individuals to "talk" to (the CNO, The Human Resources Manager, and the Charge Nurse), and each individual has three scripted questions available to choose. Students may only "talk" with two of three individuals. They are able to ask two questions of the first individual; and one question of the second individual. Once the question is selected, the leader's response is displayed.

As an example, the students can ask the Human Resources Manager, "What turnover rate do we have?" The Human Resources Manager responds by saying "The turnover rate has tripled in the last 2 years". Or students may choose to ask the CNO, "Are 10 of our staff so unhappy that they are considering leaving our organization?" The CNO responds by saying "Just let them go, there are plenty of other staff out there that really want to work."

Rationale for the questions indicate the best evidence (developed by expert nurse leaders based on the assigned learning content) that supports both the priority of both the individual and question chosen (best, second best, or least desirable). Scoring of student choices/priorities is captured in the online learning environment, based on the order and choices made by the students.

**Flipped Classroom:** In this module, the flipped classroom session includes the use of distance technology, students as leaders of the discussion/dialogue, and student developed synthesis of best practices in nursing administration/leadership. Flipped classrooms are designed to provide content prior to a synchronous class so the students come prepared to engage in collaborative learning. The synchronous flipped classroom is done via distance technology (IP video, VIDYO or Adobe Connect) since students live in a variety of states and communities. Students lead the discussion on experiences with the e-learning portion of the module, applying the knowledge and skills they learned in the content review and the online scenario sections. They debate the merits of the actions they each took in the assessment based on the scenario they viewed and the readings about best practices they completed. For example, they dialogue as a group about which person they chose to talk to or questions they chose to ask, and how those choices fit with the readings about best practices/ skilled level of that competency (political savvy, priority setting or problem solving). They compare and contrast the online scenario with experiences they have had as leaders, develop a consensus of best practices, and discuss how they can incorporate the skills they are now honing into their practice. Students then apply these best practices to other written clinical scenarios during the flipped classroom session.

**Assessment Results:**Data from module implementation in Spring 2014 and 2015 are included. Seven students completed the module in 2014, and seventeen completed the module in 2015. Student leadership experience ranged from None (n=12, 50%), Less than 2 years (n=4, 16%), 2-5 years (n=3, 13%), 5-10 years (n=3, 13%) and 10+ years (n=2, 8%). Student's initial (first) assessment results indicated 78% (n=18 of 23) students talked to the "best" individual as their first or second choice. One student experienced a scenario deployment issue and completed the assessment without reviewing the scenario; those results are not reported. Twelve of the twenty-three students (52%) chose to talk to the least desirable individual during the first assessment.

Based on the first individual (best, second best or least desirable person) chosen, thirteen of twenty three (57%) chose the best question to ask that individual, either in their first or second question. In the initial year, students were able to complete the assessment twice, and four of seven students chose to complete the assessment a second time (some indicated they wanted to try to improve their score, and some said they made completely different choices to see more of the questions because they were curious about what other options included). Based on student feedback, in 2015, students could complete the assessment as many times as they wished. The number of times the assessment was done in 2015 ranged between 1 and 15, with an average of 4 times.

Student comments included:

"I found it to be interesting and challenging. As a Director in a rural community hospital, I can relate to receiving a voicemail from the CEO or CNO that says I need information about why these scores are so low by tonight."

"The point of the scenario was being politically savvy, so when you pick the CNO, the scenario basically tells you that, politically, this isn't a good choice because it makes the CNO defensive and unhelpful. I suppose that's a big part of being a good leader, learning who to approach, how and when to approach them, and what questions to ask to get the information/help you need without ruffling feathers."

"Overall, this is a very neat concept and I look forward to doing the next one."

"I really enjoyed the e-learning activity; it reinforced my knowledge of leadership skills and improved my confidence for next time. I also appreciated doing something different other than the same reading and then discussion board postings."

**Conclusions/Recommendations:** This project promotes student' control and active application of content within the interactive scenario, the assessment and the flipped classroom. Application of skills within a simulated setting promotes student confidence in their ability to construct meaning and match new information against existing knowledge. During the flipped classroom discussion, students could make meaningful connections and utilize leadership skills they can transfer to their leadership roles.

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## E 11 - Enhancing Learning through Online Education

### Teaching Undergraduate Research in an Online Environment

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#### Purpose

describe the transformation of research knowledge into practice by addressing the challenges and opportunities of teaching research to RN BSN students in an online environment. Creative solutions to group work, subject matter, student resources, and distance education will be described. Promoting a culture of inquiry in nurses will be examined.

#### Target Audience

includes educators in both face-to-face and online programs, researchers, and other interested participants.

#### Abstract

The purpose of this presentation is to describe the transformation of research knowledge into practice by addressing the challenges and opportunities of teaching research methods to online RN to BSN students. Historically, the course was taught following the steps for the research process, research critique exercises, and the development of a hypothetical study. As the curriculum moved to an evidence-based practice model, the course was been redesigned to focus on students developing pilot study proposals in small groups, appraising study proposals created by peers, and submitting the final study proposals to the university's institutional review board. Completion of the study is then carried out in the senior capstone course during the following semester.

Guided by faculty with both qualitative and quantitative research experience, students work in small groups to build a research study evolving from the strategic plan priorities of the National Institute of Nursing Research (NINR). Student perceptions of research and online group work prior to the course are at times very negative. Transforming research knowledge also includes changing these initial perceptions. Research design also requires the development of partnerships with other university departments and committees to assist students in understanding the meaning, importance, and process of scientific inquiry. Participants in this presentation will learn about the various teaching methods used in the online environment to assist students in moving from a research question through proposal development. Participants will also recognize creative solutions to common problems associated with online learning, large class size, co-teaching courses, and course content.

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## E 11 - Enhancing Learning through Online Education

### Learning Without Boundaries: Strategies for Engaging and Active Online Learning

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#### Purpose

The purpose of this presentation is to share strategies to promote active learning by having the learner explore beyond the walls of the classroom and to bring a real-world perspective to concepts discussed in course text-books as well as provide a national and global perspective to the material being studied.

#### Target Audience

The target audience of this presentation is nurse educators.

#### Abstract

In *Oh the Places You'll Go*, Dr. Seuss wrote: "You have brains in your head. You have feet in your shoes. You can steer yourself any direction you choose. You're on your own, and you know what you know. And YOU are the one who'll decide where to go..." (Dr. Seuss, 1990) Web-based technologies have removed the barriers of time, cost and location from the learning activities and experiential learning opportunities available to students. Using the tools available on the web and a dose of creativity faculty can design innovative and engaging learning opportunities for their students. Grounded in a constructivist pedagogy this presentation will outline the process of moving beyond discussion board, papers and quizzes to make an online course become an active and engaging learning activity. Examples of virtual field trips, scavenger hunts, conversations with historical figures or leaders, cultural exchanges and other learning activities that facilitate student learning from real world places, people and artifacts will be shared. Having students explore beyond the walls of the classroom, brings a real-world perspective to concepts discussed in course text-books as well as provides a national and global perspective to the material being studied. In addition, learners often find tools and resources that are useful in their academic studies as well as in their current or future professional practice.

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## E 12 - Promoting the RN to BSN Transition

### Closing the Leadership Gap: Mentoring the RN to BSN Student for Success

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#### Purpose

The purpose of this presentation is to present findings from a study examining the relationship between how the demand for leadership in the labor market is influencing motivational patterns of associate degree prepared registered nurses returning to complete their BSN. The presentation also examines mentoring for opportunities in leadership growth.

#### Target Audience

The target audience for the presentation includes nursing educational leaders, faculty, or any healthcare professionals who are interested in paving the path for closing the leadership gap in nursing.

#### Abstract

**Purpose/Specific Aim:** The primary purpose of this study was to examine how the “ Campaign for Action” for advancing nursing leadership is unfolding in the labor market for the approximately 60 percent of the Registered Nurses graduating and practicing in the United States who hold 2 year degrees (Benner et al., 2010). Associate degree nursing graduates often received minimal if any leadership education throughout their curriculum despite the demands of the labor market for increasing nursing leadership (Robert Wood Johnson Foundation (RWJF), 2014, Blais & Hayes, 2010, Yoder-Wise, 2015, Grossman & Valiga, 2009). The specific aim of the study was to identify if and in what ways there is an association between students enrolling in a RN to BSN program and the increasing demand for leadership skills in the labor market. Additionally, the study sought to identify the ways in which college faculty and advisors could provide better educational course content and clinical experiences for RN to BSN students seeking growth in the area of leadership.

The nursing literature, prominent nursing organizations, and government agencies have acknowledged the critically important need to infuse leadership education and practice into nursing to improve patient outcomes (RWJF, 2014, Blais & Hayes, 2010, Yoder-Wise, 2015, Grossman & Valiga, 2009, Institute of Medicine, 2003). More specifically, since the release of Keeping Patients Safe: Transforming the Work Environment of Nurses (Institute of Medicine, 2003) and Educating Nurses: A Call for Radical Transformation, (Benner et al., 2010), the discourse on leadership has become increasingly ubiquitous in the nursing literature. Both of these influential publications suggest a strong association between quality and safety and nursing leadership. The Robert Wood Johnson Foundation (RWJF, 2014) reported that in a systematic review of the nursing literature in 2013 on the association between leadership and quality and safety, transformational leadership in particular is associated with “higher patient satisfaction and lower rates of select adverse events such as patient mortality, medication errors, and hospital acquired infections.” A number of nursing organizations such as the American Nurses Association, American Association of Nurse Executives, and Sigma Theta Tau International have issued policy briefs about the importance of advancing nursing leadership. Other organizations vested in advancing nursing leadership to improve quality and safety include the Agency for Health Care Improvement, the American Nurse Credentialing Center, and the National Quality Forum (RWJF, 2014). Recognizing the importance of advancing leadership, Sigma Theta Tau International recently held a national conference in the fall of 2014 titled “Leadership Connection” featuring a plenary session on Models of Leadership along with a vast array of other sessions emphasizing the importance of leadership both nationally and globally. The mounting evidence suggests that there is a leadership gap and that increasing the number of nurses with leadership education and training is a necessary component to improving safety and quality of care. Given that approximately half of the practicing RNs, those holding associate’s degrees, have had little to no exposure to leadership course content or leadership experience during their 2 year degrees,

RN to BSN degree programs can potentially help close the leadership gap by offering both course content and clinical experiences enriched with leadership opportunities.

**Methods:** In this qualitative study, a phenomenological approach using structural coding and analysis techniques in Atlas. Ti., was utilized (Friese, 2012, Marshall & Rossman, 2011, Saldana, 2009). Approval of the State University of New York, Empire State College Institutional Review Board was obtained to examine n=264 essays written by RN to BSN students describing their rationale for seeking a BSN degree. The study was conducted at a single site large public university in the northeast offering an exclusively online RN to BSN degree. Once admitted, all students in the RN to BSN program, as part of their educational planning process, are required to write an essay explaining their rationale for seeking a bachelor's degree as well as outlining their future career goals and courses they would like to take in the program outside of the prescribed degree requirements. De-identifying techniques were used to protect the authors' of the essays. The essays were randomly selected from a larger cohort of n= 942 RN to BSN students admitted during the years of 2008-2013. Additional coding and analysis of the data included demographic information and number of years since completion of their associate's degree. Structural coding of student rationale essays in Atlas. Ti., enabled the examination of the motivational patterns driving associate degree prepared RNs back to higher education to pursue their bachelor's degree (Friese, 2012, Marshall & Rossman, 2011, Saldana, 2009).

**Results:** Findings suggest that due to a shift in the demand for nurses with leadership skills in the labor market, a number of RN to BSN students are returning to complete their degrees for the sole purpose of obtaining skills and knowledge in the area of leadership to further advance their careers. Of the n=254 student essays coded in Atlas. ti., n=90 or 35.4% of the student essays revealed that the purpose of returning to complete the RN to BSN degree was to obtain leadership skills. Students frequently stated that they were unable to advance in the areas of clinical ladders, into acute care settings, nurse educator, or administrative type positions since they did not have the requisite BSN degree. In order to gain the qualifications necessary for leadership or promotional opportunities in these areas, students were seeking education and skills in leadership. Interestingly, the BSN degree was referenced repeatedly as the qualification providing the necessary leadership education and training required for advancement. A general finding among all of the essays is that the nurses did not realize until they were in the job market how limited their opportunity for career grow was having only obtained an associate's degree.

**Conclusion:** A significant proportion of RN to BSN students at a public university research site are pursuing a bachelor's degree in order to gain qualifications necessary to advance in positions requiring education and skills in leadership. Demands in the labor market for nurses with leadership at public and private organizations are increasingly recognizing the value of hiring nurses with leadership skills and in particular those with a bachelor's degree (RWJF, 2014). Consequently, the demand for leadership skills in the labor market is increasing a demand for additional higher education. Moving forward, these findings are significant for both faculty and academic advisors in terms of program evaluation to ensure that leadership growth and opportunities are meeting the needs of the RN to BSN student population. Education and skills training in leadership should be identified for students through course content, appropriate clinical placements, and connections to professional organizations. Ongoing assessment and evaluation of the specific leadership opportunities within RN to BSN programs should be highlighted and career advisement tailored to meet the needs of the adult RN to BSN student seeking leadership opportunities ( Sanberg, 2013, Canton & James, 2011, Johnson & Ridley, 2008) .

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## E 12 - Promoting the RN to BSN Transition

### Partnership with a Community Hospital Nurse Residency Program: An Innovative Approach to Increase BSN Prepared RNs in a Rural Area

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*Cassandra D. Ford, PhD, MSN, MBA, BSN, RN, FAHA, USA*

#### Purpose

The purpose of this presentation is to share the development, organization and implementation of an innovative partnership between a community hospital Nurse Residency Program and a RN to BSN academic program. This partnership is designed to increase the baccalaureate workforce in rural community hospitals.

#### Target Audience

The target audience for this presentation is nursing faculty and administration as well as hospital administrators who have a desire to increase the baccalaureate workforce in hospitals.

#### Abstract

Newly graduated nurses have greater responsibility for patient care at an earlier stage in their careers than ever before. The acuity level in both urban and rural hospitals has increased dramatically in the past 10 years. The National Council of State Boards of Nursing (2007) found that organizations perceive newly licensed registered nurses (RNs) are deficient in areas such as identifying abnormalities during physical assessment, responding to emergencies and supervising care provided by other personnel. The UHC/AACN Nurse Residency Program (NRP) was developed, by representatives of the nation's leading academic medical centers and their affiliated schools of nursing, as a one year post-baccalaureate program designed to ease the transition to practice for new graduate nurses. The NRP is built on an evidence based curriculum and uses both learning and work experiences to support graduate nurses as they transition in their first year of professional practice. Strengths of the UHC/AACN NRP include group support for the new graduates, practical application of nursing concepts through expanded discussion, enhancement of critical thinking skills and in-depth development of leadership skills. The program is designed to increase job satisfaction and reinforce residents' commitment to the nursing profession. Arguably all new RN graduates, regardless of their educational preparation, can benefit from the strengths and purpose of this NRP. Fortunately, the developers of the NRP understood that the reality of today's nursing workforce makes it impossible for many rural/community hospitals to hire only BSN graduates. For community hospitals, who offer the UHC/AACN NRP to new hires with ADN preparation, assistance is provided to tailor the curriculum to support their transition into professional roles.

This College of Nursing is one of a limited number of academic partners of the UHC/AACN NRP that is partnered with a community hospital rather than an academic medical center. When the community hospital implemented the NRP in 2012 it was only offered to BSN prepared new hires. Because the community hospital has only 30% BSN prepared new hires it was not impacting the majority of newly employed RNs. There was an outpouring of interest from associate degree new hires to have the opportunity to participate in a residency program. After two cohorts of BSN prepared nurse residents had completed the one year program the hospital administration decided to open the program to all new hires, regardless of their educational preparation. As a result, in the first cohort where associate degree nurses were eligible to apply, 41 of the 49 residents were prepared at the associate degree level. Now, not only was the community hospital providing the residency program for the newly hired BSN prepared graduates of the College, but the door was opened for a partnership with the College's RN to BSN track.

The addition of ADN prepared new hires in the community hospital's NRP provided a wonderful opportunity to embark on an innovative partnership that would address the 2010 Institute of Medicine's The Future of Nursing: Leading Change, Advancing Health report goal to increase the percentage of nurses holding the BSN degree or higher to 80 percent by 2020. Representatives from the academic partner's RN to BSN program and the hospital's NRP met to begin the development of an official

partnership that would offer associate degree nurses, who were enrolled in the residency program, incentives to continue their education to obtain their BSN. The objectives from RN to BSN curriculum and the objectives of the Residency Program were reviewed and aligned in order to offer students who successfully complete the one year Nurse Residency Program credit for course assignments/requirements if they enroll in the RN to BSN track at the College of Nursing.

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## E 12 - Promoting the RN to BSN Transition

### The RN to BSN Transition: A Qualitative Systematic Review

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#### Purpose

The purpose of this presentation is to discuss the results of a qualitative systematic review conducted to develop a model of registered nurses returning to school for a Bachelor's degree in nursing.

#### Target Audience

The target audience of this presentation is nursing education leaders and faculty who facilitate RN to BSN transition programs.

#### Abstract

**Background and Significance:** Despite ongoing recommendations from leading healthcare and nursing organizations that propose entry to nursing practice should be at the bachelor's degree level, approximately 60 percent of newly licensed registered nurses still enter practice with an associate's degree or diploma in nursing. Due to current recommendations, there has been a rapid growth in the number of associate's degree to bachelor's in nursing programs (RN to BSN programs). There are now more than 600 RN to BSN programs in the United States. Concurrently, much is written about the need for a seamless transition of associate degree and diploma nurses (ADNs) to bachelor's prepared nurses (BSNs).

The purpose of this qualitative systematic review (QSR) was to understand more about what occurs when an ADN returns to school for a BSN and to develop a model of what a seamless transition of ADN to BSN might look like. To date, a model describing the phenomenon of ADNs returning to school for a BSN degree does not exist. The questions that guided the QSR were: What must happen for a nurse to return to school for a BSN degree? What occurs while attending a RN to BSN program? What outcomes of the additional education, if any, to nurses identify? If outcomes are identified, what are contributing factors?

**Method:** This QSR was guided by approaches suggested by Finfgeld-Connett, a leading nurse researcher and pioneer of the QSR method. By definition, QSRs concentrate on generating results that are generalizable and transferable to nursing practice and policy.

Articles and unpublished dissertations using qualitative or mixed methods that were conducted in the United States and met the inclusion criteria were reviewed. The findings of six dissertations and 13 articles were included in this QSR which translates to approximately 445 practicing nurses' perspectives on the ADN to BSN transition. Using content analysis and reflective memoing, the findings of these 19 studies were synthesized into a model of the phenomenon of an ADN returning to school and transitioning to a BSN.

**Results:** Motivation, time, the chosen program, and finances must be coordinated and aligned before an ADN considers enrolling in an RN to BSN program. ADNs are faced with ongoing challenges that follow them as they make the decision to return to school, as well as during progression through the program. Throughout the decision making process and during coursework, ADNs require support. RN to BSN students work to achieve balance as they navigate through school. Institutions of higher learning and the nurses' workplaces provide inconsistent support and often present challenges. Despite adversity, ADNs still make a noticeable transition. RN to BSN students and graduates identify the benefit of online instruction and key courses, which motivate them and make the value of a BSN more relevant. Positive outcomes of obtaining a BSN include benefits to the nurses' personal and professional lives as well as to their nursing practice. A visual representation of the RN to BSN transition was generated.

**Implications:** A seamless transition of the ADN to a bachelor's prepared nurse does not exist at this time. The results of this QSR and corresponding model are useful to nurses, academicians, and healthcare organizations as they move to meet current recommendations.

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## E 13 - Global Leadership Perspectives

### Sacred Valley Health: A Global Organization with a Local Impact

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#### Purpose

The purpose of this presentation is to critically reflect upon components that contribute to the sustainability of international health education programs and to recognize the potential benefits of interdisciplinary and interagency partnerships between international health education programs, universities, and professional associations.

#### Target Audience

The target audience of this presentation are faculty and administration in nursing education, global health organizations, and members of professional associations seeking international partnerships.

#### Abstract

Sacred Valley Health (SVH) is a US 501 c3 nonprofit organization working in Ollantaytambo, Peru. The mission of SVH is to promote health in the underserved, rural communities of Peru's Sacred Valley through increased access, education, and community empowerment. The primary focus of the organization is to train promotoras de salud (community health workers). The promotoras serve as healthcare providers and educators in their communities. Evidence demonstrates community health workers increase access to health and improve health outcomes (Lewin et al., 2006). SVH trained promotoras have: (1) facilitated access to care for more than 2,200 community members, (2) provided treatment to 627 individuals, and (3) presented more than 70 health education sessions. With an emphasis on sustainability, SVH launched the Docente program (Train the trainer) in 2014. Promotoras attended a three-week program based in adult learning theory and the Transtheoretical Model, Stages of Change (Prochaska et al., 2002), providing leadership education and teaching techniques. Five female promotoras were selected to become Docentes, who will train the next generation of promotoras. It is anticipated that this will continue to increase access to health services, improve health outcomes, and contribute to the empowerment and economic well being of the families and communities.

The work of SVH is not limited to Peru's Sacred Valley, as the organization has collaborated with nursing, medical, and public health programs in the US in order to provide students with service opportunities. Research has demonstrated global health experiences have a lasting positive impact on students (Smith & Curry, 2011) and are enhanced when partnered with sustainable organizations. (Powell, Gilliss, Hewitt, & Flint, 2010). More than 17 trips have been facilitated in the past three years; students and faculty have strengthened the impact of SVH. In 2014, health campaigns provided education regarding personal and oral hygiene, sexual and reproductive health, and nutrition to 579 children and 312 adults. In addition, these immersion experiences have exposed and shaped the careers of future American health professionals. Student's qualitative evaluation feedback themes that have emerged include: (1) an appreciation of the global perspective of health care, (2) improved understanding of preventative services and education (3) enhanced cultural knowledge and competence, and (4) a desire for continued service opportunities.

In 2014, University of Rochester's Sigma Theta Tau chapter partnered with SVH to provide donations of toothpaste and toothbrushes. These donations were provided to schools in the promotoras' communities in conjunction with health campaigns. This partnership between SVH and this particular Sigma Theta Tau chapter has immense possibility to grow and continue to foster interdisciplinary collaboration, global experience, individual professional development, and minimize attrition of chapter members.

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## E 13 - Global Leadership Perspectives

### The Clinical Research Nurse: A Global Perspective on Role, Value and Leadership

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#### Purpose

This presentation will provide (1) a definition of the specialty practice of Clinical Research Nurse (CRN), (2) a discussion of role (global perspective), (3) focus group study findings describing CRN's perception of the value of their practice and (4) a discussion of strategic initiatives for advancement of the role globally.

#### Target Audience

The target audience of this presentation is any nurse clinician or academic who is not familiar with the specialty practice of the CRN.

#### Abstract

Clinical research nursing is “the specialized practice of professional nursing focused on maintaining equilibrium between care of the research participant and fidelity to the research protocol.” (International Association of Clinical Research Nurses (IACRN), 2012). Description of nurse involvement in clinical research is present in the literature, however, not until the last two decades has significant progress been made in role description and awareness of the specialty practice of the CRN (Fedor, 2009; Watmough, Flynn, & Wright, 2010; Nagel, Gender, & Bonner, 2010). Clinical research nursing is an emerging specialty within the nursing field that has gained attention internationally for its contributions to the safe and ethical care of patients and the accurate, efficient collection of quality clinical research data (Ledger, Pulfrey, & Luke, 2008; Poston & Buescher, 2010; Spilsbury et al., 2008).

The role of the CRN is gaining increased importance globally in light of clinical and translational science becoming a global priority. The CRN is able to focus beyond the research related tasks to continually balance the needs of the participant with that of the protocol (Hastings et al. 2012) thus assuming a leadership role in advancing novel therapeutics and quality patient outcomes.

The specialty of clinical research nursing incorporates 5 domains of practice, (1) human subject protection; (2) care coordination and continuity; (3) contribution to clinical science; (4) clinical practice; and (5) study management throughout a variety of professional roles, practice settings, and clinical specialties (US Department of health and Human Services, 2009). The value of the contributions that CRNs make to the research enterprise within these domains of specialty practice is not well articulated, therefore in order to move the specialty practice of clinical research nursing forward it is essential that CRNs begin to describe first qualitatively and then quantitatively the value they bring to the domains of the specialty practice and the leadership roles they assume. Mueller 2001, goes one step further and suggests that CRNs need to “empirically demonstrate that the skills and knowledge they bring to clinical research as nurses are qualitatively and quantitatively different, and therefore more beneficial, than those provided by other occupational groups”.

In an effort to begin to clearly articulate the contributions of the CRN to the clinical research enterprise important findings from a recent focus group study of CRNs will be presented and discussed. To add further insight, perspectives from international CRNs will be presented. CRNs are valued members of interprofessional teams practicing globally in culturally diverse settings, all guided by Good Clinical Practice guidelines and sharing the common goals of patient safety and advocacy, quality data collection and protocol fidelity. As CRN specialty practice advances contributions to establishing global standards for CRN practice will be vital. Educational forums are being held globally to educate nurses and other

clinical research professionals in an effort to improve the care of the research subject and improve the integrity of clinical research.

The purpose of this presentation is to provide the learner with (1) a definition of the specialty practice of the Clinical Research Nurse (CRN), (2) a discussion of the role of the CRN, including a global perspective, (3) a presentation of the findings from a recent focus group study describing CRN's perception of the value of their practice on the care of patients enrolled in clinical research and implementation of clinical research and (4) a discussion of strategic initiatives for advancement of the role globally.

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## F 10 - How Theory Can Guide Education and Practice

### Effectiveness of Integrating Test-Enhanced Learning into a BSN Foundations of Nursing Class: A Pilot Project

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*Laura Dower, MSN, ADN, RN, FNP, CNE, USA*

#### Purpose

The purpose of this presentation is to present the effectiveness of test-enhanced learning as an effective teaching/learning strategy for baccalaureate nursing students.

#### Target Audience

The target audience of this presentation is nurse educators.

#### Abstract

The purpose of this study was to evaluate the effectiveness of a pilot project designed to assist student learning by incorporating weekly post-lecture quizzes intended to increase the spacing time of studying. Numerous studies have reported the positive effect that test-enhanced learning (TEL) has on the long-term retention of information, or what is known as the testing effect, and that it is an effective teaching/learning strategy. We hypothesized that weekly quizzes would increase the frequency and time that a student spent studying lecture material and that the result would be better long-term retention of information and increased grades. Using a pretest-posttest study design, we used three retrospective sets of data from second semester baccalaureate nursing students for fall 2013 (n = 75) and spring 2014 (n = 105). Data gathered included: the Assessment Technologies Institute (ATI) Registered Nurse Content Mastery Exam for Fundamentals; the number of students with a grade of <75 prior to the final exam; and the number of students that failed the course. Standard teaching/learning strategies were used fall 2013 (pretest group), while TEL was implemented in spring 2014 (posttest group). For the pretest group's ATI scores, there were 6 (6%) Level 3, 61 (58%) Level 2, 13 (17%) Level 1, and 1 (<1%) below Level 1. For the posttest group's ATI scores, there were 18 (23%) Level 3, 46 (59%) Level 2, 13 (17%) Level 1, and no students below Level 1. There were 52 (50%) students with a grade <75 before the final exam in the pretest group, and 6 (8%) students in the posttest group. A total of 6 (6%) students failed the course in the pretest group, compared to 5 (6%) in the posttest group. The findings indicate that TEL is an effective teaching/learning strategy that had a positive impact on the retention of course material. Limitations include that the study was not randomized, used a small sample size, was conducted at a single institution, and in a single course. Additional research is needed to determine the effectiveness of TEL in other settings and courses.

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## F 10 - How Theory Can Guide Education and Practice

### Applicability of Social Cognitive Career Theory for Future Nursing Faculty Workforce Recruiting

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#### Purpose

to report the applicability of the constructs within Social Cognitive Career Theory as a robust theory to examine career choice intent in future studies of nursing students.

#### Target Audience

nursing program administrators, nursing faculty and other nurses and managers

#### Abstract

This session reports on the usability of the Social Cognitive Career Theory (SCCT) to explore intent for a future nursing faculty position by pre-licensure baccalaureate nursing students. Despite the impending nursing faculty shortage, little theory based research has been conducted about how nursing students may be attracted to or dissuaded from a future nursing faculty role. SCCT was chosen for the study because this middle range theory has been used in more than 50 studies to explore college students' career choices and found to be predictive. Theory derivation was used to apply SCCT to the study. The derived theory propositions were: intent for a future nursing faculty role (career choice goal) is related to self-efficacy, outcome expectations, learning experiences, and interests in the activities of a faculty role; learning experiences include teaching experiences such as peer teaching, peer tutoring or other experiences and receiving role modeling and encouragement from a nursing faculty member will lead to increased interests, self-efficacy, outcome expectations and a career choice goal for a future nursing faculty role; and self-efficacy, outcome expectations and interest in the activities of a faculty role relate to a career choice goal for a future nursing faculty role. The theory propositions led to the creation of a conceptual model of the SCCT constructs for career choice for a future nursing faculty role that included: 1) person inputs (gender, age, race/ethnicity); 2) distal background variables (parent education and occupation); 3) proximal background variables (type of nursing program, educational level, educational background); 4) supports and barriers; 5) self-efficacy for a faculty role; 6) learning experiences (previous teaching experience, observing a faculty role model and receiving encouragement); 7) interests in the activities/tasks of a faculty role; 8) outcome expectations (advantages and disadvantages of a faculty role); and, finally, 9) the outcome variable, career choice or intent for a future faculty role.

The research questions were:

- 1) What is the reliability of the multiple item measures of the SCCT constructs for those intending and those not intending to pursue a future nursing faculty role?
- 2) How well do the SCCT constructs predict intention to pursue a future nursing faculty role?

A prospective correlational research design using a national convenience sample of 1,078 pre-licensure baccalaureate nursing students who responded to an online survey was used to answer the research questions. This survey included the variables of location of nursing program, gender, age, race/ethnicity, parents' education and occupation, type of nursing program, semesters/quarters of clinical nursing education, other degrees or education, supports/barriers to pursue a faculty role, self-efficacy to become a faculty member, types and positivity of previous teaching experiences, nursing faculty role modeling and encouragement to pursue a future faculty role, outcome expectations (advantages and disadvantages) of a future faculty role, and interests in the activities/tasks of a faculty role. For the outcome variable, students were asked to strongly disagree, disagree, unsure, agree or strongly agree with the statement "In the future, I intend to pursue a nursing faculty role." Almost 25% of the sample agreed or strongly agreed with the statement.

The students were divided into two groups to answer the research questions, those who agreed or strongly agreed with the statement became the high intent students and those who disagreed, strongly

disagreed or were unsure became the low/unsure intent students. Cronbach alphas demonstrated good reliability, ranging from .78-.89 with the exception of barriers, which had a Cronbach alpha of .61 for high intent students and .62 for low/unsure intent students.

To compare the differences between the high intent students and the low/unsure intent students, Chi-square statistical tests were used for analyzing the categorical variables and independent-samples-t-tests were used for the continuous variables. All statistical analyses were performed using Statistical Package for the Social Sciences (SPSS) version 18. Preliminary analyses were conducted to ensure there was no multicollinearity among the predictor variables and that all levels of the binary categorical predictor variables had sufficient counts. Eleven predictor variables (age, type of nursing program, supports, barriers, self-efficacy for a faculty role, teaching experience, faculty role modeling, encouragement for pursuit of a faculty role, outcome expectations-advantages, outcome expectations-disadvantages and interests in the activities/tasks of a faculty member) were individually statistically significant and were inputted into the logistic regression model. The full statistical model containing all 11 predictors was statistically significant, [ $\chi^2 (11, N = 1,078) = 300.94, p < .001$ ], indicating that the model was able to distinguish between the high intent students and the low/unsure intent students. The Hosmer and Lemeshow Goodness of Fit Test was non-significant, ( $\chi^2 (8) = 6.76, p = .56$ ), indicating good fit of the model. The model as a whole explained between 24.4% (Cox and Snell R square) and 36.2% (Nagelkerke R square) of the variance in the students' intention status for pursuit of a future nursing faculty role.

While all 11 predictor variables were individually statistically significant, six made a statistically significant contribution to the logistic regression model [interest in the activities/tasks of a faculty role (OR = 2.4), type of nursing program (OR = 2.1), outcome expectations-advantages (OR = 1.9), previous teaching experience (OR = 1.7), encouragement to pursue a faculty role (OR = 1.5), and outcome expectations-disadvantages (OR = 0.8)]. Variables that were not statistically significant in the logistic regression model were age, supports, barriers, self-efficacy for a faculty role, and role modeling.

SCCT provided a comprehensive approach to investigate career intent and is recommended to be a robust theory to examine career choice intent in future studies of nursing students.

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## F 10 - How Theory Can Guide Education and Practice

### Case-Based Nursing Peer Review Using Just Culture Principles

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*Connie Ann Scott, MS, RN, NEA-BC, USA*

*Cheryl Lynn Stuckman, BSN, RN, USA*

#### Purpose

The purpose of this presentation is to discuss the process and outcomes of implementing case based nursing peer review in a rural mid-western hospital.

#### Target Audience

The target audience for this presentation is clinical and administrative staff interested in promoting nurses professional development and improving outcomes through case based peer review.

#### Abstract

Although more than twenty five years have passed since the American Nurses Association published the 1988 Peer Review Guidelines and defined nursing peer review as “the process by which practicing registered nurses systematically assess, monitor, and make judgments about the quality of nursing care provided by peers as measured against professional standards of practice” nurses have not fully integrated this into practice. Our Professional Practice Council recognized the need to develop a formal nursing case review process to supplement peer review feedback occurring informally and annually as part of performance review. A core group was formed to search relevant literature, seek hospital risk management and legal counsel input and develop a policy to guide a nursing case review process. Just Culture principles were explored and used as the basis for the development of our non-punitive process. Informational sessions educated staff about the process and expectations of nursing case review committee participants. The Chief Nursing Officer appointed the committee taking into account staff interest and director recommendations. The majority of the committee members are clinical nurses representing the various units of the hospital. Ad hoc members from specific nursing units and other disciplines are invited to the case review as needed. The importance of confidentiality is emphasized, with all staff participating in a case review signing a confidentiality agreement. Case referrals are made by clinical nurses, nursing leadership, medical peer review, performance improvement and risk management. Cases determined to be appropriate are presented to the nursing case review committee by a Clinical Nurse Specialist or the Professional Practice Manager. Nurses involved in a case are invited to voluntarily participate in the process, if possible or may be individually interviewed prior to the case discussion. A case review template is used and action plans are determined at the conclusion of the review. As a result of participating in this process, nurses’ experience increased professional accountability by identifying the need to make practice changes. Since implementation two years ago cases reviewed have supported need for the following process changes: method of implementing of venous thromboembolism prevention measures, medical surgical sepsis screening, screening of surgical patients for opioid tolerance, Magnetic Resonance Imaging prescreen process and direct admission process. Some of the educational needs identified and addressed included the medication reconciliation process, deep tissue injury identification and bowel management regimens.

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# F 11 - Building Relationships to Develop Future Leaders

## Developing Future Leaders: The L.O.V.E. Approach

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### Purpose

The purpose of this presentation is to inform nurse leaders, executives, and faculty about the constructs of the L.O.V.E. Approach and provide encouragement and examples of how they can follow this model as they mentor, educate, and develop future leaders in the nursing profession.

### Target Audience

The target audience for this presentation will be registered nurses who are in leadership positions, executive positions, and nurse educators.

### Abstract

Nursing education and leadership must rapidly change as healthcare organizations are reorganizing into detailed 21<sup>st</sup> century multi-faceted systems to provide care for complex conditions. If nurse leaders and nursing faculty incorporate the L.O.V.E. approach into their daily interactions with registered nurses (RNs), and nursing students, both will benefit as will the patients that they care for and the staff that they lead and collaborate with .

Using the L.O.V.E. approach teaches and models professionalism, leadership, civility, ethics, and caring, which should be the framework of professional nursing at its best, especially in these current times when quality of care and services drives healthcare organizations. Nursing organizations and educational programs are emphasizing and exposing nurses and students to many different evidence-based tools to help improve and maintain quality in nursing practice. Nurse leaders and educational faculty need to be role models by providing high quality engagement in the healthcare and educational environment. In a study by Ma, Li, Zhu et al., (2013), three themes were identified that support this approach and relate to facilitation. They involved promoting a sense of professional responsibility and ethics, providing a place in which to practice caring, and learning from positive role models. Further, the Greater Washington Area Chapter (GWAC) of the American Association of Critical-Care Nurses supports chapter succession planning through the development of community and collegiality as a way to identify and mentor future leaders (Hughes, Belkoski, & McNeil-Jones, 2012). The L.O.V.E. Approach supports their succession planning model.

Description of the Approach: The L.O.V.E. acronym stands for the following: legitimize, optimize, validate and empower.

- **Legitimize** their education by creating a social presence that is sincere and authentic, and by setting appropriate benchmarks for the busy working RN and RN student.
- **Optimize** their work environment and, or education by building on their current knowledge and providing opportunities for personal and professional growth that are most advantageous to each nurse or student related to their learning styles, current, and long-term professional goals and leadership succession planning.
- **Validate** their current level of nursing practice expertise and previous education by using it as a framework for practice application and service learning/civic engagement opportunities that stimulate critical thinking and clinical judgment.
- **Empower** them to be leaders in the profession through knowledge attainment, and by being a professional role model of high ethical and moral comportment that is active in professional nursing organizations.

Through the practice of this affective teaching and learning model, personalized support and recognition which may foster cognitive empowerment and allow full engagement in the process of leadership development and learning may be obtained. As nurses are empowered to grow as professional leaders

and students are motivated to perform in academia, likewise, they will be able to motivate and lead others round them in a collaborative manner to provide high quality, evidence-based patient care.

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## F 11 - Building Relationships to Develop Future Leaders

### Leadership: Based on Relationships

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*Michele Rumsey, RN, FACN, Australia*

#### Purpose

The purpose of this presentation is to articulate, through example, the vital role of building relationships between mentors and colleagues when developing leaders in any context, but importantly in lower middle income countries (LMIC). Relationships that span over time and within and beyond country borders.

#### Target Audience

The target audience are practitioners who work in, or with health workers in, LMIC. Also practitioners who are interested in leadership development.

#### Abstract

As secretariat to the **South Pacific Chief Nursing and Midwifery Officers Alliance (SPCNMOA), the World Health Organization Collaborating Centre for Nursing, Midwifery and Health Development at University of Technology Sydney (WHO CC UTS)** works in close partnership to support leaders in nursing and midwifery, directly assisting the governments in 14 South Pacific Island Nations. This partnership has been in place since 2004, when at the first SPCNMOA meeting a request was made to UTS Faculty of Health to take the lead on establishing a WHO Collaborating Centre for the region. As secretariat, the WHO CC UTS is the bridge to provide national, regional and global policy to strengthen health systems for our sometimes isolated colleagues in the Pacific.

To strengthen the partnership and create practical and positive health system strengthening outcomes for the South Pacific Island Nations the WHO CC UTS engages with SPCNMOA not only through constant communication but activities that have a direct impact. A leadership program has been developed and funded by the Australian Department of Foreign Affairs which has, so far, been implemented annually since 2009.

As 105 emerging 'leaders' from the Pacific have now participated in this program we have continually reviewed the program with the SPCNMOA to focus on leadership as a process which includes interpersonal relationships (between leaders and colleagues) and also reinforcing that leadership is not about individuals but about collectives. From this perspective, leadership development does not ask "How do we make better leaders?" but instead "How do we improve leadership in the system?" (Edmonstone, 2011). The success of this program has been documented through many past participants enacting changes in their countries and some becoming chief nurses. Many lessons have been learned that we would like to share with others interested in healthcare leadership models, particularly in developing countries.

In brief, the successful leadership program consists of a **Country team** of potential leaders in nursing and midwifery mentored by the **Chief Nursing /Midwifery Officer** in the Ministry of Health of their country. The teams, in collaboration with key stakeholders recognise a problem and devise an Action Plan to help solve it. A **Reference group** overseas the teams through constant communication, this not only ensures the program is running the way our partners want it to, but enables them to meet in a trusting environment to share problems with Action Plan development and progress.

The skills they have gained has enabled them to strategically plan with key stakeholders, such as Ministries of Finance and Ministries of Health, projects in their countries which are still ongoing and having beneficial impacts today.

The keys to this partnership's success have been clear and are outlined here:

**Trusting relationships** – This is the foundation of how any work done in partnership succeeds. This idea often seems to get lost in the struggle to find funding and the need for measurable outcomes.

**True country ownership** – The **health system strengthening initiatives** that seem obvious aren't actually context driven. So in true country ownership, and by working in their context, some of the **projects need to fail so they can learn and rebuild in their own way to succeed the next time.**

**Being there for the long haul** – we've had a relationship with the SPCNMOA since 2004. Because of our long standing relationship, we understand the issues facing our colleagues and can support ongoing issues connected with project development.

Without the trusting, open and equal partnership built between WHO CC UTS and SPCNMOA this model for enhancing leadership in nursing and midwifery in the South Pacific would not have had the impact on health systems that it has had. We believe a strong relationship is built on trust, allows true country ownership and grows and strengthens over time. The worrying trend in reduction of development dollars means increased pressure for efficiency and a decrease in 'soft' development projects such as these that deal with organisational change. There is a need to apply rigorous research methods to look at the success factors of such a leadership program to provide evidence to funding bodies.

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## F 11 - Building Relationships to Develop Future Leaders

### Transforming the Chapter through Servant Leadership

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*Jennifer Saylor, PhD, RN, APRN-BC, USA*

*Jennifer Graber, EdD, MSN, BSN, APRN, CS, BC, USA*

#### Purpose

The purpose of this presentation is to exemplify avenues to cultivate future and current leaders. This ensures sustainability through mentoring, leadership, enriching knowledge and research, promoting success, and servilization. These initiatives provide an opportunity to expand leadership and research skills, cultivate relationships with mentors, and develop a lasting commitment.

#### Target Audience

The target audience of this presentation is all members of Sigma Theta Tau International from new members to retirees and across all areas of nursing. All members will become engaged in the chapter and new inductees will benefit from current leaders to develop an avenue that effectively addresses leadership challenges.

#### Abstract

Our STTI chapter is dedicated to selfless mentoring and investing in new nurses and new members by engaging in leadership, knowledge and research related activities. Our chapter members cultivate future leaders and ensure an active sustainable chapter through informal and formal mentoring. Mentoring fosters professional and personnel growth and development, which is an essential component to shaping nurse leaders. In the developing evidence based practice healthcare environment there is a growing need for “well prepared and motivated patient care leaders” (Benjamin, Riskus, & Skalla, 2011, p. 156). To develop effective nurse leaders it is important to have mentoring relationships that foster professional goals and growth (Hadidi, Lindquist & Buckwater, 2013). It is essential to develop a good mentor relationship to help nurses be successful in the future. This can be done through a “mutual investment of time, engagement, energy, personal support, and encouragement” (Hadidi, Lindquist, & Buckwater, 201, p. 162).

A review of the literature shows that leadership succession planning is imperative in all areas of nursing. Our chapter is able to reach nursing students in an effort to increase potential nurse leaders within the profession. It is imperative that today’s nurses prepare for the “next generation of nurse leaders” (Crosby & Shields, 2010, p. 363). Leadership extends to all areas of nursing and we must have a plan in place to have our future nurses ready. There is currently a growing need for nurses in the work force. The Health Resources and Services Administration (HRSA) project that the nursing shortage will be over one million nurses by the year 2020 nationwide (HRSA, 2006). HRSA (2006) found that nursing jobs will increase by 26% from 2010 to 2020. Current nurse leaders are responsible for developing new leaders through being mentors and preceptors as well as being role models (Crosby & Shields, 2010). A survey conducted with nurse administrators, managers, staff nurses, and educators (n=85) found several facilitating conditions to developing nurse leaders including positive attitude, advocacy, administrative support, and experienced mentors (Crosby & Sheilds, 2010).

Succession planning has been an important aspect of the business world for years, but has only recently gained attention in the healthcare world. It is an essential strategy to help identify and prepare future nursing leaders (Carriere, Muise, Cummings, & Newburn-Cook, 2009). The researchers found that the key components of a successful succession plan included strategic planning, identifying skills, detecting candidates, mentors, and preceptors, resource allocation and evaluation (Carriere, Muise, Cummings, & Newburn-Cook, 2009). However, no best practices have emerged for healthcare.

Leadership planning can start early in nursing programs through membership in organizations such as STTI and student nursing associations (SNA). “Nurses join professional nursing associations to gain greater control of their professional future and develop greater awareness of nursing issues” (Lapidus-

Graham, 2012, p. 9). Transformational Leadership Theory is a valid framework to use when trying to develop future leaders through teamwork, mentoring, coaching, trust and caring behaviors (Bass & Riggio, 2006). Research has shown that students with positive mentors and role models in nursing school are more likely to become leaders in their career (Hoffman, Harris, & Rosenfeld, 2008). A study conducted with 15 nursing graduates who had been members of their SNA was conducted to determine their leadership development. The participants identified the following themes as helpful to their progression into leadership roles after graduation: communication, collaboration, dealing with conflict, mentoring and mutual support, empowerment, professionalism, teamwork, and accountability (Lapidus-Graham, 2012). "SNAs can become one vehicle for achieving nursing program outcomes" Lapidus-Graham, 2012, p. 10).

Succession planning helps fill key leadership roles as well as develop future nurse leaders (Shifflet & Moyer, 2010; Sherman & Pross, 2010). It is important for current leaders to not see succession planning as a threat, but as a positive way to develop future leaders (Benjamin, Riskus, & Skalla, 2011). Our chapter understands the importance of using a leadership succession program in an effort to increase new member participation and retention. Retaining active members is an ongoing struggle for many chapters across the globe. Our chapter developed a Leadership Intern Program as a formal mentoring process that is mutually beneficial to mentors, mentees, and the chapter. The Leadership Intern Program is monitored by our Leadership Succession Committee. Our chapter uses various mentoring modalities including face-to-face contact, emails, social networking, and telephone.

Every year, the board matches three to four interns with chapter board members. The interns provide much needed support to the chapter and in return, they receive financial support for NCLEX exam. The mentored projects have included social media, chapter history, educational outreach, and social event coordinator and social media, which was crucial in obtaining the "Circle Award". This program also provides members reduced rates for selected STTI/chapter conferences/programs, opportunity to network with nurse leaders, develop leadership skills and a servant leadership mentality, and as resume builder.

Of the many leadership intern positions over the years, three were offered most recently: Diversity in Nursing Initiatives Intern, Social Event Coordinator Intern, and Membership liaison Intern. The Diversity in Nursing Initiatives Intern focused on our outreach program, titled, "Kids into Health Care Career". This intern must possess presentation skills, enjoy working with teens and children, and be creative in working with diverse populations. The Social Event Coordinator intern, focuses on the spring dinner meeting and fundraising events. This intern must possess party planning skills, be highly organized, and creative in fostering fun and meaningful events. The Membership Liaison Intern is an integral person in reactivating new members and archiving all chapter events. This intern must possess strong social media skills, creativity in engaging others, a passion for archives and history of STTI at the chapter and international level.

Our chapter also engages graduate students/ nurse leaders in our Leadership Intern Program. Resumes, interviewing, and other career skills were sought by undergraduate students in the School of Nursing (SON). Therefore, we selected a graduate student Mentorship Intern to organize and conduct a program for seniors at the SON, many of whom are chapter members. This day-long drop-in program included such topics as resume writing, job search tips, preparing for interviews, getting the most from your preceptor, graduate school, working as a school or community nurse, and preparing for your first day on the job. The graduate mentor accessed our chapter nurses from the community to provide the topics and worked hard to create a positive experience for students. The day provided exposure to nurse leaders, other than faculty, and provided an informal way to network with nursing leaders and included snacks and lunch! The graduate intern receives financial compensation for academic expenses.

In recent years our chapter embarked on developing a tutoring program to increase knowledge of nursing students with a philosophy that nursing students should be mentoring, helping, and tutoring their fellow nursing students with supportive chapter members. The initial challenge was to determine student's needs. With the help of our intern, potential tutors were sought via e-mail. Time was spent discussing needs with students. Initially, a "tutoring list" was formulated so students could reference it in order to find the appropriate help. For easy accessible, the tutoring list was placed on the Student Nurses

Organization Website. Challenges identified included the need to have more consistency in the student organizing the tutoring system. Therefore, the Leader in Training position was created to help with this initiative.

Research mentoring within a STTI chapter promotes expansion of knowledge and cultivates future researchers. Members collaborate with the SON to participate in an undergraduate baccalaureate nursing research course, titled, "Research Concepts in Healthcare". This course transforms and ignites research through the application of the research process to health care practice. Students collaborate with research mentors, many from our chapter including faculty and clinicians, to conduct research. The students are able to work with chapter members in small group settings and receive leadership, research, and professional mentoring while completing their course requirements. Our chapter members and other course mentors are provided an opportunity to develop their own research expertise and expand their research programs. The opportunity ranges from bench research to bedside research and spans across all health professions. Depending on the research study and its stage in the process, students may collect data, analyze data, or interpret findings and develop future research questions. Dissemination of the research findings includes a poster presentation at a research symposium on campus and an abstract for submission to a regional research conference.

By developing a successful Leadership Intern Program, collaborating with the SON and the SNA, our chapter continues to cultivate leaders through mentoring while enriching knowledge and research, promoting success, and servilization. More importantly we have ensured sustainability through leadership interns who have fulfilled committee positions including leadership succession and social media, as well as webmaster and newsletter editor. These initiatives provide an opportunity to expand leadership and research skills, cultivate relationships with mentors, and develop a lasting commitment to STTI.

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## F 12 - Issues Regarding Maternal-Child Health Around the World

### Effects of an Educational Intervention on Baccalaureate Nursing Students' Knowledge and Attitude in Providing Breastfeeding Support to Mothers

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#### Purpose

The purpose of this presentation is to discuss the effect an evidence-based educational intervention had on baccalaureate nursing students' knowledge and attitude in regard to breastfeeding support provided for mothers.

#### Target Audience

The target audience of this presentation is nurse educators and nursing students

#### Abstract

Breastfeeding provides many health benefits for both mother and baby, and mothers need support and encouragement in order to have breastfeeding success. The breastfeeding support that mothers receive should come from communities, healthcare providers, and nursing students. However, researchers reported that nursing students are not receiving the educational preparation to provide breastfeeding support that mothers need. The lecture only approach to breastfeeding education is not enough to provide the students with the knowledge and skill needed to provide breastfeeding support. Because of the many benefits that an interaction with a standardized patient (SP) provides, and because the researcher did not find any studies that utilized SPs as a teaching strategy with breastfeeding education, the integration of an SP encounter as a teaching strategy was utilized for the purposes of this study.

The purpose of this presentation is to discuss the effect an evidence-based educational intervention had on baccalaureate nursing students' knowledge and attitude in regard to breastfeeding support provided for mothers.

Nurse educators and nursing students would benefit from the information provided in this presentation.

A randomized pretest-posttest design with a comparison group was used for this study. The educational intervention included an evidence-based breastfeeding lecture followed by a simulation role-play scenario with an SP for the experimental group and an educational breastfeeding video for the control group. The researcher utilized the Australian Breastfeeding Knowledge and Attitude Questionnaire (ABKAQ) to determine pretest and posttest breastfeeding knowledge and attitude scores of the nursing students.

Results revealed a statistically significant difference in pretest and posttest scores in regard to the students' breastfeeding knowledge and attitudes toward breastfeeding.

There was statistically significant evidence at the .05 level to indicate an improvement in the nursing students' breastfeeding knowledge and attitudes toward breastfeeding based on the pretest and posttest knowledge and attitude scores.

The evidence-based breastfeeding educational interventions improved nursing students' breastfeeding knowledge and attitudes toward breastfeeding. The results of this study are consistent with reports from other researchers in that an SP encounter as an educational strategy was beneficial in improving communication and critical thinking skills in students.

The interventions also helped to improve knowledge and skill the students need to provide breastfeeding support to mothers.

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## F 12 - Issues Regarding Maternal-Child Health Around the World

### An Evaluation of Midwives for Haiti Programs: Can they Reduce Infant and Maternal Mortality in Haiti?

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*Jacquelyne L. Brooks, DNP, MSN, BSN, ADN, RN, CNM, WHNP, USA*

#### Purpose

The purpose of this presentation is to describe the evaluation of the Midwives for Haiti programs and demonstrate the ability of the programs to reduce infant and maternal mortality in Haiti by increasing access to skilled maternity care.

#### Target Audience

The target audience of this presentation consists of those who desire a better understanding of maternity healthcare challenges and effective strategies to improve access to skilled maternity care in Haiti. The target audience includes healthcare providers, nursing educators, and those interested in global maternity health issues.

#### Abstract

The United Nations was commissioned to develop a plan to eliminate poverty and hunger and improve health around the globe, which was announced in 2005 as the Millennium Development Goals (United Nations Development Project, 2005). The use of skilled birth attendants (SBAs) in underserved areas was identified by the Millennium Development Goals as a necessary service to reduce maternal and infant mortality (United Nations Development Project, 2005; WHO, 2004). Because of the importance of providing skilled care during pregnancy and childbirth, many international organizations are working to close the competency gap among SBAs (Harvey et al., 2007; Kreyberg & Helsing, 2010).

Haiti has the highest maternal mortality rate in the Western hemisphere and ranks 34<sup>th</sup> amongst all nations for maternal deaths (Central Intelligence Agency, 2014; Ministry of Public Health and Population [MPHP], 2013). In 2010, the neonatal mortality rate was 31 per 1,000 live births in Haiti, compared with 6 per 1,000 live births in the United States (MPHP, 2013; You, Bastian, Wu, & Wardlaw, 2013). In 2012, the infant mortality rate was 59 per 1,000 live births, also the highest in the Western hemisphere (MPHP, 2013).

In response to the alarming maternal and infant mortality rates in Haiti, American certified nurse-midwife, Nadene Brunk, established Midwives for Haiti (MFH, 2014) in 2006. Midwives for Haiti is a non-profit organization with a home base in Richmond, VA and primary teaching site in Hinche, Haiti (MFH, 2014). The mission of MFH (2014) is to reduce maternal and infant mortality rates in Haiti by training Haitian nurses to be SBAs. From 2006-2013, MFH trained 73 SBAs who worked in 11 birth centers or clinics and three hospitals throughout Haiti (N. Brunk, personal communication, March 21, 2014). In 2013, the MFH SBAs attended approximately 10,000 births and provided more than 60,000 prenatal visits (N. Brunk, personal communication, March 21, 2014).

A systems evaluation was conducted using a Logic model to assess the ability of MFH to successfully achieve its mission. The direct investment of human, organizational, Haitian, financial, and teaching resources helps to sustain the activities necessary to train SBAs, support salaries of the Ste. Therese Hospital midwives, and provide free prenatal and postnatal care. The output of the investments and activities is intended to fortify the fragile maternal health infrastructure in Haiti by increasing the number of SBAs and access to perinatal care. In addition, the intent of the Matron Outreach Program is to increase the knowledge and skills of the traditional birth attendants, known as Matrons, and increase referrals to skilled care when needed.

The logic model considers assumptions and external factors that may affect the outcomes of a program (W.K. Kellogg Foundation, 2004). Midwives for Haiti encounters barriers due to various assumptions among global and national agencies, policy makers, and healthcare providers about how the program will

work and the people involved. In addition, external factors that are part of the Haitian society, culture, and healthcare system exist in the environment in which MFH must interact. Working with and within the assumptions and external factors, MFH (2014) has created a network of support and positive relationships to facilitate its programs and increase access to maternity care in several areas of Haiti. The systems evaluation showed that MFH programs have the potential to positively impact the health of infants and childbearing women and reduce infant and mortality rates in Haiti.

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## F 12 - Issues Regarding Maternal-Child Health Around the World

### U.S. Health System Reform, Children's Health Care and Nursing: An Integrative Policy Analysis

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*Eileen K. Fry-Bowers, PhD, JD, RN, CPNP, USA*

#### Purpose

provide nurses with an overview of how to conduct an integrative policy analysis using the example of current U.S. health system reform and its impact on children's health care and the practice of nursing.

#### Target Audience

nurses in leadership roles, or those who aspire to leadership roles, particular in pediatric or family care settings, and those that deal with health policy.

#### Abstract

**Purpose:** Conducting an integrative analysis of a health policy is an important skill for nurse leaders. This presentation will review the process of health policy analysis and describe the analytic process used to examine the Patient Protection and Affordable Care Act of 2010 (ACA) and other health care reform legislation and the subsequent direct and indirect impact on the US child health system. In addition, the speaker will make recommendations for future nursing research to inform nursing leadership, practice and advocacy regarding the delivery of health care services to children.

**Background:** The major provisions of the Patient Protection and Affordable Care Act of 2010 (ACA) emphasized expanding health insurance coverage to previously uninsured populations, promoting new fixes for longstanding delivery system problems and broadening prevention and population health interventions, many of which benefit children. Although the ACA improved insurance coverage for children and their families by covering comprehensive preventive services with no cost sharing, eliminating exclusion for pre-existing conditions, prohibiting lifetime dollar limits, extending dependent health benefits to age 26, and expanding coverage to many previously uninsured parents, the scope of change and its reverberation throughout a complex health system has raised serious questions about the ACA's direct and indirect impacts on children's health care, and its potential to affect the quality of children's health care in ways that were not planned or expected.

The delivery of children's health care is highly dispersed and includes outpatient clinics and physician offices, school-based health centers, early intervention programs for developmentally delayed infants and toddlers, and a host of other specialized programs. While Medicaid is the largest payer for children's healthcare in the U.S., a variety of other state-funded or state administered programs provide essential services for defined populations with special risks and needs. This complex and fragmented set of child health care services is uniquely vulnerable to policy changes, including those embodied in the ACA and other health reform legislation.

**Process:** Using a modified Bardach (2000) approach to policy analysis, specific provisions of the ACA and other legislation were examined for their effects on the delivery of child health services. An integrative review using a comprehensive examination of the literature, as well as interviews with stakeholders (e.g., pediatric providers, clinics, hospitals, advocacy organizations, federal agencies) and exploration of contextual factors (e.g., state laws/regulations) informed analysis.

**Outcomes:** The ACA represents a major transition in health care financing and delivery and, as a result, there are unintended consequences for children's access to care and subsequent health outcomes, especially among low income children, children of color, and children with special health care needs (CSHCN). Child access to health services is influenced by Medicaid expansion to previously uninsured adults. Children's hospitals are impacted by the implementation of Accountable Care Organizations (ACOs) as well as current rules defining network adequacy for "qualified health plans" (QHP), which limit access to pediatric subspecialty care in some regions risking fragmentation of care. And, the "essential



health benefits” package of private plans sold in state marketplaces can fall short of meeting the unique needs of CSHCN, especially with regard to access to habilitative services.

**Conclusions:** The unique health care needs of children highlight the importance of monitoring the effect of the ACA and other health care reform efforts on the U.S. child health system. Although children’s health care is relatively inexpensive, the unique needs and vulnerabilities of children, and the long-term consequence of poor child health outcomes make the stakes for society high. Therefore, researchers must track policy effects in real time to avoid unnecessary harm, take deliberate and strategic action to preserve critical child health services, and leverage opportunities presented by health care reform to improve the child health system. Nurses, as frontline health care providers, are in a prime position to survey the impacts and identify the challenges experienced by children and families in this evolving system.

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## F 13 - Developing and Strengthening Mentorship Opportunities

### Developing Faculty-Student Mentor-Mentee Relationships in a DNP Program

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*Keville C. Frederickson, EdD, RN, FAAN, USA*

#### Purpose

The purpose of this project was to design implement and evaluate a strategy that would address the development of a faculty student mentoring program in one DNP program.

#### Target Audience

DNP Students, Faculty, and Administrators

#### Abstract

The mentoring relationships have been identified as an important influence on professional success. Numerous studies in nursing have described the process and effects, beginning with the relationship between a faculty member and student. As the DNP is a rapidly expanding and evolving educational phenomenon, little is known about this faculty-student relationship. Increasing from eight to two-hundred and forty three programs over the last ten years, there is a need to examine the faculty-student mentoring relationship, and it's effectiveness in assisting DNP students to achieve their end goals. As a clinical doctorate, the literature on the research-focused doctorates is useful in informing the mentorship relationship at the doctoral level but more must be known about the variations in student-faculty mentoring for the DNP.

The purpose of this project was to design, implement and evaluate a strategy that would address the development of a faculty student mentoring program in one DNP program. A workshop was developed to increase knowledge regarding the process and experiences of mentors and mentees in the DNP program setting, and to strengthen this relationship. This workshop was designed to formalize the mentor-mentee relationship in the DNP, based on concepts from *The Five Practices of Exemplary Leadership* (Kouzes & Posner, 2012): Model the way; Inspire a shared vision; Challenge the process; Enable other to act; and Encourage the Heart, as well as other leadership and mentoring concepts.

DNP students who were within one to two years of program completion, selected a faculty mentor and attended a 4 hour workshop with their mentor. Students described the needs that could be fulfilled by faculty mentors, the qualities that they most valued in their faculty mentor, mentor expectations, and mentee contributions to the relationship as part of a pre-workshop assessment. Likewise, mentors noted factors that were important to the mentor-mentee relationship, such as: expected mentor contributions to the relationship, mentee qualities, mentee expectations, and personal mentoring experience as part of their pre-workshop assessment. Students and mentors both valued the opportunity to strengthen the mentor-mentee relationship in this workshop. Evaluations included high marks for relevance and usefulness, and team exercises were viewed positively.

This information is important to nursing as it informs DNP faculty and students on mentoring role expectations, and contributions that each may make to develop a successful mentoring relationship. Additionally, this presentation includes concepts that may be used to strengthen the faculty-student mentoring relationship in DNP programs.

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## F 13 - Developing and Strengthening Mentorship Opportunities

### Introducing a Global Leadership Mentoring STTI Online Community

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#### Purpose

To discuss the challenges and opportunities using current information technology in the development of future global leaders; to share our lessons learned in establishing a global leadership mentoring process; and to introduce and generate interest to join our Global Leadership Mentoring STTI Online Community

#### Target Audience

Active members of the STTI who are interested in participating in a Global Leadership Mentoring STTI Online Community, in grooming future global leaders of nursing, and in learning from each other using a community leadership platform

#### Abstract

Aim: Nurturing future global leaders in nursing requires engagement with colleagues from other countries and contexts. It requires a deliberate and longitudinal leadership development process mentored by nurses committed to serving as role models. The purpose of this presentation is to describe and introduce prospective participants to a global leadership development opportunity available through technology within the STTI Online Community structure, the Global Leadership Mentoring Community.

Background: Six nurse leaders from across global regions of STTI engaged in a year-long (2012-2013) discussion using technology (Skype, conference calls, email, and shared drives) to explore common and emerging themes of leadership development. The purpose was to strengthen individual and collective capacity as nursing leaders in a global society. Participants shared stories of leadership in their own contexts and developed a model of leadership which included concepts of creativity, change, collaboration, community, context, and courage. Transformative leaders are needed to improve practice and the health of people worldwide. However, role models are often lacking in many settings where nurses practice, teach, study, and influence policy. STTI has a global mission to provide for nurses' professional growth in leadership. The online communities provide an opportunity for engagement, mentoring, and growth. The objective of this presentation is to share with the audience the challenges and opportunities of virtual collaboration in leadership development and introduce the new opportunity within the STTI platform, The Circle. With the advent of technology, we can share the challenges we are facing right now which are the same as many STTI nurse leaders experience around the globe.

Methods: Participants will be introduced to the online community platform with its discussions, libraries, blogs, and forums. Mentors and participants will be invited to join a new cohort for the 2015-2017 biennium. Participants will discuss the need for global leadership, the role of technology in engaging nurse leaders, and the potential for organizations such as STTI in supporting global mentoring. The online Global Leadership Mentoring Community will be initiated following the Biennial Convention and participants in this session will be able to express interest in membership in the new group.

Leadership Goals: Challenges to successful mentoring programs include establishing time and commitment, working across different time zones, and building rapport based on online/virtual not face-to-face contact. A global perspective takes time to develop and therefore we must explore ways encourage our younger generation of nurses to take on a global view of nursing. The mentoring community will foster the development of each young nurse leader into a group with the power of development in its synergy. Nurse leaders develop capacity as they understand their leadership in context and listen to others from diverse countries and settings. Since the younger generation is savvy with the use of IT and social media, the virtual world is limitless and if we are creative enough, the engagement of the younger generation drives us the mentors forward too. Goals for participants in the online community are: a. Discuss leadership in their own context, b. Describe their leadership activities, c. Describe their leadership

values, d. See the role of global leadership in building nursing science, e. Describe the role of STTI in building leadership for nursing, and f. Contribute to leadership initiatives locally and internationally. Following the presentation at the Biennial Convention, a call will go out to prospective mentors and participants. A cohort of about 6-10 dyads would participate over the two years, meeting monthly by virtual technology and contributing to the online community site. The Community would develop its own outcomes which may include an activity, presentation, or manuscript for publication.

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## G 10 - Creating Leaders through Faculty Mentoring

### Academic Mentoring and Job Satisfaction of Baccalaureate Nursing Faculty

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*Kimberly M. Wilson, DNP, RN, USA*

#### Purpose

The purpose of this study was to examine the relationship between the perceptions of academic mentoring and job satisfaction in academic nursing faculty.

#### Target Audience

The target audience consist of any educator entering the academic realm with concerns on their ability to integrate into academia.

#### Abstract

Background/purpose: Nursing faculty are an integral part educating new nurses. The shortage of nursing faculty is estimated to be 7.7% nationally (American Association of Colleges of Nursing [AACN], 2012). According to AACN, (2012), nursing schools in the United States turned away 75,587 qualified nursing applicants from nursing programs in 2011. The nursing faculty shortage may be due in part to inadequate mentoring of nursing faculty that potentially decreases job satisfaction, which in turn contributes to faculty leaving their academic positions (AACN, 2012a). The purpose of this study was to examine the relationship between the perceptions of academic mentoring and job satisfaction in academic nursing faculty.

Method: This study used a descriptive correlational, cross-sectional design to examine the relationship between the perceptions of mentoring and job satisfaction (perceived positive job components) in academic nursing faculty. The Dreher and Ash mentoring scale and Abridged Job Descriptive Index/Job in General Scale (aJDI/aJIG) were used to measure perceived mentoring and job satisfaction. The sample included 92 baccalaureate nursing programs accredited by Commission on Collegiate Nursing Education (CCNE) in the United States. A total of 118 faculty responded to the survey.

Results: There were five out of six correlations significant between the Dreher and Ash Mentoring Scale and Abridged Job Descriptive Index/Job in General Scale. Specifically, those individuals who had more mentoring had more positive views about their jobs in general ( $r = .32, p = .001$ ), opportunities for promotion ( $r = .43, p < .001$ ), and supervision ( $r = .42, p < .001$ ). The correlations between mentoring and pay ( $r = .23, p = .016$ ) and work on present job ( $r = .24, p = .012$ ) while significant, were weak. No significant relationship was found between mentoring and "people on your present job",  $p > .05$  indicating that support from mentors did not translate into more positive views of colleagues. All correlations were in a positive direction.

Conclusions: Academic faculty receiving mentoring within their position appear to have a higher job satisfaction rating. Literature supports the need for further investigation of mentoring in nursing faculty as gaps in the literature mainly exist in the field of nursing academia. Faculty shortages warrant the need to investigate mentoring further in order to see what effect having a mentor has on an individual in the nursing education realm. Information is needed also on the types of mentoring relationships (formal or informal) and how they affect the outcome.

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## G 10 - Creating Leaders through Faculty Mentoring

### It Takes a Village and a Plan: Leadership Development of Novice Faculty through a Team Project

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#### Purpose

The purpose of this presentation is to demonstrate the use of a team project in the leadership development of novice nursing faculty.

#### Target Audience

Nurses new to the faculty role, expert faculty who may consider the role of mentor, and administrators who promote leadership development in their institutions are encouraged to attend.

#### Abstract

The purpose of this presentation is to demonstrate the use of a team project in the leadership development of novice nursing faculty.

The successful transition of expert nurse clinicians into nurse faculty leaders requires an intentional, structured individualized leadership development plan, the support of the academic community and the relationship of an experienced nurse leader that serves as a mentor. The Sigma Theta Tau Nurse Faculty Leadership Academy (NFLA) program uses a team leadership project and mentoring to advance nursing education through the leadership development of novice nurse faculty. (Sigma Theta Tau International, 2015) Through the process of leading a project, the novice faculty member practices leadership skills and reflects on personal leadership attributes. Successes and obstacles in the leading of the project and strategies for responding to difficulties are shared with the leadership mentor and NFLA faculty advisor, a Triad relationship.

The Five Practices of Exemplary Leadership (Kouzes & Posner, 2012) were used as the leadership model in the creation of the team project. The practice of "Model the Way" was selected to clarify the values of the leader and a "Shared Vision" in the recruitment of team members. "Encouraging the Heart" became important in sustaining the project through the obstacles and challenges encountered along the way. The outcomes of positive leadership practices were elicited from a faculty observer, academic leadership, individual self-reflection, pre and post results of the Leadership Practices Inventory (Leadership Challenge, 2015) and most importantly, project team members.

The team assembled for this project included an experienced faculty member, a new faculty member, and a nurse educator. The team developed a standardized web-based scenario to assess the clinical reasoning skills of nurse practitioner students. The leadership development process in creating, leading, and implementing the project will be presented.

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## G 10 - Creating Leaders through Faculty Mentoring

### Targeted Strategies to Promote Nursing Faculty Individual and Collective Scholarly Excellence

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#### Purpose

The purpose of this presentation is to describe specific targeted strategies to promote nursing faculty individual and collective scholarly excellence.

#### Target Audience

The target audience of this presentation is nursing faculty who are interested in strategies to increase their individual and collective scholarly excellence.

#### Abstract

The Georgetown University (GU) Department of Nursing (DON) is committed to professional development of faculty to promote individual scholarly excellence, as well as, providing opportunities for collective DON scholarship. Recent targeted strategies supported by DON leadership and the DON Council for the Advancement of Nursing Science have demonstrated positive outcomes. For example, the Writing Group, established in 2012 and conducted by the Assistant Chair for Research via conference call, is one promoter for the increased faculty publication rate observed from 2012 (N=24) to 2013 (N=65). Building upon this success, a second Writing Group was formed in 2014 that focuses on clinical manuscripts. Publication efforts of the faculty teaching through Nursing@Georgetown which is the DON distance education platform launched in 2011, represent their 4-year intense effort as distance education innovators and are organized centrally within the DON to promote efficient data retrieval and manuscript submission. DON faculty scholarly interests were assessed to fit naturally into 4 foci of research efforts: translational research, focusing on symptom science; community based participatory research; nursing education science; and global health. These informal centers of scholarly effort not only promote faculty synergy to incubate ideas for grant submissions, but also establish new and use existing inter-professional collaborations. For example, the symptom science group synergizes knowledge and skills of diverse faculty including a family nurse practitioner with cardiovascular expertise, 2 experienced nurse anesthetists, one with experience in acupuncture for pain management, an oncology clinical nurse specialist with expertise in testing novel interventions for pain management in this population, and a nurse scientist with expertise in the field of opioid addiction. Their combined clinical and research expertise allows grant submissions built upon interdisciplinary team science. The nurse education science focus is building upon the tradition of pedagogical excellence established in 1903 through implementation of and evaluation of efficacy of innovative teaching strategies. This effort aligns with the University-wide emphasis on educational innovation as modeled by the GU Center for Innovation and Leadership in Education, and the newly created position of Assistant Dean for Educational Innovation within the School of Nursing & Health Studies (NHS). Global health research and scholarship provides numerous opportunities for faculty engagement with international health systems. Community based participatory research is conducted in collaboration with the numerous health care agencies served by the DON faculty with rich opportunities also available in the NHS-wide Center for Health Equity–Research, Implementation, and Teaching. These 4 foci of faculty scholarship also promote faculty publications, faculty-student publications and research, and presentations at the University, local, regional, national, and international level. Two key NHS values are Cura Personalis, “care for the whole person”, and Excellence. Promoting individual and collective scholarship in our DON faculty operationalizes these values through creation of a supportive academic environment conducive to individual and collective scholarly activity.

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## G 11 - Partnering to Educate Future Leaders

### Building a Baccalaureate Workforce Using an Academic/Rural Health System Partnership

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#### Purpose

This presentation will provide an overview of a unique academic/rural health system partnership formed to advance the IOM Future of Nursing recommendations by increasing the number of Baccalaureate prepared nurses in the rural healthcare setting. Implications for increasing access to primary care and improving population health will also be explored.

#### Target Audience

The target audience for this presentation will include academic and healthcare system leadership interested in unique approaches to advancing the IOM Future of Nursing recommendations for increasing the number of Baccalaureate prepared nurses across multiple healthcare settings.

#### Abstract

Americans living in rural areas face healthcare disparities related to geographic location and educational and economical disadvantages. These disparities lead to limited access to healthcare providers and facilities, as well as an overall inability to achieve good health (Harmon, 2013; Healthy People.gov, 2010). Subsequently, residents of rural areas are at greater risk for morbidity and mortality related to higher rates of obesity, diabetes, cardiovascular, and pulmonary disease.

The hallmark of rural nursing practice is the diversity of practice experiences encountered and the wide range of knowledge necessary to address these challenges (Long & Weinert, 2013). In addition to possessing knowledge and skills related to general medical-surgical care, nurses must function as advanced generalists (Harmon, 2013), with sub-specialty knowledge and proficiency in pediatrics, geriatrics, obstetrics, behavioral health, and emergency care. Because rural nurses are often tasked with the stabilization and transport of high acuity patients to higher level facilities, they must also be skilled in community and resource assessment and allocation, technology use, and care coordination across multiple providers and facilities. The IOM Report on the Future of Nursing (IOM, 2010) supports that higher levels of education are needed to provide nurses with the requisite knowledge and competencies necessary to navigate complex healthcare environments such as the rural healthcare setting. However, only an estimated 30 percent of nurses working in the rural facilities of WNC are Baccalaureate or higher prepared. Many of these nurses have limited financial resources and lack the social support to pursue a Baccalaureate or higher degree.

The purpose of the RN to BSN Rural Education and Support (RN-BRES) program is to increase recruitment, retention and graduation opportunities for disadvantaged populations in schools of nursing, in an effort to increase workforce diversity, reduce health disparities, and achieve population health equity. This grant-funded program is a collaborative partnership between a local university and a large rural health system. The program will address the social determinants of health, focusing on providing support to participants to address those determinants hindering successful educational and professional attainment at the individual, social and structural levels. RN-BRES will increase nursing education opportunities for individuals from disadvantaged backgrounds (focusing on economically and socially underserved, and including racial, ethnic, tribal minorities under-represented among registered nurses) by providing student stipends, scholarships, and opportunities for mentorship. The program will also work to increase the public's access to quality health care by supporting strategies that increase diversity in the nursing workforce. RN-BRES will ensure that, in the participating communities, the right clinicians, with the right skills, are working where they are most needed.

The program has 3 primary goals:

1. Increase the number of students from underrepresented ethnic minorities (UREM) and economically and educationally disadvantaged backgrounds (EEDB) enrolling in and graduating from the RN to BSN program
2. Facilitate the development of an advanced rural generalist competent in the assessment and management of population health across diverse specialties and healthcare delivery environments in the rural environment
3. Increase faculty and healthcare provider's skill set in care coordination and facilitation in the management of a wide variety of population health issues across the continuum of care.

This presentation will present an overview of initial steps in program development and implementation, to include academic/clinical partnership building and collaboration. Early outcome metrics will be presented and plans for program expansion explored.

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## G 11 - Partnering to Educate Future Leaders

### Establishing a Global Institution Partnership for Nursing Education

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#### Purpose

The purpose of this presentation is to discuss the establishment of a global partnership between an American university and a university in China to advance nursing education and research with a global focus. The presentation will focus on the challenges and successes of planning and implementing the nursing partnership.

#### Target Audience

The target audience of this presentation is clinical nurses, educators, clinical administrators, staff nurses, health educators, nursing students, as well as nurse leaders in academia. The presentation will also benefit participants who are interested in global health education.

#### Abstract

Over a decade ago, nurse experts identified factors that impacted nursing practice in the 21st century, which began with the increasing globalization of healthcare and nursing education. Mobilization of nurses has prompted educators to take a close look at variables centered around the education of nurses. A university located in the central part of the People's Republic of China, having over 17,200 students saw a need to strengthen its nursing program by strategically partnering with a university located in South Eastern United States. Both nursing programs met to review and evaluate the curriculum, and revisions were made to assure that the partner nursing program was consistent with the general education and nursing pre-requisite requirements of the American university. Several factors were considered initially: course description; course hours; testing policies; clinical experiences to name a few. A Memorandum of Understanding (MOU) was established between the two universities after a critical review of the nursing curricula. An institution partnership was established with the universities and nursing to implement a partnership that would advance nursing education and research with a global focus. Students from China will complete two years of their curriculum and then enroll in the American university for a two year study and receive a Baccalaureate of Nursing degree. The partnership also provided opportunities for faculty of both universities to work together in a virtual environment as well as face-to-face, and for students to begin to establish relationships with the American faculty prior to their arrival. This presentation will focus on the leadership, planning process for establishing a global partnership and discuss strategies for creating a seamless transfer process. This presentation is a unique example of how two universities from diverse countries and cultures learned to serve locally, transform regionally and lead globally.

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## G 11 - Partnering to Educate Future Leaders

### The Power of Partnership: Educator Collaboration with Procedural Area Nurses Improving Professional Development

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#### Purpose

To develop a collaborative partnership with procedural area nurses for professional growth by nurturing a passion and commitment for learning and innovation in nursing care.

#### Target Audience

All RNs, Clinical educators, and NPD specialists

#### Abstract

The nurse educator role as facilitator is to support the staff in pursuing educational opportunities, by providing guidance and collaborative relationships. It also applies to promoting professional growth and leadership opportunities. For the past few years there were inconsistent nurse educator coverage in the procedural areas within the hospital. Many of the house-wide educational initiatives and governing body requirements were not communicated to the staff in real time affecting compliance with educational requirements. This was due to, but not limited to, inconsistent Educator coverage in the procedural areas, inconsistent or delayed dissemination of available information pertaining to education and professional growth opportunities, limited staff participation in hospital –wide educational initiatives (lack of structure and process), and need for revised staff competencies and orientation pathways.

The purpose of the nursing professional development (NPD) initiative was to develop a collaborative partnership between the NPD specialist and procedural areas' nurses to improve RN professional growth and leadership skills. The units included Endoscopy/bronchoscopy, Invasive cardiology- Electro Physiology (EP) and Cardiac catheterization lab, Non-invasive cardiology-Stress and Echo cardiograph labs, and Interventional radiology. The focus areas were: RN specialty certification, Clinical ladder participation, Leadership development opportunities such as preceptor training, and development and participation in educational opportunities such as conferences, journal clubs and continuing education programs.

**Process:** In fall of 2013, an NPD specialist liaison between the nursing education department and the procedural areas was established. Scheduled meetings with managers were conducted to explore, assess and identify priority focus areas for improvement in educational and professional growth opportunities. Other opportunities such as staff meetings and collaborative care council meetings were utilized to meet with the staff and establish rapport. This process led to identifying the key players (innovators) in each of the units for bringing the suggested changes.

The process included reviewing and updating the current staff competency lists in Cath lab, EP lab, stress and Echo lab, interventional radiology and endoscopy areas according to the current Human Resources updates; assessing, evaluating and formulating new ongoing competencies for all areas; selecting staff regarding orientation and precepting ; updating orientation pathways with staff assistance; staff participation and involvement in updating post cardiac catheterization policy; regular educator rounds in the procedural areas to improve visibility, presence, and support; and timely dissemination of information on educational and professional growth opportunities available within the health system.

**Results:** The educator Liaison improved collaboration and communication between the staff, managers and the educational department .The staff engagement in professional development activities exceeded expectations. There was a heightened interest in academic progression among the staff such as RN-BSN opportunities and graduate studies.

Unit	Certification	Clinical ladder	Conference Attendance
Cath Lab	15% → 60%	0% → 35%	
EP Lab	10% → 100%	0% → 92%	
Stress/Echo	25% → 75%	0% → 38%	
IR	8% → 8%	0% → 23%	
Endoscopy	14% → 14%	4% → 20%	

Collaboration with the managers and the staff innovators resulted in revising staff competencies and orientation pathways for new hires in all areas. Staff led **performance improvement projects** were initiated in the Endoscopy unit, Cardiac cath lab, and Interventional radiology. Four RNs in the cardiac cath lab took initiative in developing **journal club** in collaboration with the NPD specialist and nurse practitioners and extended the invitation to EP, stress/Echo lab RNs. The journal club is meeting once every month. **Regular in-services** are done in the labs by partnering with vendors and physicians.

Staff attendance in the specialty specific conferences increased in the Cardiac cath lab and endoscopy unit. Staff took initiative in the process of needs assessment for future educational activities and topics for conferences. Six RNs enrolled themselves in leadership classes including preceptor and mentor development.

**Summary:** Overall, the educator Liaison with the procedural areas was a huge undertaking with exemplary results. One major irony in this collaboration was that the NPD specialist worked as the liaison specialized in pediatric and neonatal nursing and has minimal experience in adult care. The results proved that with appropriate support, collaboration and a nurturing environment can encourage staff in self development, professional growth, and leadership activities.

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## G 12 - Transforming Nursing Leadership Practice

### An Innovative Strategy to Lead Clinical Practice Change to Achieve Quality Outcomes

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#### Purpose

The purpose of this presentation is to delineate the clinical leadership professional development program, innovative clinical microsystem practice change methodology, and outcomes.

#### Target Audience

The target audience for this program is nurse educators, nursing administrators, nurse managers, and clinical staff leaders.

#### Abstract

**PURPOSE:** To delineate the clinical leadership professional development program, innovative clinical microsystem practice change methodology, and outcomes.

**EVIDENCE/LITERATURE REVIEW:** The literature is replete with extensive literature on leadership, quality improvement and evidence based practice. However, there is extant literature on the “how to” of leading practice change to achieve specific outcome(s).

**THEORETICAL FRAMEWORK:** The professional development program content was informed by concepts of interpersonal trust, change theory, best practices for execution, and a practice change tool kit.

**METHODOLOGY:** A ten month program of professional development for twelve Nursing Unit Directors from four facilities was provided. It included ten monthly two hour seminars, and four 1:1 individual coaching sessions. The practice change tool kit incorporated The Four Disciplines of Execution (Covey and McChesney, 2012) adapted, and a comprehensive planning process including the following steps: Clinical opportunity and baseline and expected outcome(s), Stakeholder engagement, Evidence, Specific Nursing Practices - what the staff is "to do," Practice implementation addressing facilitators and barriers to the practice change(s), communication steps, and staff development, Concurrent practice monitoring, Cadence of accountability, and Clinical outcome results.

**RESULTS:** Three instruments were utilized to assess participant outcomes. They were Empowerment - Behavioral, Verbal and Outcome (Irvine, Leatt, Evans & Baker, 1999), Trust in Peers and Management (Cook & Wall, 1980), and Transformational Leadership (Heutson & Wolf, 2011). With a very small participant sample, post program implementation findings represent trends only. Specifically, both self reported behavioral and outcome empowerment scores improved and trust in management and peers post program. The self reported perceptions of the transformational leadership practices improved. Qualitative post survey findings were very positive. The program’s clinical impact was demonstrated through each Director’s patient care project. With their Unit Councils’ they developed, implemented, and evaluated a clinical practice change project to achieve a specific clinical outcome(s). Selected project titles included 1) Improving family satisfaction through face to face handovers from the post anesthesia care unit to the pediatric surgical unit, 2) Eliminating patient falls facility wide through a comprehensive practice review and implementation, 3) Preventing venous thromboembolism (VTE) through consistent achievement of VTE process outcomes

**CONCLUSION:** The early results indicate that the professional development program led to important self reported learning by the Directors and in clinical care impact. Early results indicative of organizational impact are that the health system is spreading the microsystem practice change methodology across the

four hospitals through their shared governance structure and through a new group of Directors participating in the program.

**IMPLICATIONS:** The program and Microsystem Practice Change Method contributes to Nursing executives and clinical leaders armamentarium to achieve and sustain clinical outcomes.

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## G 12 - Transforming Nursing Leadership Practice

### Leading Environmental Health Awareness to Transform Nursing Practice

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#### Purpose

The purpose of this presentation is to encourage formation of environmental health initiatives on district/regional levels to enhance nurses' knowledge and their ability to effectively advocate.

#### Target Audience

The target audience of this presentation are nurses who have an interest in the new global Sustainable Development Goals (replacing the Millennium Development Goals) and have an interest in environmental issues.

#### Abstract

In 2013, Nevada joined a handful of state nursing associations committed to enhancing their nurse's level of knowledge about environmental health (EH). As the single largest group of healthcare workers, it is essential that nurses have the knowledge to recognize and address environmental hazards (biological, chemical, radiological, and physical) that may adversely influence their patients and the community at large. Through increased awareness of environmental risks and risk reduction activities, the 31,000 licensed nurses from across this frontier state could best advocate for quality health care and EH initiatives.

The environment is one of the four domains of nursing (Kim, 1998). Not surprising, Nightingale's Environmental Theory (circa 1860) asserted that the focus of nursing was to alter the environment in order to affect change in patient or population health. Environmental factors addressed by Nightingale included purity of air and water, food supplies, drainage, cleanliness of patient and environment, sunlight, temperature and noise. Years later in 1986, the International Council of Nursing called upon nursing's responsibility to participate in efforts to safeguard the environment, conserve the world's resources, study how their use affects mankind, and how adverse effects could be avoided. In 1995, the United State's Institute of Medicine recommended EH competencies for all nurses. The American Nurses Association later published the document titled "ANA's Principles of Environmental Health for Nursing Practice with Implementation Strategies" in 2007. This document presented ten EH principals and associated resources (i.e., precautionary principal), activities and opportunities suitable for the individual nurse, healthcare team, facilities, or communities. Today, schools of nursing are gradually incorporating EH principles into baccalaureate and advanced degree curriculum.

Nursing has an important role regarding global EH issues. The new Sustainable Development Goals offer nursing the opportunity to advance our practice and collaborate with other disciplines to affect change on a global level. The priority areas address EH by including sustainable agriculture, water access, climate and oceans, and sustainable/renewable energy sources. Nursing now has an opportunity to serve locally on environmental initiatives, thereby resulting in regional transformation.

Nursing can lead change by forming coalitions or committees within their region. Specific aims of the EH Committee of the Nevada Nurses Association include: (1) educating all regional nurses about principals of EH, (2) informing nurses in an unbiased manner on EH issues unique to the region, and (3) representing nursing on regional and national events or initiatives that focus on improving the environment for promotion of health. A column in the state-wide, quarterly newsletter educates and informs readers on region-specific EH issues. Non-nursing experts co-author with nurses and present on issues in a state-of-the-evidence manner, yet also recognizing cultural or political biases. Columns are dedicated to environmental matters such as climate change occurring in the Western United States, and radon gas toxicity along with information for testing households. Since 2013, Nevada's nurses have participated in earthquake preparedness and drills across Nevada to minimize casualties and damage due to the high risk of seismic activity in the state. In addition, high intensity and unpredictable wildfires of

the past decade have produced record-level particle air pollution for the region, thus affecting the health of vulnerable populations. The EH Committee responded in a timely manner releasing information on toxicity of fine particle air pollution and evidence-based interventions for use by nurses and their patients. Moreover, EH Committee members represent nursing on multidisciplinary task forces and advocate for the general public during regional or national events.

Regardless of region or country, we as nurses share an urgency to lead and play key roles in transforming health through environmental advocacy. In this next biennium, nurses have the opportunity to form or join EH coalitions that improve health through environmental stewardship. Such risk-taking leadership will require vision and support from all of us in the global nursing community.

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## G 12 - Transforming Nursing Leadership Practice

### Creating a Nursing Scholarship Strategic Vision to Transform Nursing Practice

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#### Purpose

The purpose of this presentation is to delineate the steps used in creating a comprehensive strategic plan to foster nursing scholarship in a clinical setting.

#### Target Audience

The target audience of this presentation is direct-care providers, nurse leaders, and educators.

#### Abstract

**Background:** Nurse leaders at our academic safety net healthcare system have long been resolute in promoting an environment where high quality, patient-centered, fiscally responsible, and evidence-driven nursing care are standard. Nurturing an environment where the delivery of innovative, multi-faceted, and interprofessional care is embraced and supported has been an essential component in facilitating the personal and professional growth of both nurses and healthcare partners. The development of a comprehensive nursing scholarship strategic plan has been a significant part of the continuing commitment to building and fostering this culture of excellence.

A strategic plan serves as an organization's road map in defining goals and outcomes to achieve desired growth, and facilitates decision-making for resources that includes people and capital. A gap analysis was conducted in order to delineate areas of strength and opportunities for improvement. Exploring strategies for further integration of scholarship activities, specifically clinical inquiry related to evidence-based practice (EBP) and research, was deemed a key imperative. The strategy team charged with developing the nursing scholarship strategic vision was intentional in aligning the plan with the organization's overall system strategic plan and national benchmarks for excellence (e.g., American Nurses Credentialing Center Magnet Criteria and Baldrige Performance Excellence Standards).

**Purpose:** A group of system-level nurse leaders (subsequently referred to as "nurse strategists") created a plan to specifically address the vision to advance nursing scholarship. Gaps between the current and desired states were identified and grouped into categories to present a holistic view of the organizational strategic context.

**Method:** The gap analysis assisted the team in determining avenues for further integration of scholarship activities. The nurse strategists worked over several months to analyze the opportunities and to develop high-level action plans. Priority themes, the organization's current state, two- and five-year goal statements, outcome indicators, and persons responsible for leading the work were delineated. While the hospitals and ambulatory care services have employed a doctorally-prepared nurse to teach EBP and research methodology, and support nurses engaged in scholarship for many years, there have been resource limitations in ensuring enculturation for over 2,000 registered nurses across the system. Over the past five years, Nursing Services has supported hiring more doctorally-prepared registered nurses. These nurses are educated either as researchers (Doctor of Philosophy; PhD) or expert clinical leaders (Doctor of Nursing Practice; DNP). Engaging these leaders has diminished the burden for one person to bear sole responsibility for all aspects of scholarship and provided a roadmap for delineating an ideal future.

The previously ascribed priority themes include Foundation, Education, Appraisal, Creation, Innovation, Translation, and Dissemination. "Foundation" is defined as cultivating a spirit of clinical inquiry and building the infrastructure to support the enculturation of scholarly activities. Goals included forming key groups to support nurses engaged in scholarship. The first group termed "Coaches Operationalizing Research Excellence (CORE)" is comprised of the nearly 20 doctorally-prepared nurses employed by the organization. As the group's title implies, the expert nurses are assigned to coach nurses who are novice in scholarship activities. The combination of both PhDs and DNPs is viewed as strength in supporting clinical, administrative, educational, and scientific projects. There has been a concerted effort to pair both types of doctorally-prepared coaches for projects, when warranted. A "Nursing Scholarship Advisory Board," comprised of members of the academic community engaged in nursing research (associate deans of nursing research and other key stakeholders) and select members of the CORE team was also formed in order to define developmental pathways and delineate opportunities for multi-institutional and interprofessional scientific partnerships.

"Education" provides nurses with the foundation for informed participation in research and EBP projects. The gap analysis revealed that approximately 25% of nurse clinicians and 25% of nurse leaders have been formally prepared in these two areas of focus. The education goal for EBP was increased to 90% for leaders and 50% for clinicians during the first two years of implementation. The organization will soon implement an EBP educational series for all nurse leaders. The 15-hour course, consisting of a combination of didactic instruction, online modules, and independent study will enhance nurse leaders' knowledge and application of EBP in daily operational responsibilities.

"Acquisition" refers to obtaining and critically appraising evidence gleaned through data-based publications and expert opinions. Nurses have access to an online reference center, both at work and remotely. All nurses are provided with library cards to allow institutional access to a world-class medical library. The nurse strategists completed a comprehensive review of available journals and identified additional resources that would assist with literature searches.

"Creation" is defined as instituting nurse-led or nurse-participative research projects in order to add to the body of scientific nursing knowledge or to validate existing knowledge through replication. The organization has set two year goals of a minimum of one research study per 100 inpatient beds and a minimum of three studies in the ambulatory care settings.

The definition of "Innovation in service delivery and organization [is] a novel set of behaviors, routines, and ways of working that are directed at improving health outcomes, administrative efficiency, cost effectiveness, or users' experience and that are implemented by planned and coordinated actions" (Greenhalgh, 2004). One initiative is the formation of a mechanism for spreading information across three hospitals and ambulatory care services. A monthly nursing research grand rounds series has been implemented to showcase completed studies by nursing colleagues working in other facilities around the geographic area.

There is a major push in the area of "Translation." It is defined as translating evidence-based knowledge (acquired, created, or replicated) into inquiry-based practice. A two-year goal includes preparing at least 90% of nurse leaders and 50% of clinicians so they are able to articulate the process for integration of published evidence into clinical practice. The EBP course series, designed for leaders, is one way of implementing this goal.

Lastly, "Dissemination" is defined as sharing the results of nurse-led scholarship through refereed presentations and peer-reviewed publications. The efforts in this area have resulted in significant increases in both areas of dissemination.

**Results:** Measurable goals and objectives for two- and five-year timeframes have been developed to advance the organization from its current to the desired state for each of the seven foci. Capital and resources are able to be more effectively directed towards efforts that are best aligned with the defined objectives.

**Implications for Practice:** Having a strategic plan drives the infrastructure and commitment to support scholarship outcomes. Periodic review of the strategic plan and progress made towards targeted outcomes provides an opportunity to realign resources as needed to stay on course to achieve the desired state of advanced scholarship. Partnership with both internal and external partners strengthens the program structure and enhances interprofessional and multi-institutional collaboration.

**Conclusion:** Nurse leaders within the organization have been mindful of creating opportunities for scholarship across nursing and with external partners. Formulating a nursing scholarship strategic vision has provided a framework for the acquisition and appraisal of evidence, creation of new knowledge, and translation of relevant findings that make positive differences for patients and staff. Nurses will be better prepared to use and generate scientific evidence to provide quality care and healing services for our patients and individuals across the globe.

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## G 13 - Social Networking: Can it Influence Your Professional Presence?

### Using Social Networking and Social Media Resources for Research Recruitment

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*Dorette Sugg Welk, PhD, MSN, BSN, RN, USA*

#### Purpose

The purpose of this presentation is to acquaint members of the honor society with social networking and social media resources. These resources may serve as recruitment tools for select nursing research studies where a national or global sample is desired.

#### Target Audience

The target audience of this presentation is any honor society members who are or will engage in nursing research and would like more information regarding the use of social networking and social media strategies for sample recruitment.

#### Abstract

The purpose of this presentation is to describe professional social networking opportunities and social media resources for use in research participant recruitment including strategies that refine the researcher's approach based on study need and limitations of media resources. In this presentation, participants will be apprised of the richness of the resources for research as well as search strategies which can maximize the desired subject recruitment. President Hester Klopper's "connectedness" theme is reflected in this presentation as ways in which STTI could provide a means for research recruitment with the outcome of promoting and mentoring excellence in global nursing. The strategies for research recruitment that will be described and discussed are congruent with promoting and sustaining collaboration amongst diverse communities in order to enrich research and scholarship.

As the Digital Divide decreases and the Digital Age expands, the use of social networking and social media has exploded. According to the PEW Research Internet Project (2013), in the United States alone, 42% of online adults use multiple social networking sites with Facebook remaining the platform of choice. As of September 2013, 71% of online adults use Facebook, 17% use Instagram, 21% use Pinterest and 22% use LinkedIn (<http://www.pewinternet.org/fact-sheets/social-networking-fact-sheet/>)

A variety of social networking and social media resources may be used to communicate with others including members of the honor society. To date, STTI encompasses approximately 500 chapters in 675 institutions of higher education with over 135,000 members in 85 countries. This global diversity of nurses and potential participant referrals may serve as a ready population for a variety of nursing research studies.

The Circle is STTI's primary method of chapter communication. Each chapter has its own web page within the Circle. There are a variety of Circle forums, Workgroups and Communities of Interest specific to Staffing Sharing, Role Clarity, Global Member Forum, Good Work in Nursing or nursing specialty topics such as critical care, community/public health, medical-surgical, emergency and cardiovascular nursing. The researcher can personally join any Circle to gain involvement with those members but must have a specific membership in a Workgroup for access to those individuals. For example, Chapter Officers within a Region will find a "Region X Chapter Officers Connect" Workgroup in their list of Circles automatically added by STTI Headquarters staff but this group is not available to other members. Nothing precludes collaboration between Regions for research subject recruitment but the Circle platform itself includes such limitations because of its intent to create the various exclusive common-interest groups for discussion purposes.

Research subject recruitment may also be done via Twitter, Facebook, and LinkedIn. Twitter has been shown in studies to be an effective recruitment tool (Mollett, Moran, & Dunleavy, 2011). A twitter account specific for a research study may be established. Currently, Twitter supports over 35 languages worldwide. It allows for a 140-character message or “tweet” that may include an invitation to participate in a research study. Photos and up-to-four videos may accompany the tweets including a link to a web page detailing the study or use of a hashtag(#). This message may be retweeted or passed on to others to further the recruitment population and ultimately the research sample. This process represents an adaptation of the snowball method of recruitment where identified individuals will then help to distribute the research question or purpose to those who may meet the criteria.

To use Facebook for research, the member would create a Facebook page for the research study. The PEW Report (2013) cites that Facebook users are more trusting than others and have more close relationships. These ideas may help to formalize use of Facebook within a sampling plan where these characteristics would fit the study content.

LinkedIn may also serve as a connection between nursing professionals (<https://www.linkedin.com/groups?gid=129370>). This media resource has the potential of sample recruitment where search terms of interest may locate persons with the desired research criteria.

An example of a research study where the Circle was used for research recruitment will be presented along with its advantages and challenges. One of the original purposes of this qualitative study was to describe cultural differences of perspectives of “Good Work in Nursing” of members of two STTI Circles whose membership represented all six global regions. Although approximately 98% of STTI members reside in the North America (NA) Region, the databases afforded a good array of worldwide members in 30 countries. In the final sample of 20, 19 participants were from the NA Region which then precluded describing cultural differences in the sense of other world regions. Perspectives based on role difference which was another demographic characteristic afforded good qualitative themes and conclusions, however, the researcher learned some lessons which may facilitate the work of other researchers in the future.

Specifically, to reach potential participants in any certain Region, the Circle in use must be mined to identify those persons. To acquire or improve participation in a particular Region, it is possible to identify the geographical location of the Circle member directly in the member’s listing. Those meeting a sample criterion can then be contacted and re-contacted for research purposes. There are also considerations that need to be made for follow-up of research participants. For example, is anonymity expected or does the researcher want to make additional contacts as in theme verification in a qualitative study? Can the researcher avoid additional contacts in re-sending an invitation to join a study when the recipient has already responded? The logistics for managing these recruitment steps will be described in the presentation.

There are several inherent limitations of the sample drawn from the Circle populations. These considerations include self-selection bias, issues of language barriers, and using an internet-based system of research invitations which may be limited by availability of the Internet for the end-user/recipient.

In summary, social networking and social media resources and provisions for links to existing commercial sources can provide a wealth of support for sample recruitment in nursing research. Efforts to include worldwide participants supports the mission and vision of STTI towards transformation and excellence in global nursing.

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## G 13 - Social Networking: Can it Influence Your Professional Presence?

### Perceptions of "Good Work in Nursing" of Experienced Administrators, Educators, and Clinicians from Two STTI Circles

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#### Purpose

to describe perceptions of "Good Work in Nursing" of nursing administrators, educators, and clinicians who were members of STTI's Global Member Forum and/or Good Work in Nursing Community in order to consider implications for workforce planning in support of good work.

#### Target Audience

nurses and other professionals who can have an impact on promoting Good Work in Nursing in a variety of practice roles.

#### Abstract

"Good work" (hereafter without quotation marks) is work which is technically proficient and effective as well as morally and socially responsible. Gardner, Csikszentmihalyi, and Damon (2001) initially studied the concept and determined that good work has the three primary characteristics of excellence, ethics, and engagement which serve as the conceptual framework for this study. Miller (2006) specifically applied the Harvard-based research interview protocols in a study involving beginning and experienced nurses regarding their perceptions of supports and obstacles of good work. Welk (2013) reported perceptions of good work in nursing among entry-level registered nurses. The concept of "good work in nursing" embraces 2013-2015 STTI President Dr. Hester Klopper's Call-to-Action that includes servant leadership in nurses' service to others, connectedness with patients, students, families, and co-workers, transformation as nurses participate in workplace changes to enhance good work, and gratitude which benefits collaborations in all types of practice settings.

The research problem relates to the idea that good work takes place in many contexts and practice settings within a nurse's role. The opportunity to express perceptions about good work in nursing in various nursing roles broadens the dialogue about strategies that promote good work in these roles. The research purpose was to describe perceptions of good work in nursing among nursing administrators, educators, and clinicians who were members of STTI's Global Member Forum and/or Good Work in Nursing Community in order to consider implications for workforce planning.

The population was the combined self-selected membership in the two Circles noted above. The population afforded the potential for a representative sample of members in STTI's six worldwide regions. Demographics included region, years of experience as a registered nurse, and current role. The final sample consisted of 20 nurses who designated themselves as administrator of a university program or a health care facility, educator of students or staff, or clinician in a variety of practice areas. Nineteen (19) were from the North America Region and 19 listed RN experience as greater than 15 years. Seven non-US countries were mentioned in the narratives as locations of practice experiences.

The study was approved by the Institutional Review Board of Bloomsburg University, Bloomsburg, Pennsylvania. The participants were recruited through a post in the two Circles which provided a brief description of the study and a link to the Qualtrics site for the letter of informed consent and survey. Return of the survey constituted informed consent. The survey developed in Qualtrics included demographics plus five narrative questions. The participants were asked to define the meaning of good work in nursing in their own words, to note and give an example of when the participant and co-workers would agree that good work was done, to describe and give an example of guidelines or expectations in the practice setting that might be used to decide if good work were done, to describe and give an

example of who decides or sets the rules for good work, and to give a recent example in the practice setting of the participant's perception that good work had been done.

A second invitation to participate was sent to each Circle's members two weeks later with no additional follow-up of the anonymous submissions. The narratives were analyzed using content analysis with open coding, a search for themes, descriptor development, and cross-validation. Dr. Joan Miller who has pioneered the application of Good Work theory and practice to nursing and initiated the STTI Good Work in Nursing Community provided expert review of all aspects of the study, including a review of the data and verification of the researcher's theme analysis, conclusions, and implications.

Results were organized into the three main good work categories of excellence, ethics, and engagement with emerging themes from the study. Within excellence, the themes of responsibility and accountability were evident, with subthemes of safety and goal-setting. Within ethics, values was the predominant theme with subthemes of specified values, patient-family focus, advocacy, and guidelines/evidence-based practice/standards. Within engagement, practice environment emerged as the primary theme with subthemes of time, teamwork, care settings, and decision makers. The conference presentation will review all expanded themes with specific quotations to support theme development and conclusions.

Five conclusions are drawn to describe perspectives of this STTI sample:

1. Values of nurses and about nursing are key to defining good work in nursing regardless of current practice role.
2. Perspectives about good work in nursing tend to be focused on the most immediate recipient of the participant's interactions, e.g., the student for the educator.
3. Patient and family advocacy and safety are central to good work in nursing perceptions of administrators, educators, and clinicians.
4. Good work in nursing results in positive patient outcomes when there is sufficient and proper timing of care supported by multi-disciplinary teams who plan and deliver care based on evidence-based guidelines or standards in a setting appropriate to the patient's needs.
5. Definitions of the perception of good work in nursing in the limited non-North America region examples were very similar to North America region examples, with the former acknowledging other influences, e.g., greater family involvement in care, nature of physician interactions with nurses, patient expectations, and ethnic/cultural beliefs held by patients and families.

Limitations of the study included sample configuration and single age range. Given the potential for a diverse global sample from these particular STTI Circles, the limited return outside of the North America Region for a topic which invited personal descriptions within all cultures was unexpected. Possible reasons for limited respondents from all Regions and age groups will be explored with consideration for future research.

An unexpected finding was the expression of good work through the lens of the practice setting or organization with its unique rules, regulations, and expectations. As examples, an educator cited achieving high passing rates on RN exams as good work and a clinical educator cited clinical education outcomes in hospital settings when staff achieved competency in reading EKGs. Another educator cited making a major and outstanding contribution to nursing in some area as a practice expectation to demonstrate good work. Considerations for future research may include how organizational cultures influence one's definition and practice of good work in a particular role and setting.

Implications for workforce planning suggest that perspectives of individual nurses related to personal values and unique environmental issues should be included when determining steps to be taken to promote good work in nursing. Diversity of practice settings suggests that strategies to promote good work in nursing may differ according to the practice setting. Small group conversations addressing perspectives of what constitutes good work in nursing in a particular role or setting and what obstacles may limit performance of good work may contribute to workforce planning and outcomes. The findings

and conclusions from this study may help to serve as a framework for dialogues to achieve interventions that support good work in nursing.

Additionally, this type of qualitative study provides information that may facilitate future quantitative research regarding workforce planning that promotes environments and circumstances for nurses to do good work in all types of roles and practice settings toward transformation and excellence in global nursing.

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## G 13 - Social Networking: Can it Influence Your Professional Presence?

### Social Capital in Nursing: The Potential of Influential Relationships in Enhancing Patient and Organizational Outcomes

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#### Purpose

The purpose of this presentation is to discuss the results of an integrative review completed on the concept of social capital in nursing. Theoretical basis, conceptual definitions, and empirical referents of social capital in nursing will be discussed. A synthesized conceptual model guiding further research will be presented.

#### Target Audience

The target audience of this presentation is nursing scholars interested in nursing leadership research as well as healthcare organization leaders interested in contemporary transformational leadership models.

#### Abstract

There is a crisis of leadership in the nurse manager role experienced by healthcare organizations across the country. Recent estimates demonstrate that a shortage of 67,000 Nurse Managers may exist by the year 2020. The nurse manager role is known to be a key role in improving patient and organizational outcomes, yet little research has been done on this critical role. Beginning with the restructuring of healthcare organizations in the 1990s and continuing with the implementation of the Affordable Care Act of 2010, the nurse manager role has increased in scope and complexity. Changes in the nurse manager role have accelerated with rapid advances in technology, need for new care models, increased regulation, and shrinking budgets. This increase in complexity and perceived lack of work life balance has decreased the attractiveness of this key role. Plagued by lack of educational requirement standards and scarce evidence on effectiveness of professional development activities, healthcare organizations across the country are struggling with the recruitment, retention, and development of qualified nurse manager candidates.

The essence of requisite leadership skills have changed as the US economy has shifted from the industrial era focused on physical production to the knowledge era in which acquired knowledge must be synthesized in the provision of work. In this environment the manager is not expected to be the all-knowing and all-powerful figure who maintains order through command and control traits. Knowledge workers and their leaders, such as nurses, require different participative and transformational leadership models rich in communication and maintaining productive and influential relationships. Nurse Managers must be skilled communicators, coaches, and mentors in order to be successful in achieving optimal outcomes for their areas of responsibility.

Social capital is a concept which describes the influential relationships necessary for successful leadership practice in modern healthcare organizations. Social capital may be described as the relationships between individuals and organizations that facilitate action and create value. The concept of social capital has been well researched in fields such as psychology, human resources, economics, agriculture, and anthropology, but little evidence exists about the usefulness of this concept in nursing. An integrative review of social capital in nursing was completed in order to compare and contrast the theoretical basis and conceptual definitions of social capital and how social capital has been empirically measured.

A literature search of CINAHL Plus with Full Text, Academic Search Premier, Business Source Premier, Health Business FullTEXT, MEDLINE, and PsychINFO for the years 2004-2014 was completed. Results were filtered for peer review journals written in the English language. The following search terms were used: "social capital AND nursing", "social capital AND nurse manager", and "social capital AND nurse

administrator". The literature search yielded 232 unique results. Titles and abstracts were reviewed for relevancy using the following inclusion criteria: a) contain conceptual or operational definitions of social capital as applied to nursing, b) discuss social capital as an attribute of nursing performance, or c) contain empirical referents to social capital. After title and abstract review, 215 articles were excluded. The remaining 17 full text articles were reviewed based on the following exclusion criteria: a) book chapters or editorials, b) narrative reviews of social capital which did not include literature search methodology, and c) articles focused solely the concept of social capital in terms of gender or professional role disparity in organizations. After the review, 8 articles were included in the final sample.

The results of the integrative review demonstrate that there are three distinct but related theoretical perspectives and conceptual definitions of social capital present in the nursing literature: a) the network perspective which defines social capital as a resource embedded in networks of social relationships, b) the social facilitator perspective which defines social capital as a resource which facilitates individuals to action and enhances collaboration and c) the network facilitator perspective which conceptualizes social capital as a resource both inherent in a network and as a resource which facilitates action among network members.

Commonalities of the attributes of social capital in the reviewed literature are that social capital is a function of influential relationships. Social capital is different from other forms of capital as it is not possessed by a particular individual or group, but is produced in the connections between individuals and groups. Although the relationships are valuable, social capital must be combined with other forms of capital in order to produce patient and organizational outcomes. Social capital acts as a moderator variable on other forms of capital in order to produce value.

Empirical referents of social capital reviewed in the nursing literature are varied and need to be further developed, refined, and researched. Common approaches to empirical measurement of social capital are often through proxy measures such as perceived trust, shared vision or values, social interaction, organizational commitment, and social unity. Across the studies reviewed, measures were inconsistent both in design and how social capital was treated as a variable. Only three empirical studies reviewed provide instrumentation which could be reproduced in another setting. Only one of these three studies developed and psychometrically social capital measures to reflect the complex nursing work environment.

Based on the literature review, a synthesized conceptual model was developed based on social capital theory and nursing intellectual capital theory. This synthesized model guides research of the moderating effects of social capital on other types of capital in producing patient and organizational outcomes. The conceptual model will be presented with recommendations for further research in the practice of mid-level nursing leadership. Implications for nursing leadership practice and healthcare organizations will also be discussed.

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## H 10 - Leadership in Nursing Education

### Facilitating Scholarship Success through a Collaborative Faculty Group

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*Judith L. Hold, EdD, BSN, MSN, RN, USA*

#### Purpose

The purpose of this presentation is to describe the development and benefits of a collaborative faculty group for the purpose of facilitating scholarship goals and expectations.

#### Target Audience

The target audience of this presentation is nursing educators and health care administrators engaged in nursing scholarship.

#### Abstract

New faculty entering the world of academia often struggle with meeting university requirements for research and scholarship endeavors. In addition, balancing role expectations for teaching, service and scholarship can seem overwhelming. Furthermore, advancing nursing through the development of new and applied knowledge is not only essential for the individual, but vital for growth of nursing as a profession. This presentation will share strategies for successful faculty collaboration to achieve and balance role expectations for teaching, service and scholarship.

Nursing faculty have reported many barriers to scholarship development and writing for publication, including inexperience, lack of scholar mentors, time constraints, workload issues (e.g., teaching and meeting demands), anxiety and fear of failing, and lack of collegiality (Heinrich & Oberleitner, 2012; Ness, Duffy, McCallum, & Price, 2014). These barriers can interfere with a faculty member's progress in defining and achieving a scholarship program and meeting role expectations.

Setting up a program of research, and learning to write for grants can be a time consuming and arduous process, as not all schools and universities have research departments or personnel to provide support and guidance to individual faculty. Faculty members in some institutions have attempted to address this gap by forming collaborative groups which have been found to help increase scholarly productivity (Ness et al., 2014). A review of the literature, however, reveals this strategy to be underutilized.

In one comprehensive Southeastern university, three tenure track faculty members established a collaborative faculty scholarship group to provide peer support and encouragement in order to cultivate clear individual research programs and goals. Although the initial goals of this group were simply to meet regularly, and to set and achieve realistic short and long term goals, the combined energy and strengths of the members enabled achievement at a higher level than anticipated.

While not a part of the intentionality of the collaboration, as the group evolved, the three members were able to work both individually and collectively to generate presentations, articles and grants. Several factors contributed to this success, such as small group size, frequent and regular meetings, and holding each other accountable. In the initial ten months of collaborative efforts, combined achievements included 5 submitted grants (3 funded), 8 submitted scholarly articles (5 accepted; 3 decisions pending), and 12 submitted and accepted state, national and international podium or poster presentations. These outcomes suggest that this innovative faculty group strategy can be used as a model to promote collaborative nursing and interprofessional scholarship.

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## H 10 - Leadership in Nursing Education

### The Use of Standardized Test Score Reports to Inform Instruction Using the Deming Model

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*Geri Chesebrough, MSN, RN, CNE, USA*

#### Purpose

The purpose of this presentation is to identify how nurse educators and program administrators can meaningfully use reports from various standardized tests to inform evaluation of instructional strategy. A discussion of the uses and misuses of this evidence is offered working off reports from Mountain Measurement, NCSBN and ATI.

#### Target Audience

The target audience is nurse educators, program directors, deans and department chairs in nursing who are searching for meaningful ways to effect lasting continuous improvement in instructional strategy. Those who teach didactic or clinical courses are welcome as are those who evaluate classroom and program strategy, especially if remedial.

#### Abstract

When considering evidence-driven approaches to quality improvement in schools or departments of nursing, seldom is a true quality improvement circle observed. Too often, faculty “discuss” results of standardized test scores in ways that could be considered anecdotal, episodic, time-limited and perhaps, idiosyncratic. That is to say that unfortunately, a one-time only end-of-term discussion of the output of one set of standardized test scores are put forth, instead of results in a series of exams, longitudinally. Discussion of results for selected content areas for a student cohort, then, is usually eclipsed by the limitations of time (and know-how) obviating the opportunity for true quality improvement strategizing.

If faculty are given regular formal opportunities to discuss group results of high-stakes, proctored, content-mastery exams (such as those reported by Mountain Measurement, NCSBN and/or ATI), the chance to collaborate both with one course and across a set of courses might emerge if the Deming Plan-Do-Check-Act (PDCA) model is used. Structuring the groups with members representing like content domains (e.g. all medical-surgical nursing instructors) may provide a good beginning for planning a sole course for subsequent offerings but it falls short of true quality improvement if not restructured, in subsequent formal opportunities, to capture creative strategizing from a group of dissimilar content masters. That is, when teachers of courses across a curriculum are assembled, the opportunity to identify weak versus strong content areas traversing a spectrum of learning opportunities might arise. In this fashion, faculty might learn to understand, with depth, what is involved in the measurement of student outcomes, especially as course and program objectives are leveled and considered.

This presentation allows the attendee to witness how a plan for faculty development, in which regular formal opportunities for faculty to view and critically analyze reports of standardized test scores, was designed. With an emphasis on assigning similar, then dissimilar, faculty content masters to groups, the authors will walk the participants through a series of report interpretations identifying the uses, then misuses, of the evidence. Prototypes of data users will be presented, starting with the occasional faculty user of data-those who obtain, then record, a test score for partial course credit in one time-limited course. The presentation progresses, then, to a description of the power-user of data who will compile a set of scores for multiple student cohorts, over time, indicative of alleged teaching prowess alongside possible mitigating trends, again limited to a course over time. Finally, a plan from the program perspective, to align faculty from diverse content areas for more discriminating analysis of report data, will be discussed, in which emphasis is placed on the commonalities of categories of student performance, e.g. patient safety, comfort care, use of the nursing process. It is in this last crucial component, involving similar, then dissimilar faculty areas of expertise, in which true performance improvement might be

realized, especially if faculty can truly engage in the continuous, not static, nature of this process (across, not just within, courses).

Since the introduction of Deming quality improvement principles to health care environments began in the early 1990s, significant resistance has occurred through protestations that principles of Japan's automotive industry improvements (where the model began) could never apply to the human condition. In recent years, however, as hospitals and other health care environments have demonstrated fewer adverse outcomes with use of the PDCA model for provider and administrator decision-making, the use of the model is more frequent. Seldom is it seen used in higher education with few references to PDCA action circles for faculty identified in the literature. It remains to be seen if use of action circles, with changing faculty membership over time, can be associated to improved student learning outcomes such as improved test scores, particularly in nursing where high-stakes content-mastery testing is common and necessary.

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## H 10 - Leadership in Nursing Education

### Promoting Excellence in Nursing through North-South Partnerships

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*Nelouise Geyer, PhD, MCur, BCur, RN, RM, RPsyc, South Africa*

#### Purpose

The purpose of the presentation is to share the successes of a powerful North-South partnership in nursing education and leadership

#### Target Audience

The target audience of the presentation is faculty, health service administrators and clinical practitioners.

#### Abstract

**BACKGROUND:** Publically funded healthcare systems with well-trained primary healthcare professionals offer the best opportunity to deliver care to all. In South Africa the healthcare system is driven by nurses and midwives. The Atlantic Philanthropies believed that strengthening the healthcare system in South Africa has to start with nursing education and training institutions to become world-class teaching facilities able to attract high-caliber faculty and students. Nurses have a potentially powerful role to play in their communities and rebuilding the morale, image and recognition would have broader social implications for communities and the profession.

**OBJECTIVE:** Atlantic Philanthropies set out to restore the image and reputation of nursing as a profession in South Africa by strengthening infrastructure, scholarship and research to ultimately restore the pride in nursing to make a lasting difference to the health and healthcare of South Africans.

Supporting the revitalization and development of the nursing profession in South Africa provided a good fit with Atlantic's overall approach of involvement in areas where other players had traditionally ignored.

**METHODS:** To support this goal Atlantic invested US\$ 32.8 million and was subsequently joined by ELMA Foundation as a co-funder. Technical support was made available to assist organizations to develop funding proposals to access a portion of the funding.

**RESULTS:** Overall outcomes of this partnership provided for increase government funding and commitment to nursing, improved sustainability and collaboration in the profession and a steadily increasing number of trained nurses. Some of the specific outcomes of this partnership will be highlighted which include higher education, professional development, research and scholarship support, development of nurse leadership. As with any other project and partnerships, challenges were experienced in the execution of the participating projects.

**CONCLUSION:** In spite of the challenges experienced, the investment made in the nursing sector has had a major catalytic and sustainable positive impact in nursing that is ongoing. A number of lessons have been learned that other funders should consider when a larger group of potential projects are considered.

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## H 11 - Leading Interprofessional Health Education

### Building a Center for Nursing Excellence Using a Role-Based Model for Accountability and Outcomes

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*Miki Goodwin, PhD, MSN, BSN, RN, PHN, USA*

*Joanne T. Clavelle, DNP, MS, BSN, ASD, RN, NEA-BC, FACHE, USA*

#### Purpose

To describe how the establishment of a Center for Nursing Excellence using a role-based practice model provides the infrastructure for nurses at all levels to have centralized access and support to transform evidence-based practice, education, and research across an entire network, with resources for innovative ideas and opportunities to excel.

#### Target Audience

all nurses from the bedside to boardroom. In addition, an interprofessional audience may include all administrative and managerial professionals who work in a health system, as well as the members of the interdisciplinary team including but not limited to, physicians, pharmacists, respiratory therapists, physical therapists.

#### Abstract

The impetus to create the Center for Nursing Excellence in a southwest region hospital system coincided with new nursing leadership and a newly merged health network comprised of five hospitals. In order to align with the core tenets of Magnet® (ANCC, 2013), a feature of all five hospitals, and to provide access to resources for all nurses at all levels in all areas of nursing, a strategy was needed to bring together the key pillars of professional nursing practice, education, research and innovation. The new Network Chief Clinical Officer established the vision for the Center and pulled together the leadership team to make this vision a reality.

The Center was created on the philosophy of promoting a nursing environment that is as humanistic and compassionate as it is scientifically and technologically sophisticated (adapted from Arnold P. Gold Foundation, 2013). This is achieved through research and education of best practice at all levels, and by collaboration with a broad range of partners who are experts in today's issues, and addressing tomorrow's solutions through research to ensure the best information is available to support diverse populations and their health.

A role-based practice model (O'Rourke & White, 2011) was adopted as a framework the Center's strategic plan and activities of the Center. A key tenet of the model is to promote better outcomes through ownership and accountability for practice at the managerial and clinical level. Within keeping of the Institute of Medicine Report, The Future of Nursing (2011) a long term goal of The Center is to make a global impact on transformative evidence-based practice, professional role development, education, research, and continual Magnet® readiness. The structure of the Center was designed to make the role-based model operational by hiring a diverse team of experts to lead and collaborate using an interdisciplinary and interprofessional approach to healthcare, based on the main investigative elements: patient outcomes, population health, and a well prepared healthcare workforce.

The Center staff includes a network director for each area, including practice, education, research, outcomes and Magnet. Under the direction of an Associate Vice President, this team of directors actively engage with relevant work groups, clinical and managerial, to link accountability and ownership of practice across all levels of the network. Key strategies for the Center include: the Director of Nursing Practice investigating and helping to standardize policy to ensure a model driven approach; the Director of Research providing population data to ensure a patient-centered approach based on precise patient profiles; the Director of Nursing Education ensuring educational activities are consistent across the network, and the Director of Nursing Outcomes working with nurses to make sure they understand their professional role obligation to measure and monitor outcomes and learn how to actively engage in the

process. In this sense, the executive leadership owns accountability for The Center as a vital structure to the network, while each director owns accountability for supporting the themes of their expertise. None of this is possible without close alignment with a well-defined shared governance system that helps make the key professional concept of control of practice a reality. The Center provides vital support for the development of the Councils as they increase their knowledge and skill related to governance and decision-making practice. A shared governance approach requires a flat organizational structure as this increases likelihood that nurses at all levels will be actively engaged in transformational change and the development and implementation of best practices.

Strong academic-practice partnerships have been formed resulting in joint appointments, a distinguished scholar in residence program, and shared teaching and mentoring responsibilities for staff and students at all levels (Baccalaureate to Postdoctoral). In addition, interprofessional and interdisciplinary research, both fundamental and applied are being fostered through The Center as well as a scientific-educational exchange with a Sister City in Kenya. All outcomes are monitored, reported and disseminated from the Center via various means, including through shared governance councils, a website, newsletters, forums and huddles.

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# H 11 - Leading Interprofessional Health Education

## Interprofessional Health Education: Preparing for Collaborative Practice

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*Michele S. Bednarzyk, DNP, FNP, BC, USA*  
*Kathaleen C. Bloom, PhD, CNM, USA*

### Purpose

The purpose of this presentation is to describe the development and implementation of an interprofessional and intercollegiate educational experience.

### Target Audience

The target audience for this presentation is educators and administrators interested in improving interprofessional communication and collaboration for their students.

### Abstract

It is clear to many leading national organizations, such as the Institute of Medicine and other professional groups and accrediting bodies that learning in teams with other health professionals is an important way to improve the health and safety of the population. Interprofessional Education Collaborative Expert Panel (2011), identified four Competency Domains for interprofessional collaborative practice: values and ethics, roles and responsibilities, teams and teamwork, and communication.

Interprofessional health education (IHE) is an innovative teaching-learning approach in which members of more than one health profession learn interactively to improve collaborative practice. The purpose of IHE is to foster strong relationships and partnerships among health care providers to maximize the quality of patient care.

IHE is both interprofessional and intercollegiate in nature. Participants include graduate students in the School of Nursing, Department of Nutrition and Dietetics, and Physical Therapy Program at one southeastern university as well as second year students from the College of Pharmacy at another southeastern university. Three sessions are planned across an academic year. These case studies include all elements of the four interprofessional education competency domains centered around case studies in ethics, safety, and medication errors. Students do preparatory readings prior to each session, upon which they are tested. Students then participate in interprofessional group solutions for problems related to the content areas.

Faculty in the various disciplines facilitate interpersonal and communication skills between the students representing different health-care providers. Students practice shared decision-making, manage conflicts and show flexibility when working with others. Ultimately, joint learning opportunities for students from different health science colleges will result in more collaborative practice skills when these students become health professionals, and this in turn will lead to higher quality, safer clinical care.

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## H 11 - Leading Interprofessional Health Education

### Interprofessional Education to Enhance Health-Related Outcomes for LGBT Clients: How One Academic Medical Center is Leading the Way

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*Jamie Cvengros, PhD, USA*

*Cecilia Hardacker, BSN, RN, USA*

*Paul Kent, MD, USA*

*Antonio Logan, BA, USA*

*Edward Ward, MD, MPH, USA*

*Jay Behel, PhD, USA*

#### Purpose

The purpose of this presentation is to educate nursing faculty, medical faculty, and their students on the importance of interprofessional practice aimed at teaching cultural competence, best practices, and adoption of appropriate standards of care focused on the unique healthcare needs of the lesbian, gay, bisexual, and transgender (LGBT) population.

#### Target Audience

The target audience if this presentation is healthcare professions faculty and students, current providers, and allies.

#### Abstract

Healthy People 2020 and the Institute of Medicine are among recent reports that underline the need for culturally competent healthcare for lesbian, gay, bisexual, and transgender (LGBT) individuals. In November of 2014, the Association of American Medical Colleges (AAMC) released guidelines for training physicians to care for people who are LGBT, gender nonconforming, or born with differences of sex development. This is the first set of formal comprehensive standards to help medical schools and health care organizations train providers in the health care needs of these patients. The American Nurses Association (ANA) concurs through their Diversity Awareness in Professional Nursing. In order to provide appropriate care, it is necessary to properly educate health professions students in the academic and clinical setting. Biases held by students must be addressed during their educational careers if these individuals are to become effective providers. Currently, in Canada and the United States medical and nursing students report only 5 hours of LGBT content in school. Gaps in LGBT related content create barriers and inhibit a beneficial patient-provider relationship.

Rush University has been formally educating medical and nursing students to work with individuals who identify as lesbian, gay, bisexual and transgender (LGBT) since 2011. Curriculum focuses on the historical context of identifying and livings as LGBT, healthcare barriers and disparities experienced by the LGBT population, sex and sexuality, legal concerns, association with youth experiencing homelessness and exploitation, risks of suicide and substance abuse, the transgender community, HIV /STIs, and strategies to promote engagement and retention in healthcare. Students also meet self-identified gay faculty members, students, and patients through panel presentations.

In the College of Medicine, LGBT content is introduced in the first week of medical school during clinical skills intensive. It is also included in the social determinants of medicine, "Physicianship" modules during student's M1 and M2 year. Prior to the M2 module, medical students complete the Implicit Association Test for sexuality, race, and a third test of their choosing. In the most recent cohort, over 98% of students attending the classes reported they were able to identify challenges in obtaining appropriate healthcare experienced by sexual minorities. In addition the medical school uses simulated patient extensively. In a random fashion, simulated patients will identify as LGBT to help the student become comfortable and to learn not to assume a patients LGBT status is necessarily connected to their clinical complaint.

In the College of Nursing, LGBT content has been integrated into several courses including Mental Health Nursing, Community and Public Health Nursing and is being added to the Advanced Health Assessment course. Students meet LGBT faculty during the first week of nursing school as part of their introduction to diverse populations. During the third term, in Mental Health nursing, students attend a 6-hour Health Education about LGBT Elders (HEALE) cultural competency curriculum. To date, over 250 individuals, largely Generalist Entry-level Masters' nursing students, have attended these sessions. Remarks are overwhelmingly positive with comments speaking to the great need for this type of education for example "I never knew how to address patients who were transgendered-now I know how to do that". In Community and Public Health, students are asked to formulate questions for an expert panel discussion and report they appreciate the candid responses panel members share. Students are tested about LGBT related content in each course.

Moving forward, Rush University is working with the curricular recommendations of the AAMC and ANA and to fully integrate LGBT content into our course with an emphasis on interprofessional education. Physicians and nurses, working together, with education based on a common set of knowledge, attitudes, and skills are most able to provide the highest standard of care in a safe, non-judgmental environment.

#### References

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## H 12 - Leadership Development in Nursing Education

### An Evaluation of Emotional Intelligence in Undergraduate Nursing Student Leaders Over 4 Years

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*Cindy L. Costanzo, PhD, RN, CNL, USA*

#### Purpose

The purpose of this presentation is to disseminate the findings of a leadership development program which assessed the changes in Emotional Intelligence using the EQ-i 2.0™ tool in a cohort of undergraduate nursing students enrolled a four-year extracurricular Leadership Scholars program.

#### Target Audience

The target audience of this presentation includes inter-professional providers, caregivers and educators who are interested in changing the culture of their organization by hiring caregivers who are leaders at the point of care, who are emotionally mature to manage the complex care processes of today's healthcare arena.

#### Abstract

**Purpose:** The purpose of this project was to assess changes in Emotional Intelligence using the EQ-i 2.0™ tool in a cohort of undergraduate nursing students enrolled in a four-year extracurricular Leadership Scholars program.

**Aims:** 1) to explore the student's change of EQ-i 2.0™ scores over a four year period; 2) to explore the student's perception of group involvement, mentoring, relationship development and self-reflection; 3) to compare the change of EQ-i 2.0™ scores with the students perceptions of growth with group involvement, mentoring, relationship development and self reflection.

**Background:** Emotional Intelligence (EI) is emerging as an essential construct in nursing leadership development and is correlated to a person's ability to communicate, collaborate, and manage relationships. EI is foundational to creating a team-based collaborative work environment to maximize clinical, quality, safety and cost outcomes. The four concepts (group involvement, mentoring, relationship development and self reflection) composed the EI conceptual framework for the program intervention.

**Methods:** A descriptive longitudinal comparative design with a convenient sample of students enrolled in the Leadership Scholars program over a 4 year time period. Students completed the EQ-i 2.0™ tool at baseline in their freshman year and annually. The Leadership Scholars program provided students opportunities to engage in the following: reflective journaling; self assessments; and experience a mentor and mentee role. Students participated with alumni leaders in group and service activities and service incorporating Jesuit values as they developed and practiced leadership, communication, and collaboration skills.

**Evaluation of Aims:** 1) Undergraduate nursing students enrolled in the Leadership Scholars program took the standardized EQ-i 2.0™ tool annually and a comparison of the pre/post EQ-i 2.0™ was conducted and analyzed. 2) A qualitative evaluation was conducted to evaluate student's perception of their group involvement, mentoring, relationship development and self reflection; 3) A comparison of the change of EQ-i 2.0™ scores with the qualitative evaluation of student's perception of their group involvement, mentoring, relationship development and self reflection was completed.

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## H 12 - Leadership Development in Nursing Education

### Nursing Honors Programs Designed to Meet Global Healthcare Challenges

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*Judith A. Vessey, PhD, MBA, RN, FAAN, USA*

*Catherine Y. Read, PhD, RN, USA*

*Judith Shindul-Rothschild, PhD, RNPC, USA*

#### Purpose

The purpose of this presentation is to discuss evidence that validates the need for, and strategies to, develop implement quality undergraduate honors programs designed for the 21st century and identify components of an honors program that will prepare emerging nurse leaders to advance nursing, healthcare, and health outcomes globally.

#### Target Audience

The target audience of this presentation is nursing faculty and nursing educational administrators.

#### Abstract

The presence of a nursing honors program is one indicator of baccalaureate program excellence and a pathway to developing nursing leaders for the global community. An evidence-based practice approach was used to determine the state of science regarding nursing honors programs. Initially the existing research and educational literature related was reviewed. Results indicated that the literature uniformly supported the value of nursing honors programs, but little is known about the key content and contextual components needed for a quality nursing honors program. There was also little evaluative information regarding the role honors programs play in the development of future nurse scholars and nurse leaders. Based upon the synthesis of the literature and to further our understanding of nursing honors programs, a directed survey of nursing honors programs was conducted, revealing both strengths and challenges. Finally, a survey of potential honors students was conducted to ascertain their preferences regarding honors program structures and processes. Findings across these three domains—scientific literature findings, expert experience, and user preferences—were compiled. ‘Best practices’ for contemporary nursing honors programs that prepare leaders to serve locally and lead globally are proposed.

Key structural components for successful implementation include: financial support, committed advisors, flexible admission and curriculum design, mentored opportunities for research, opportunities for professional socialization, and a senior capstone project. A research emphasis is requisite but insufficient. Other processes embedded in honors programs must embrace leadership and networking opportunities. To address the needs of the global community, identified activities leading to evidence-based practice capstone projects included global public health coursework, international study experiences (semester or immersion), cultural reflections, volunteer work with individuals of varying cultural backgrounds, and foreign language training and opportunity to use foreign language in clinical settings. Challenges in developing an honors program, such as increased workload of faculty and students as well as insufficient funding, are described. Practical recommendations such as leveraging university and community resources are proposed. The proposed recommendations are designed to facilitate adoption of honors programs at baccalaureate schools of nursing. Outcomes of honors program graduates include being prepared as emerging leaders in the global community and ready to embrace the next steps, including graduate education, to help them realize their full potential. Creation and expansion of nursing honors programs in baccalaureate nursing education to address the healthcare needs of the global community requires the commitment of faculty and financial resources by schools of nursing.

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## H 12 - Leadership Development in Nursing Education

### Spirituality in Nursing Education: Are We Teaching Our Students to Provide Spiritual Care?

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*Kelly Moseley, DHSc, MSN, RN, USA*  
*Sharon Cannon, EdD, RN, ANEF, USA*  
*Carol Boswell, EdD, RN, CNE, ANEF, USA*  
*Joyce Miller, DNP, RN, WHNP-BC, FNP-BC, USA*

#### Purpose

To discuss layers of research regarding spirituality in nursing (among students, practicing nurses, and a more recent study with nursing faculty).

#### Target Audience

Individuals who teach in the academic setting (clinical or didactic setting). Individuals who work in a clinical setting may also find this presentation appealing.

#### Abstract

Nurses are mandated by accreditation organizations such as Joint Commission to address spiritual aspects of the patients. This makes it paramount to insure that holistic care is clearly addressed within the curriculum. The presenters conducted a qualitative study 3 years ago to determine if students felt they were receiving education to equip them with the knowledge to provide spiritual care. The study queried students from the RN-BSN program, the Traditional Undergraduate program, and the graduate program at Texas Tech University Health Sciences Center (TTUHSC) School of Nursing through the review of entries within a journaling network. This study was the first level for future studies to determine where the gap exists regarding spiritual care. The second layer of research was to determine if practicing nurses (including nurse practitioners) provided spiritual care, their comfort level in providing spiritual care, and their belief their nursing education program covered spirituality care. These studies provided the foundational framework for a third study to consider if and where spiritual care was positioned within their curriculum. This study carefully reviewed the types of faculty members as it related to what type of spirituality content was presented within a curriculum. Along with this information, attention was given to identifying key spirituality skills that are used within different schools. This project will lay the foundation for additional work in this region of Texas and beyond.

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# Scientific Oral Presentations

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## A 16 - Clinical Aspects of Pediatric Care

### Pediatric Continuity of Care

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*Amara Michella Altman, MSN, BA, RN, USA*

#### Purpose

The purpose of this presentation is educate healthcare professionals on how improve the transition of care for pediatric kidney transplant recipients from hospital to home. Specifically, this presentation highlights evidence based transition of care topics for pediatric transplant recipients and their families.

#### Target Audience

The target audience of this presentation is all healthcare professionals who work with pediatric transplant patients.

#### Abstract

Currently, there is no patient centered pediatric discharge Transition of Care (TOC) plan on Tower 8. No educational materials are readily available on this topic either. This is problematic because an initial survey on Tower 8 indicated that many of the nurses at the bedside are uncomfortable educating pediatric transplant patients and their families.

The goal of our project is to implement an evidence based pamphlet highlighting important TOC topics specifically for pediatric transplant recipients. An initial survey was distributed to a multi-disciplinary group of nurses, nurse practitioners, transplant coordinators, and physicians to assess baseline knowledge pertaining to pediatric TOC. We worked closely with the pediatric nephrologists and outpatient RN coordinator to create an evidence based pamphlet addressing essential TOC topics. We reviewed literature from CINAHL, PUBMED, OVID, and COCHRANE databases. Articles from 2009-2013 were used in the literature review. Research indicates that pediatric transplant patients are a unique and vulnerable population with a high risk of life threatening complications. Addressing these potential issues through TOC education immediately after transplantation not only improves patient outcomes, but it also improves the quality of life for these pediatric patients and their families.

The results of our survey indicated limited knowledge regarding pediatric TOC among all practitioners. One hundred percent of practitioners believed additional teaching material are needed for pediatric transplant patients and their families, which is standardized and in low literacy format. The next step is to actually implement the evidence based pamphlet at the bedside. A post survey will then be distributed to the same sample of practitioners 6 months and 1 year post pamphlet implantation on Tower 8. We hypothesize this new educational tool will improve TOC knowledge for pediatric transplant recipients among all practitioners.

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## A 16 - Clinical Aspects of Pediatric Care

### Children with Cerebral Palsy Preferences for Adventures and Their Reasons Why

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*Judith Lang, BSN, RN, CPN, USA*

*Lamara Love, BSN, RN, CPN, USA*

*Sha Clark, MSW, LISW-S, USA*

*Pamela Studer, BSN, RN, USA*

*Victoria von Sadowszky, PhD, RN, FAAN, USA*

#### Purpose

The purpose of this study was to: 1) ascertain what types of adventures were appealing to children with CP, and 2) what were their reasons for choosing these adventures.

#### Target Audience

Staff nurses Nurse researchers interested in children cerebral palsy

#### Abstract

Approximately 1 in 323 children are diagnosed with cerebral palsy (CP). Children with CP are differently abled, 41% of children with CP have limited abilities to crawl, walk, run, or play and up to 31% need special equipment to supplement mobility (Boulet, et al., 2009; CDC, 2015). Hence, children with CP are often less physically active than and have fewer opportunities for socialization with their typically developing peers. In order to engage children with CP in more activities, they need to learn how to adapt different activities to their gross motor ability (CP, 2015). A new intervention is being developed to facilitate learning in this capacity; however, prior to developing the intervention it was important to know what types of “adventures” (activities) the children wished to participate. The purpose of this study was to: 1) ascertain what types of adventures were appealing to children with CP, and 2) what were their reasons for choosing these adventures. After IRB approval, children with CP (N = 100) were approached to be in a 5 minute study addressing the study purposes. After parental/guardian consent and child assent, children were asked to rate their desire to participate in the following adventures: rock climbing, super powers, hockey, or camping. Reasons for participating in this event were also assessed. Data will be analyzed using descriptive statistics. Differences in ratings of adventures and reasons by gender (female, male) and age (5 – 10 yrs., 11 yrs. and older) will be assessed through t-tests and non-parametric statistics. Data collection is in progress. The results from this study will be the first of its kind assessing ratings of different types of activities/adventures and reasons why this population wishes to participate in them. Nurses and health professionals can use these findings to understand what types of activities appeal to this group and target health messages around these activities.

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## A 16 - Clinical Aspects of Pediatric Care

### Spirituality and Religiosity as an Approach to Coping for Adolescents Living with Sickle Cell Disease: A Review of the Literature

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#### Purpose

The purpose of this presentation is to provide researchers and clinicians with a review of research on spirituality and religiosity in adolescents with sickle cell disease

#### Target Audience

The target audience of this presentation is any nurse, educator, or researcher interested in adolescents, sickle cell disease, spirituality and health, or psychosocial research.

#### Abstract

**Purpose:** The purpose of this presentation is to provide researchers and clinicians with a review of research on spirituality and religiosity (S/R) in adolescents with sickle cell disease (SCD). The review is based on a systematic review of quantitative and mixed-methods research published in peer reviewed journals. Adolescents with SCD experience symptoms, treatments, and complications of their condition that may hinder them in their physical, psychosocial, emotional, and academic functioning. Spirituality and religiosity has been shown to improve coping and correlates with positive health outcomes in research conducted with children and adolescents.<sup>2-4</sup> Consideration of S/R will enlighten clinicians on the spiritual elements of adolescents and allow for enhanced individualized care when constructing interventions and evaluating health outcomes.

**Methods:** Studies were sought that examined S/R among adolescents with SCD. This search yielded one publication. The search was expanded to studies that included children and adults with SCD. This search strategy represented a developmental view in which the S/R experiences of younger and older persons with SCD were anticipated to provide insights into the experiences of adolescents. Thus studies were included in this review if they met the following criteria: (a) examined S/R in adolescents and/or children with SCD; (b) examined S/R among parents of adolescents and/or children with SCD; (c) examined S/R in adults to include older adolescents aged 18-21; (d) were quantitative or qualitative articles; and (e) were published in peer-reviewed journals. The databases searched were Cumulative Index to Nursing and Allied Health Literature (CINAHL), Health Source Nursing/Academic, ProQuest Health Module, PsycINFO, Medline, PubMed, and the American Theological Library Association (ATLA). The search strategy used in this review included the following string of terms: "sickle cell disease" + "spirit\*" (for spiritual or spirituality) + "adolescen\*" (for adolescent, adolescents, or adolescence) or "x..." The alternate term included the following: "children," "religio\*" (for religion, religious, or religiosity), "health," "pediatric," and "coping." A total of 85 articles were retrieved. Eleven articles met the inclusion criteria and were included in this review.

**Results:** Eleven studies addressed S/R and SCD; one reported on S/R in children with SCD, three included adolescents and children with SCD, one included only adolescents with SCD, and six included adults 18 years and older. In reviewing the studies, four themes emerged including S/R as sources for coping strategies, S/R coping strategies and pain management, S/R coping strategies and health care utilization; and S/R coping strategies and quality of life.<sup>2, 3</sup>

**Conclusions:** Spirituality and religiosity are meaningful concepts for adolescents with sickle cell disease and promote healthy outcomes. Research studies to further investigate the impact of S/R for adolescents are essential to understanding the concept from a developmental perspective. Further exploring the association of S/R coping strategies with pain management, health care utilization, and quality of life will offer direction for future interventions that improve overall health and wellbeing.

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## A 17 - Improving Nursing Care in the Clinical Environment

### Optimizing Electronic Health Record Use for Management of Type 2 Diabetes Mellitus in Primary Care

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#### Purpose

The purpose of this presentation is to disseminate the results of a technology project to expand the use of the electronic health record and implement evidence based workflow processes to increase improved care for patients with type 2 diabetes mellitus.

#### Target Audience

The target audience of this presentation includes nurses and nurse practitioners interested in optimizing care for patients with type 2 diabetes through diabetes guidelines integrated into the EHR and evidence based workflow processes.

#### Abstract

Primary care providers bear much of the responsibility for the ongoing management of the costly, disabling, and deadly chronic disease, type 2 diabetes mellitus (T2DM). A preponderance of evidence demonstrates that implementation of diabetes management guidelines improves patient outcomes. However, primary care providers have inconsistent to poor adherence to guidelines, resulting in significant gaps between evidence based and actual care for people with T2DM. Barriers to optimal care include limited appointment times, lack of ready access to patient information, and limited knowledge of guideline recommendations. Three key objectives for diabetes management defined by the ADA are optimizing provider and team behavior, supporting patient behavior change, and changing the system of care. Optimizing the use of the electronic health record (EHR) by configuring a clinical decision support system (CDSS), changing workflow patterns to include team management, and implementing a structured patient education and behavior change system can improve management of T2DM in primary care. In a Doctorate of Nursing Practice scholarly project at a small primary care clinic, (EHR) use was expanded to incorporate T2DM management guidelines, and clinic workflow was structured for efficient evidence based care.

Core functions of the EHR include effective care delivery, facilitation of chronic disease management, improved efficiency, and enhanced patient safety. Yet, studies of the effect of the EHR on quality of care reveal mixed results including superior care, inferior care, and no association between EHR use and quality of care. Researchers agree that EHR use does not guarantee superior care, but that advanced functions such as CDSS and registry activation make the EHR invaluable. Registries and CDSS tools, which organize, filter, and present useful and timely information contribute to improvement in care. However, small clinics struggle with optimal use of advanced EHR functions because the systems are complex. Optimization of the EHR is a necessary but insufficient means to improve care; modification to workflow is also required.

Although the EHR used at the project clinic came programmed with a Diabetes Registry and a CDSS, the EHR lacked full optimization. Specifically, the system did not capture the data entered during the visit or from laboratory test results and insert the data in the the Registry or the CDSS. The author of this project is not a trained informaticist, but used a systematic process to optimize the system. First, a literature review was conducted regarding diabetes management guidelines and use of the EHR for improving management of patients with diabetes. Then, the website for the EHR vendor was searched. Product development and release webcasts were viewed to obtain an overview of the EHR system and its functionality. Finally, the help documents on the system were examined to determine configuration technique. Following the document instructions, the EHR was configured to allow visit and test result data to populate the Diabetes Registry and activate alerts. When following the directions failed to achieve the intended results, contact with the EHR vendor resulted in interventions by the vendor at the server level to turn on desired capabilities.

A variety of interventions were implemented to augment the EHR. Logical Observation Identifiers Names and Codes (LOINC) were linked with Current Procedural Terminology (CPT) codes to facilitate data capture. Because laboratories use different codes, it is important to choose the laboratory specific code. Structured data was created in Progress Notes section of the EHR, and alerts were configured to provide reminders for guideline based intervention. In addition, a diabetes flowsheet was configured to give providers a graphic view of patient progress. To facilitate barriers to providers' of lack of time and lack of easy access to guidelines, a Diabetes Order Set was developed. Commonly used medications, evidence based tests, procedures, and referrals were integrated into the order set. In addition, PDF documents were uploaded into the system including the American Association of Clinical Endocrinologists' Comprehensive Diabetes Management Algorithm 2013 and the basal insulin algorithm from the American Diabetes Standards of Care 2015. Documents from the National Institutes of Health including foot care, chronic kidney disease, and hypertension management were also uploaded. The PDF documents provide quick access to guidelines from the order set screen of the EHR, reducing time needed to locate references.

During the literature search, reference was found to federally funded Regional Extension Centers, which provide assistance to clinics with EHR implementation. A Google search led to the Regional Extension Center for the state. Although the Regional Resource Centers are being phased out, the Centers for Medicare and Medicaid have collaborated with Quality Improvement Organizations and will continue through 2019. In many states, Qualis Health is the contractor designated to assist in data collection, analysis, and interventions to improve care.

As a result of this DNP project, the clinic has partnered with Qualis Health in an innovation to improve diabetes care. Qualis Health will assist the clinic in ongoing quality improvement strategies and technical assistance in gathering data and improving workflow and documentation. Assistance with Physician Quality Reporting System (PQRS), Value-Based Modifiers (VM), and Quality and Resources Use Reports (QRURs) is provided by Qualis, along with strategies for participating in federal reimbursement programs. The clinic will be responsible to report quarterly data on diabetes intermediate outcomes including HbA1c, lipids, blood pressure, foot exam, and eye exam. The clinic will also refer eligible patients to self-management education identified by Qualis. Assistance for data collection, reporting, and workflow configuration will be provided by Qualis.

An office workflow process was developed to integrate team activity for efficient evidence based care for patients with T2DM. First, a flowchart was developed to describe existing practice. Based on literature evidence, the workflow was revised to integrate staff as part of the team to increase efficiency. Nursing staff identify patients with T2DM by diagnosis or medications, ascertain the managing provider, establish the date of last laboratory work, follow a protocol for influenza and pneumococcal immunizations, lay out a monofilament, and prepare the patient for the provider by asking the patient to remove footwear for foot checks. Front staff ensures that patient education given verbally by the provider and nursing staff is offered to the patient in paper form or is uploaded to the patient portal. Future training with Qualis regarding quality improvement will empower staff to see processes from a quality perspective.

To evaluate the effectiveness of these innovations, an acceptability and satisfaction survey was developed and feedback from providers, staff, and content experts was incorporated into the project. Partnership with Qualis Health ensures the sustainability of this project, and will assist this clinic in providing ongoing quality healthcare. In conclusion, this technology solution can assist all staff, nurses and providers in the clinic in better meeting the needs of patients with diabetes and can promote improved patient outcomes through continuous quality improvement initiatives. Nurses at other clinics can use the results of this project to optimize the EHR and clinic workflow to improve patient management not only for diabetes but also for other diseases.

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## A 17 - Improving Nursing Care in the Clinical Environment

### Building an Indigenous Skill-Mixed Nursing Care Model in Taiwan

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#### Purpose

The purpose of this study is to establish a nursing care model for clinical practice in Taiwan at the national level, with skill mixed personnel, including nurse aides, registered nurses, and advanced practice nurses.

#### Target Audience

The target audience of this presentation is clinical nurses, educators, managers, and administrators.

#### Abstract

**Background:** Nurses in Taiwan have been responsible for many logistic functions for patient's hospitalization. Along with the societal changes, the patients' healthcare needs are evolving and have caused heavy nursing workload and serious nursing shortage in Taiwan.

**Purpose:** The purpose of this study is to establish, at the national level, an innovative model of nursing care for clinical practice in Taiwan.

**Method:** To establish a national nursing care model, the study was conducted in several steps. Step 1, a core team was assembled by 15 national experts from healthcare systems and universities across the country. The core team drafted a basic model for nursing care, including personnel, qualification, education and training, scope of practice, and staffing allocation. Step 2, three regional focus groups were held to interview 4 scholars, 35 nursing administrators, and 22 clinical nurses. The officials were invited to participate in each focus group. The interviews developed several practice-based nursing care issues and have reached preliminary consensus on the model structure. Step 3, a symposium was held with 24 experts participated to establish the reliability and validity of the model structure and the model system. Step 4, three regional conferences were held to communicate with 407 nursing representatives in the areas of clinical practice, associations and unions, and nursing schools and universities. Step 5, the indigenous nursing care model was organized and submitted to the Ministry of Health and Welfare (MHW) for policy development.

**Results:** For the current healthcare systems in Taiwan, skill-mixed collaborative team for nursing care is suggested. Healthcare personnel should include nurse aides, registered nurses, and advanced practice nurses. While national guidelines are not established, this study collects typical consensus from multiple areas. Two nursing care models were illustrated and each has the weakness and strength discussed.

**Conclusion:** MHW has to publicize and legitimize the role functions, qualification, education and training, scope of practice, certification, and staffing allocation. An indigenous model of nursing care is crucial for resolving the dilemma of nursing shortage and heavy workload.

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## A 17 - Improving Nursing Care in the Clinical Environment

### Description, Application, and Evaluation of a Model to Teach Community-Based and Population Health across Diverse Clinical Experiences

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*Janet P. Tracy, PhD, RN, CNE, USA*

#### Purpose

The purpose of the presentation is to describe the evaluation and educational implications of the Pillars Constructivist Model in community nursing education. The presentation includes a review of the model as well as results of the mixed-method assessment measuring student growth and the model's ability to provide consistent learning opportunities.

#### Target Audience

The target audience of the presentation is baccalaureate clinical educators and administrators in the community/ public health field as well as community health liaisons and partners of nursing programs.

#### Abstract

Both population health and direct nursing care in the community are important elements in educating baccalaureate nurses. The Pillars Constructivist Model was devised to facilitate clinical teaching at both levels and offers a unifying clinical paradigm with structural and contextual components to support learning at diverse public health sites. The foundation of this model rests upon five conceptual Pillars. These Pillars include:

1. Incorporate determinants of health in nursing care of population aggregates and communities.
2. Provide direct care based on evidence and best practices in community settings.
3. Integrate sensitivity to and appreciation of lived experiences of health and illness into nursing practice.
4. Align the comprehension of public health nursing roles with one's own ethical and professional formation.
5. Demonstrate the ability to collaborate as a member of a multidisciplinary team within the health care system to develop, implement, and evaluate health care provided to clients across the age span.

There has been a call within nursing education to generate evidence that demonstrates the efficacy of models for community/ public health clinical education. The author's approach was a mixed-method study to assess the efficacy of the Pillars Constructivist Model under two overarching questions. The first question was whether the model was able to serve as a unifying structure to facilitate consistent opportunities for student learning in all areas across diverse clinical experiences. The second question was to explore if the model was able to consistently facilitate growth in understanding and disposition to act in all five conceptual Pillars.

A total of 36 students and 6 faculty members participated in in the evaluation to assess the model after its inaugural semester of implementation. The methods included a rating scale measuring the model's ability to provide consistent learning opportunities at both population and direct care clinical sites, a case study that measured student growth within the five conceptual Pillars and a faculty focus group.

Results were calculated utilizing descriptive, parametric and non-parametric testing. The rating scale of perceived support of the model demonstrated a student average of 6.51 on a 0 to 10 scale, while faculty average mean was 8.18. Faculty ratings were higher than student ratings for each Pillar with these differences significant for Pillar 2 ( $p = .014$ ) and Pillar 5 ( $p = .008$ ). The semester case study results were tabulated based on a rubric and the difference in means between the pre and post semester results were calculated. Results revealed significant growth from beginning to end of semester for Pillar 5 only ( $p =$



0.04). With the exception of Pillar 4, the remaining Pillars indicated some improvement of growth. The summed results of the case study (with the exception of Pillar 4) identify a significant change in total concepts from beginning to end of semester ( $p = .05$ ).

The findings indicate that the model was able to serve the use of multiple small direct care and population focused sites while maintaining consistent concept based learning opportunity for all students. The findings from the case study are nonconclusive regarding demonstration of student growth, however results are suggestive of efficacy of the model as a whole. Although our inaugural evaluation was small in size, the data provides a first step in measuring change in application of knowledge and experience that is relevant to considering the impact of this model on future nursing practice. The authors are led to recommend the continued use and evaluation of the Pillars Constructivist Model and that the model be considered for use in baccalaureate nursing programs.

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## A 18 - Use of Simulation in Undergraduate Nursing Education

### Findings of a Knowledge Synthesis Project of Simulation Use in Pre-Licensure Nursing Education

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#### Purpose

The purpose of this presentation is to share findings of a knowledge synthesis project focused on simulation in pre-licensure nursing education. The presentation will address these questions: 1) what simulation experiences are most effective for which students, in what circumstances, and how? and 2) what further research is required in this area?

#### Target Audience

Researchers in the area of nursing education; nurse educators in pre-licensure nursing programs.

#### Abstract

**Title:** Findings of a Knowledge Synthesis Project of Simulation Use in Pre-licensure Nursing Education

**Background:** Pre-licensure nursing education has a long history of using low- and medium-fidelity simulation. High-fidelity simulation has more recently been incorporated into nursing curricula, for the purposes of improving students' clinical competence and confidence. The growing body of literature in this area reveals variable effectiveness of simulation technologies. There is however an absence of theoretical frameworks and wide variation in the quality and character of the evidence, which raises concerns about its applicability and transferability. A rigorous literature review was needed to answer specific questions about the types, timing, and level of simulation experiences that facilitate optimal learning, skill development, and confidence among nursing students.

**Objectives:** To 1) use a realist literature review to address the question: "what simulation experiences are most effective for which pre-licensure students, in what circumstances, and how?" and 2) identify directions for future research.

**Method:** Electronic searches of CINAHL Plus with full text; MEDLINE; and ERIC were conducted. Searches were limited to published articles and grey literature written in the English language. Grey literature included Proquest Dissertations and Theses database; Conference Papers Index; Knowledge Utilization Database; and GreySource. We also searched websites and reports from educational and nursing organizations and government documents. Titles and abstracts of retrieved articles were reviewed to ensure that they met inclusion criteria. Team members independently reviewed and appraised the remaining articles using Critical Appraisal Skills Programme tools. Relevant information about the author(s), study setting, sample size, research question/purpose, and the main findings/outcomes were summarized.

**Results:** The initial search yielded 1217 articles; 368 of these were discarded in the preliminary review. The remaining articles (n = 849) were reviewed.

**Contributions:** The findings provide decision support for questions concerning the development, effective use, levelling, and evaluation of simulation technologies in pre-licensure nursing education, and guide future research in this area.

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## A 18 - Use of Simulation in Undergraduate Nursing Education

### The Effect of Simulation Courseware on Critical Thinking in Undergraduate Nursing Students: Multi-Site Pre-Post Study

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#### Purpose

The purpose of this presentation is to share the knowledge of the effect of simulation courseware on critical thinking in undergraduate nursing students

#### Target Audience

The target audience of this presentation is nursing faculties who teach nursing students of CT skills or simulation.

#### Abstract

**Background:** The use of simulations has been considered as opportunities for students to enhance their critical thinking (CT), but previous studies were limited because they did not provide in-depth information on the working dynamics of simulation or on the effects of the number of simulation exposures on CT.

**Objectives:** This study examined the effect of an integrated pediatric nursing simulation used in a nursing practicum on students' CT abilities and identified the effects of differing numbers of simulation exposures on CT in a multi-site environment.

**Design:** The study used a multi-site, pre-test, post-test design.

**Participants and settings:** A total of 237 nursing students at three universities enrolled in a pediatric practicum participated in this study from February to December 2013.

**Methods:** All three schools used the same simulation courseware, including the same simulation scenarios, evaluation tools, and simulation equipment. The courseware incorporated high-fidelity simulators and standardized patients. Students at school A completed one simulation session, whereas students at school B and C completed two and three simulation sessions, respectively. Yoon's Critical Thinking Disposition tool (2008) was used to measure students' CT abilities.

**Results:** The gains in students' CT scores varied according to their numbers of exposures to the simulation courseware. With a single exposure, there were no statistically significant gains in CT, whereas three exposures to the courseware produced significant gains in CT. In seven subcategories of critical thinking, three exposures to the simulation courseware produced CT gains in the prudence and intellectual eagerness subcategories, and the overall simulation experience produced CT gains in the prudence, systematicity, healthy skepticism, and intellectual eagerness subcategories.

**Conclusions:** Simulation course ware may produce positive learning outcomes for prudence in nursing education. In addition, the findings from the multi-site comparative study may contribute to greater understanding of how patient simulation experiences impact students' CT abilities.

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## A 18 - Use of Simulation in Undergraduate Nursing Education

### Exploring Simulation Utilization and Simulation Evaluation Practices and Approaches in Undergraduate Nursing Education

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#### Purpose

The purpose of this presentation is to share our study that investigates simulation utilization and evaluation practices among all undergraduate nursing educational programs in Ontario, Canada. Because comprehensive insight into current approaches is critically important for development of the science of simulation, an overview of early findings will be discussed.

#### Target Audience

The target audience of this presentation includes nurse educators, simulationists, technologists, technicians, administrators, and faculty interested in simulation for nursing education.

#### Abstract

Simulation is becoming one of the most significant teaching-learning strategies available in undergraduate nursing education. Through the development, application, and evaluation of high quality simulation experiences across a full range of modalities, (including high-fidelity, medium-fidelity, and low-fidelity) learners are able to acquire and demonstrate the knowledge and skills necessary for safe, competent, and ethical nursing practice. By approximating clinical practice within nursing education, simulation provides real-time opportunities for students to work through complex patient-care situations, ideally receiving evaluative feedback that promotes increased confidence and competence. Increasingly, simulation is playing an essential role in supporting educators to facilitate nursing students' learning of complex concepts and skills and readying them for clinical practice (CASN, 2007; Cant & Cooper, 2010; Norman, 2012; Ricketts, 2011). Yet, ample, robust evidence that supports the effectiveness of simulation for learning and evaluation in nursing education has yet to be established (Ricketts, 2011). As the use of simulation increases in nursing education, the need to evaluate students appropriately, accurately, and in reliable ways intensifies (Todd, Manz, Hawkins, Parsons, & Hercinger, 2008). Furthermore, as nursing programs increasingly consider simulation as direct clinical replacement in the context of increased student enrolment and dwindling clinical placements, standardized evaluation must play a vital role (CASN, 2007; Norman, 2012; Todd et al., 2008).

In this presentation, we will discuss our study that investigates simulation utilization and simulation evaluation practices used among all undergraduate nursing educational programs in Ontario, Canada. In this province, a total of 36 educational institutions (14 universities along with 22 college partners) are involved in either independently or collaboratively offering baccalaureate degrees in nursing. To date, while literature exists on some of the common practices and approaches to simulation in education, standardization has not resulted (Leighton, 2013). As such, there is little available data broadly, and no available data in Ontario, describing simulation utilization and simulation evaluation in undergraduate nursing education. The goal of our study is to establish a "picture" of current trends, practices, and approaches related to simulation that is employed within this entire province. To this end, a mixed methods approach, in which both quantitative and qualitative data is collected from simulationists, technologists, technicians, faculty, leaders, and administrators through a confidential online questionnaire will be utilized to gather information from all 36 Ontario educational programs. An overview of early results of this study in terms of themes identified and statistical summaries will be shared. The result of this study hold the potential to further research and direct future developments in the ongoing evolution of best

practices in the science of simulation in Ontario nursing education as well as nationally and internationally.

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## **A 19 - Undergraduate Nursing Education Research**

### **Health as Expanding Consciousness: Patterns of Clinical Reasoning in Senior Baccalaureate Nursing Students**

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*Mary W. Stec, PhD, MSN, BSN, RN, CNE, USA*

#### Purpose

share the findings of a study that used Margaret Newman's theory of Health as Expanding Consciousness to explore the meaning and evolving pattern of clinical reasoning in baccalaureate nursing students. The findings broaden the application of the theory beyond the nurse patient interaction to how students think on the clinical area.

#### Target Audience

nurse educators to facilitate their ability to plan and implement clinical learning activities that promote clinical reasoning. Participants will learn the importance of promoting student-patient, faculty-student and interdisciplinary team interaction. Through these interactions students begin to know patient patterns and the patterns of thinking of faculty and interdisciplinary team members.

#### Abstract

Clinical reasoning has been identified as a necessary skill to practice nursing. Multiple studies suggest that a gap exists between the education of nurses and their ability to transition into practice. In addition to possessing necessary knowledge and skills specific to the discipline of nursing, nurses must possess clinical reasoning skills to think through a situation as the patient's condition changes. To make a clinical judgment, nurses use an analytical process that includes pattern recognition, an attribute of clinical reasoning. Newman's theory of Health as Expanding Consciousness and Research as Praxis methodology was used to collect and analyze data. Patterns of individual and across participants revealed the emergence of patterns of relating, knowing, and clinical decision-making as contributing to the evolving pattern of clinical reasoning. The findings of this study were consistent with Newman's theory and support the theoretical framework and methodology. An implication for nursing science was that the nurse-patient interaction broadened the use of this theory to how study participants think in the clinical area. In nursing education and practice the importance of the nurse-patient interaction and pattern recognition facilitated knowing the patient to make effective decisions. Trusting relationships with faculty and members of the interdisciplinary team, confirmed participants' thinking related to a clinical decision. Future research included a longitudinal qualitative study of the emergence of clinical reasoning over time as participants evolve from novice to experience nurses. A quantitative study to measure patterns of relating, knowing and decision-making will further clarify the definition of clinical reasoning.

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## A 19 - Undergraduate Nursing Education Research

### Nurturing Caring Values in Pre-Registration Nurse Education: A Qualitative Longitudinal Study

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#### Purpose

The purpose of this presentation is to report on phases 1-3 of a 5 phase qualitative longitudinal study exploring the impact of an undergraduate-nursing curriculum based on humanising philosophy on students' values. Whilst the findings originate in the UK, the audience can judge transferability to nurse education regionally and globally.

#### Target Audience

The target audience of this presentation is primarily nurse educators, including clinical placement educators and student placement supervisors with an interest in how the philosophy underpinning pre-registration education can promote and enhance the development of values for ethical and humanised nursing practice.

#### Abstract

**Background:** There is a global rise in elderly populations with complex long-term conditions; meeting their needs effectively and efficiently but with compassion, represents considerable challenges for financially-constrained health service providers. Internationally, evidence is emerging around concerns about the quality of care, particularly for older people (Katz 2011). It has been argued that in target-driven care environments, there is the potential for care professionals to lose sight of the person receiving the care to focus on task-completion, resulting in a dehumanising culture of care (Galvin and Todres 2013). Within the United Kingdom (UK) a number of high profile examples of poor quality care clearly influenced the publication of a new vision and strategy for nursing and care staff in England (NHS Commissioning Board 2012). This has focused on the organisational culture of the National Health Service (NHS) and in particular the values that underpin care delivery to ensure compassionate competent practice. Predictably attention has also focused on recruitment and education of nursing students as a way to improve the culture in healthcare, resulting in values-based recruitment and different approaches to curricular development. Limited evidence exists however, concerning the impact of such approaches over time.

This paper reports on a study that evidences the impact of an education programme based on a humanising care philosophy in shaping the students' value base as they progress through their education programmes.

**Aim:** This paper reports on phases 1-3 of a 5-phase study exploring the impact of an undergraduate-nursing curriculum based on a humanising care philosophy on the values of individual students.

**Methodology:** The study uses a qualitative longitudinal approach to understand the beliefs and values of student nurses from the day of entry through their education programme to completion. Two cohorts of students, one year apart and commencing February 2013 were recruited, the first on an outgoing curriculum, whereas the second cohort have been exposed to a new curriculum based on a humanising philosophy (Galvin and Todres 2013). This presentation reports a comparison between the two groups at the end of their first placement and end of first year (of a three year programme leading to nurse registration/licensure. Data were collected by individual interviews at commencement of the programme and focus groups thereafter. Ethics approval was gained for the entire project. At each stage of the

process, students were formally invited to participate and on-going individual consent was gained. The audio-recordings were transcribed verbatim and analysed thematically.

**Findings:** Data has been collected from both cohorts at the programme commencement (phase 1), end of first placement (phase 2) and the end of their first year (phase 3). At course commencement, not surprisingly there were few differences between the groups. Following the first placement, again both groups expressed similar perceptions. Students lacked confidence in their ability to put theory into practice, with some negative comments as to their position as students and learning to avoid poor practice. There were many commonalities expressed by both groups about the importance of knowledge, of how much they are learning about themselves and the negative effects of poor staffing on the quality of care. To date, students in the new curriculum more clearly articulated the difference they felt from being a healthcare assistant (HCA), the authority and trust they gained as a student (as opposed to being an HCA) and they focused more readily on the patient at the centre of care rather their own personal development. Phase 3 data collection for the second cohort has just completed at the time of writing; insights from the subsequent analysis will be incorporated in the presentation.

**Conclusion:** By the end of their first placement, both groups were very similar in the expression of their values and to some extent presented a rather negative view of their experiences. Students from both groups were noticeably more articulate in expressing their values particularly in relation to their placement experience, as they moved through their programme. Further comparative insights emerging from the full-set of end of year one data will be a central focus of the presentation. The audience will be invited to judge transferability of findings to their setting; whilst this paper reports on a local study from one university in the UK, the insights will have resonance for other nurse education providers, regionally and globally.

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## A 19 - Undergraduate Nursing Education Research Breakthrough Thinking: A Model to Differentiate ADN and BSN Education

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Sharon K. Kumm, MN, RN, MS, CNE, USA

### Purpose

Introduce a model that can assist faculty teaching in RN to BSN programs to determine appropriate content that builds upon, instead of duplicating, knowledge acquired in associate degree nursing programs.

### Target Audience

faculty teaching in RN-BSN nursing programs

### Abstract

Nursing faculty at an academic medical center revised the traditional BSN curriculum based on five themes: (1) Communication/Professionalism, (2) Leadership, (3) Nursing across the Lifespan, (4) Evidence-based Practice/Quality Improvement and (5) Populations Health. A Q-sort methodology was used to match baccalaureate outcomes to the themes and a model was developed based on the proportion of outcomes per theme. The model informed the pre-licensure nursing program, but was not useful in the post-licensure program due to time constraints.

To revise the model for the post-licensure program, faculty turned to our community college partners. The university has a partnership agreement with the 18 public community colleges with associate degree nursing programs. Originally developed as a means to communicate information about academic progression effectively, the partnership enabled us to explore what is taught in accredited ADN programs. A mixed methods research project design was used to determine which, if any, of the baccalaureate outcomes were met in ADN programs throughout the state. Findings revealed that 42 of the 109 (38%) baccalaureate outcomes were met by 80% of the accredited ADN programs and these outcomes fell into the categories of Nursing Across the Lifespan and Professional Identity/Communication. These outcomes match the nursing role of provider of care.

Matching these research findings and the evidence from earlier five themes yielded a new model for differentiating what is taught in each program. This model can help faculty design and evaluate pre- and post-licensure nursing programs. Differentiating ADN and BSN education will allow for smoother academic progression by eliminating redundancy. The model has been used to develop concurrent ADN and BSN programs.

At the conclusion of the research effort with the associate degree colleagues, a dialogue began about a shared curriculum model in which students could choose an ADN or a BSN track and stay in his/her own home area to complete one or both degrees. The model provided faculty a common language upon which to build. The concurrent curriculum is being piloted with a few community college partners and more are expected to follow in future semesters.

Faculty will learn how the model was developed and how it can be used in curriculum development in a variety of programs.

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## A 24 - Changing Perceptions in Nursing Education

### The Relationship of a Dominant Teaching Perspective and Student Perception of the Classroom Learning Environment

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*Cindy L. Farris, PhD, MSN, MPH, BSN, CNE, USA*

#### Purpose

The purpose of this presentation is to examine results from a quantitative correlational study on the relationship between dominant teaching perspectives and the classroom learning environment. Data was gathered to measure nursing faculty's dominant teaching perspectives and nursing student's perception about the classroom environment along with a demographic questionnaire.

#### Target Audience

The target audience of this presentation is academic nursing educators who primarily teach in the didactic setting; however other educators can benefit from learning about personal teaching perspectives.

#### Abstract

The scholarship of teaching includes the ability to explore the most effective means of meeting the learning needs of students (Boyer, 1990). Boyer's (1990) scholarship of teaching included the ability to explore the most effective means of meeting the learning needs of students. Identifying and reflecting on faculty teaching perspectives provides a foundation for viewing educational practices as well as personal philosophical beliefs and intent (Pratt, Boll, & Collins, 2007). Faculty who are savvy in the diverse needs of today's students must work diligently to develop effective learning environments that will support and nurture the student's professional growth and development (Bain, 2004; Penn, Wilson & Rosseter, 2008; Ursano, Kartheiser, & Ursano, 2007).

An effective classroom environment that is conducive to learning is an important component of a student's success. The classroom learning environment consists of physical surroundings, psychological conditions, and social contexts created by the characteristics, interactions, and relationship of both the student and instructor (Beer & Darkenwald, 1987, Fraser 1994; Hiemstra, 1991; Rowbotham, 2007; Rowbotham 2010). Overall learning environment research has shown over time that across the globe, languages, cultures, disciplines, and education levels, there are consistent and appreciable associations between classroom environment perceptions and student outcomes (Fraser, 2002b; Senocak, 2009). Learning is definitely influenced in basic fundamental ways by the context in which the education occurs (Bransford, Brown, Coking, Donovan, & Pellegrino, 2000). The classroom learning environment must be designed for active learning and especially utilizing a learner-centered approach (Bransford et al., 2000). Faculty must understand the diversity and experiences of the learners being taught. Understanding the make-up of the students in the classroom will provide a more effective classroom environment. While the literature reports that the educator is an important component of the classroom learning environment, little is known about the relationship between a nursing faculty's dominant teaching perspective and the nursing student's perception of the classroom learning atmosphere.

Teaching in higher education is more than just presenting knowledge of content (Menges, 2000). More faculty with no specific educational preparation, experience, development, and training in the components of the role of teaching in the classroom are being hired to teach in undergraduate nursing programs (Beres, 2006). Effective teaching in a higher education setting includes recognition and reflection of dominant teaching perspectives including personal theories of teaching and learning to be utilized in the classroom (Menges, 2000; Pratt & Associates, 1998). Without background in understanding perspective on teaching, the faculty will be unable to assess future goals in effective teaching strategies.

Historically, the role of the higher education faculty has continued to evolve into a multifaceted responsibility. Higher education faculty rarely receive training as an educator, as graduate programs lack specific teaching role development courses (Deggs, Machtmes & Johnson, 2008). What faculty members do as teachers, how time is spent, teaching goals, and instructional methods have all been researched;

however little research has been done on how teachers derive personal theories of teaching and learning (Menges, 2000). Further, personal philosophy, teacher preference, and educational preparation need to be explored especially in combination with the classroom environment.

Using a quantitative correlational study, a research question was proposed considering a relationship between nursing faculty dominant teaching perspectives and nursing student's perception of the classroom environment. A total of 12 nursing faculty responded to a demographic questionnaire as well as the Teaching Perspective Inventory (TPI) to determine personal dominant teaching perspectives. Overall, 422 nursing students from four regional public university campuses in the Midwest completed a demographic questionnaire and the College and University Classroom Environment Inventory (CUCEI) to determine the student's perception of the classroom environment. Through the use of a hierarchical linear model of data analysis, the results of the study noted that there was a statistically significant relationship between the transmission and development teaching perspectives and the nursing students' perception of the classroom environment. Further significance was noted between older nursing faculty, accelerated BSN track, master's degree in nursing education, and obtaining a previous degree prior to nursing in relationship to student's perception of the classroom environment.

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## A 24 - Changing Perceptions in Nursing Education

### Nursing Students with Disabilities in the Clinical Setting: Nursing Education Leaders' Perceptions of Accommodations

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#### Purpose

The purpose of this presentation will describe a study and results found related to U.S. nursing education leaders' perceptions of accommodations made for nursing students with disabilities in the clinical setting.

#### Target Audience

The target audience for this presentation are nurse educators who must be aware of federal legislation requirements, the ADA of 1990 with the ADAAA of 2008, enacted to increase access to higher education for nursing students with disabilities.

#### Abstract

**Background & Purpose:** Nursing programs have reported an increase in the number of nursing students with disabilities. Nurse educators must be aware of federal legislation requirements of the ADA of 1990 with the ADAAA of 2008 enacted to increase access to higher education for students with disabilities. Providing reasonable accommodations for nursing students with disabilities in clinical practice is a dilemma for many nurse educators.

**Research Questions:** What are the reasonable accommodations typically made to support nursing students with disabilities in clinical settings in nursing programs?

How effective are reasonable accommodations made by nursing programs for nursing students with disabilities in clinical settings as perceived by nursing education leaders?

What are barriers to providing reasonable accommodations for nursing students with disabilities in clinical practice settings in nursing programs?

**Study Design:** Descriptive survey

**Sample:** 1251 potential nursing program leader respondents drawn from all pre-licensure baccalaureate and associate programs accredited through the ACEN & CCNE in the U.S.

264 nursing program leaders' responded

- 157 Associate
- 77 Baccalaureate

**Methods:** Disabilities related literature was reviewed including:

- Faculty Perspectives of Students with Disabilities
- Students with Disabilities Experiences & Accommodations
- Nursing Education Studies of Nursing Faculty and Student with Disabilities and clinical accommodations
- General Accommodation Perspectives
- Disability Legislation

A web-based survey instrument was designed by researcher from the literature.

Survey Part B: Demographic information: type of program: student enrollment, numbers of program clinical and simulation hours, & numbers of students with disability types—Physical, Learning, Mental Health, Chronic Illness, Other and more than 1 type

Survey Part A: Clinical Accommodations Types, Effectiveness, and Barriers

Approval obtained from University of South Dakota IRB.

An access link was emailed to 1251 potential nursing program leader respondents.

Descriptive analysis completed with SPSS 20. Frequency, mean and standard deviation were calculated.

Results: The annual numbers of nursing students with disabilities in both types of programs is relatively low, 1-10 students.

The most common disability reported was physical disability (BSN n = 68, (59%); ASN n = 98 (62%)).

The most frequently used clinical accommodation strategies were:

- referrals for counseling, mentorship services, or disabilities services coordinator
- supported students in disclosing issues affecting their clinical learning
- encouragement of clinical instructors/preceptors to schedule regular, honest and constructive feedback sessions.

Findings showed that if an accommodation was frequently used the participants perceived it as effective.

Nursing education leaders' do not perceive any major barriers to providing accommodations. The strongest barrier to providing accommodations was Concerns for patient safety (M = 3.15, SD = 1.28). All listed barriers' means fell between 2.38 (SD = 1.28) and 3.15 (SD = 1.15).

Recommendations: The following recommendations for practice are made based upon the findings of this study:

- Nursing education leaders must continue to find innovative ways to make nursing programs more inclusive for students with disabilities.
- There is no one best clinical accommodation for a type of disability; accommodations must be specific, unique, and tailored for an individual student with a disability.
- Nursing students with disabilities must be assessed and advised as early as possible in the nursing program with a team approach to provide the most effective accommodations.
- Nursing education leaders need to provide guidance to disability services for the most effective accommodations.
- Nursing education leaders must focus on the values and abilities of nursing students with disabilities and what they can bring to the nursing profession.

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## A 25 - Using Evidence and Technology with Encouraging Outcomes

### The Use of Electronic Alert System for Early Sepsis Identification

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*Rowena Chona Sano, BSN, RN, ASQ, CQA, CLSSBB, USA*

#### Purpose

1. Describe the steps needed prior to a pilot study on the use of electronic alert system; 2. Identify the barriers encountered at the pilot study; and 3. Determine what next steps are necessary prior to a system wide implementation of an electronic alert system.

#### Target Audience

not limited to nurse clinician who are interested in implementation science. The target audience also includes administrators and organizational leaders.

#### Abstract

**Purpose:** Sepsis is one of the leading causes of mortality worldwide. Sepsis-related hospitalization rates are also on the rise, with impact on hospital length of stay and the utilization of patient care resources. In 2008, the Surviving Sepsis Campaign International Guidelines for Management of Severe Sepsis and Septic Shock (SCC guidelines) were developed to raise sepsis awareness and to increase early and appropriate interventions to decrease mortality rate. Despite strong evidence of the benefits of early recognition and interventions, dissemination of the guidelines into practice has been inconsistent, incomplete and slow. Challenges identified are knowledge deficit, failure to recognize sepsis early and timely bundle management.

The primary purpose of the project was to translate the SCC guidelines into practice and to determine the positive predictive value (PPV) of the alert. The secondary purpose was to determine whether clinicians implemented the three hour bundle interventions as recommended in the SCC guidelines once made aware of possible sepsis.

**Scope:** A fully integrated healthcare system which consists of two full-service hospitals did not have a standardized program to identify and care for the patients with sepsis, severe sepsis, and septic shock. Therefore, a pilot project was approved to develop and implement an automatically triggered alert system in the electronic medical record to identify patients before they become septic. Six different pilot units consisting of emergency centers, rehabilitation and medical surgical units participated in the study.

**Method:** The project team consisted of multidisciplinary members who defined the physiologic parameters for the Sepsis Best Practice Alert (BPA) and the lock out time for the alerts. The team developed clinical algorithms and education modules prior to implementation of the pilot project. All nursing staff received on-line educational modules on sepsis, while physicians were notified through e-mails and at service meetings. Nurse clinicians collected data manually during the four-week pilot program. Data were collected to identify the PPV of the alert and the turn-around-time (TAT) for the 3 hour bundles which include the time of: blood culture draws, antibiotic administration, lactate level collection, and administration of fluid resuscitation boluses.

**Results:** Results suggest a low PPV on non-Emergency Center (EC) units and all interventions for the 3 hour bundles did not meet the three hours completion goal. This study demonstrated that the Sepsis BPA, which used only two physiologic parameters, was too sensitive and thus could lead to alarm fatigue. It also confirmed that the presence of the alert did not necessarily improve the providers' compliance to the SSC guidelines.

**Recommendations:** First, organizational policies should ensure the presence and full support of the Information Technology (IT) department. The absence of an automated report led to the utilization of manual chart abstraction. The inter-rater reliability of the auditors could have affected the results of the

data collected. This contributed to the limitation of evaluating the effectiveness of the project. Secondly, the evaluation of both the PPV and the compliance rate to SSC guidelines will need to be refined for more meaningful data. Future evaluation should include organizational impact as measured by decrease in length of stay and decrease in sepsis mortality rate.

Conclusion: The project provided an opportunity to assess, develop, and implement a pilot study that benefits both patients and organization. Although the early notification through the Sepsis BPA is beneficial, it lacks structural support for providers to implement the SSC guidelines. Further discussions are underway to evaluate the possibility of implementing the recommendations prior to a full system roll-out. The evaluation process lacks rigor, as there was no pre-implementation data available to conduct a pre and post assessment of the interventions. The lack of IT-generated reports limited capture of process outcomes data only. The findings of the Sepsis BPA merits further study that can address the barriers identified.

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## A 25 - Using Evidence and Technology with Encouraging Outcomes

### HeartMapp: A Self-Care Mobile Telemedicine Application to Improve Heart Failure Outcomes

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#### Purpose

The purpose of this presentation is to describe the development and beta testing of the novel heart mobile application (HeartMapp) in providing persistent care coordination and prolonged engagement to enhance heart failure knowledge, medication adherence, develop self-care skills and improve quality of life; thus potentially reduce readmission rate.

#### Target Audience

The target audiences for this presentation are clinicians who care for patients with heart failure as well as administrators of the hospital who are concerned with the high readmission rates for heart failure that is not reimbursed under the Affordable Care Act.

#### Abstract

**Background:** Heart failure (HF) is a major public health problem affecting 5.7 million people, costing \$35 billion annually, with over 17 billion spent on hospitalizations in the United States ([Dharmarajan et al., 2013](#); [Go et al., 2014](#)). Treatment and intervention for HF include drug therapy to treat pathophysiology and the use of clinical and educational interventions to improve knowledge, self-care and adherence ([Yancy et al., 2013](#)). Despite increasing compliance with treatment guidelines, hospital readmission rates remain high at 25% within 30-days ([Dharmarajan et al., 2013](#)). Current intervention strategies only reduce hospital readmission rates by a combined 2% representing a critical barrier to progress in this field (Bradley et al., 2013). Patients with HF are expected to learn and remember intricate information on disease management and follow complex self-care practices on their own ([Moser et al., 2012](#)). Telemonitoring intervention and home health care to improve HF outcomes demonstrated inconsistent results in reducing readmissions ([Inglis et al., 2010](#)). Persistent care coordination and prolonged engagement is recommended for effective behavior change to develop knowledge and self-care skills ([Lainscak et al., 2011](#)). Even when knowledge of HF is improved by multiple strategies, accompanying changes in self-care practice and readmission rates are not evident, indicating that significant reductions in HF readmissions may be outside the reach of current management approaches([Davis et al., 2014](#)).

Evidence supports that despite challenges faced by older adults who often resist using mobile technology, once they join the online world, digital technology often becomes an integral part of their daily lives ([Seto et al., 2012](#)). Currently, 91% of adults 65 years or older in the US own a mobile phone, 58% of those are smart phones, and 52% of adults use mobile apps. A recent survey of patients with a variety of chronic diseases (N=2000) reported that 24% of patients are more willing to accept prescriptions for a mHealth app than a pill or invasive devices like FitBits and wireless weighing scales to better manage daily self-care; thus designing a mobile app to improve self-care seemed a viable option ([PmLive, 2014](#)). Therefore our interdisciplinary team designed a patient-centered intervention utilizing a mobile platform to offer persistent engagement to develop self-care skills, improve knowledge, and quality of life, and thus potentially reduce costly HF readmission rates.

#### **The HeartMapp Features and Architecture**

The heart mobile application (HeartMapp) is an easy to use non-pharmacological, non-invasive intervention developed with four main features: the assessment, exercises, vital signs and CHF info. **A) The assessment** feature prompts the user to check daily weight and complete a short questionnaire on HF symptoms. **B) Vital sign** utilizes wearable Bluetooth sensors with built in algorithms to remotely measure physiological parameters in real-time including heart rate, heart rate variability (HRV), and respiratory rate. **C) Exercises** includes animated deep breathing to improve HRV and calculate predicted

distance walked in six minutes based on age, gender, height, and weight to monitor functional improvement. **D) CHF info** includes audio enabled interactive educational modules and reference resources to enhance HF knowledge.

The HeartMapp is designed based on the client-server architecture. The client consists of an Android application, tested on the Nexus 4 and Nexus 5 running the Android 4.4.0 platform. A Zephyr BioHarness™3 strap that connects to the Android phone via Bluetooth sensor and accelerometer data and the built-in algorithms in the HeartMapp calculates vital data on heart rate, HRV, respiration rate. We believe HeartMapp offers a novel multi-dimensional approach specially tailored for self-care management, while the patient is not under direct medical supervision. The multiple dimensions included are:

**A) Patient Engagement:** HeartMapp has been carefully designed to incorporate human-centered interfaces such as self-care and symptom questionnaire, interactive educational modules on HF facts, vital signs monitoring and visualization charts, and step-by-step exercise guides to augment breathing and physical activity.

**B) Automation of Clinical Protocols.** Existing protocols that are part of traditionally prescribed treatments have been implemented into the HeartMapp for ease of execution by the patients. For example, controlled deep breathing at 6 breaths per minute compared reduced blood pressure and significantly increased baro-reflex sensitivity among 81 patients with HF ( $p < 0.0025$ ) compared to 21 healthy controls ([Jerath, Edry, Barnes, & Jerath, 2006](#)). Other clinical protocols that are automated through this architecture include the personalized six-minute walking goal predicted for the individuals' age, gender, height, and weight ([Enright & Sherrill, 1998](#)). HF Self-care questionnaire is weighed based on the New York Heart Association (NYHA) class to determine HF severity ([Lindenfeld et al., 2010](#)) and automated to provide feedback to patients with color coded zones: [Green: Stable with no change in HF symptoms, continue current treatment plan, Yellow: symptoms mildly worse and warrant treatment (an extra dose of water pill) and prompts to call physician, Orange: Symptoms moderately worse and needs to seek help immediately and prompts to call physician, and Red: Symptoms are grave and prompts to call 911 for urgent medical care].

**C) Remote Physiological Monitoring.** HeartMapp utilizes wearable Bluetooth sensors that monitor electrocardiogram (ECG). The built-in algorithm in the HeartMapp calculates heart rate, HRV, and respiratory rate ([Pinna et al., 2005](#)).

**D) Clinical Decision Support.** In the context of HF patients at home under a prescribed treatment, clinical decisions translate into understanding changes to seek early and timely medical help by the patients. One way to accomplish this is to monitor negative changes in the physiological data collected via the wearable sensors as well as the data on weight, blood pressure, and the incorporated patient symptom assessments that resemble the type of questions and/or examinations that a doctor will perform to assess HF severity to determine a treatment plan ([Bosl et al., 2013](#)).

The data entered in HeartMapp including weight, blood pressure, HF symptom questionnaire, distance walked in six minutes, and breathing exercises performed are stored in a secured server and can be viewed by the patient and the clinical team that trigger prompt intervention. The providers will have access to these data for triage and early treatment. The ultimate goal is to encourage persistent utility of HeartMapp by the patients and clinical team to potentially improve daily self-care, knowledge, and symptom assessment and thus potentially reduce the costly readmission rates.

**Method and Design of HeartMapp Development:** The Successive Approximation Model (SAM) was used throughout the design and development phases of the application, for both the instructional content and media ([Allen & Sites, 2012](#)). The HeartMapp was developed utilizing a patient-centered approach with funding from the CS Draper Laboratory and the Florida High Tech Corridor. After obtaining approval from the Institutional Review Board (IRB), patients with HF and currently practicing six clinical cardiologists, nurse practitioners, and nurses were interviewed utilizing a step-by-step questionnaire to

make an accurate assessment of HF symptoms and the specific needs of patients and health care providers.

The alpha testing was performed primarily to test the prototype on three students and three patients with HF to identify any initial design problems for making improvements. Beta testing took place with 10 HF patients from the USF Center for Advanced Health care to understand usability of the HeartMapp.

**Results of Beta Testing:** Mean age of the ten patients was  $63.0 \pm 14.1$  years, ranged from 43 to 81 years of age, 70% were Caucasian, 40% lived alone, 40% had less than high school education, 80% had HF diagnosis for four or more years, mean ejection fraction was  $32.3 \pm 12.05\%$ , 60% were in NYHA class II, all 100% owned a mobile phone, 50% were smart phones, and 60% reported using mobile phones very well. Results on the usability of HeartMapp using yes or no questions are provided in table 1.

Table 1: Beta Testing on Usability of HeartMapp	Percentage
App features and navigations are easy to follow and engaging	100
Use of color, text, pictures, and overall layout are appropriate	100
Language, spelling, and grammar are appropriate	100
The content and features are relevant to the subject of Heart failure	100
Audio in addition to reading information was engaging and appropriate	100
Learned something new from this app that you did not previously know.	67%

Self-confidence in using the HeartMapp was measured using the validated questionnaire using 10 Likert scale (1=not at all confident to 5=extremely confident) with a total score of 50. The mean self-confidence score was  $42.2 \pm 12.08$  indicating very confident in using the HeartMapp.

**Discussion and Conclusion:** The Beta testing of the HeartMapp is promising, particularly with respect to the comfort level of using mobile devices by HF patients who were between the ages 43 to 81 years and all of whom owned a mobile phone. Almost 80% of patients had HF for over 4 years, thus only 67% of participants reported obtaining new information from HeartMapp. However, all of them reported that they would use the app and recommend to it others especially newly diagnosed HF patients. Currently the HeartMapp is undergoing refinement for a proposed clinical trial to test feasibility comparing with home health care and telemonitoring service.

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## A 26 - Discussions of Quality of Life in Children with Healthcare Issues

### Validation of an “In the Moment” Pediatric Quality of Life Scale for Hospitalized Children

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#### Purpose

To evaluate the psychometric properties of the Pediatric Quality of Life “In the Moment” scale (PedsQL-IM), a brief measure of the daily impact of illness and outcomes of treatment during hospitalization of children ages 6 to 21 years.

#### Target Audience

those who provide care for hospitalized children, and researchers who evaluate the quality of care and develop new knowledge in this area.

#### Abstract

**BACKGROUND:** Health-related quality of life from the individual’s perspective is widely used to measure of the impact of illness on the individual, outcomes of treatment, and quality of care. Varni and colleagues developed a series of Pediatric Quality of Life (PedsQL™) scales for children ages 5 to 18 years, including a generic Core Scale and scales for chronic disease-specific dimensions of children’s quality of life. These instruments capture quality of life over a specified period of time such as the past week, or the past month. During hospitalization, when perceptions of illness and treatment change daily or hourly, a brief in-the-moment quality of life measure was needed to evaluate quality of care and treatment outcomes.

**PURPOSE:** We evaluated the psychometric properties of the Pediatric Quality of Life “In the Moment” scale (PedsQL-IM), a brief measure of the impact of illness and outcomes of treatment during hospitalization. The instrument was based on Ecological Momentary Assessment Theory in which individuals’ behavior, emotions, and symptoms are assessed in his or her natural environment at that specific moment, thus, minimizing recall bias.

**METHODS:** In a cross-sectional study on the quality of nursing care from the children’s perspective, volunteer participants included 496 children and adolescents, ages 6 to 21 years, hospitalized in a 400-bed freestanding children’s hospital. This study is a secondary analysis of data from 410 (82.7%) patients who completed both the PedsQL-IM and the Revised Children’s Anxiety and Depression Scale (RCADS), which was used for convergent validity. The six PedsQL-IM items included “I feel: afraid or scared, sad or blue, angry, worried about what will happen to me, tired, and pain or hurt,” measured on an ordinal scale, e.g., “I feel angry...” 1=not at all, 2=a little bit angry, 3=somewhat, 4=quite a bit, 5=very much. Total scores ranged from 6 to 30. An Emotional Distress subscale score was the sum of the first four items, ranging from 4 to 20. Psychometric properties were analyzed from three theoretical perspectives: classical measurement theory, domain sampling theory, and generalizability theory.

**RESULTS:** The most frequently experienced PedsQL-IM symptom was tired, followed by pain, worried, sad, afraid, and angry. The mean Total Score was  $4.5 \pm 3.6$  and the mean Emotional Distress subscale score was  $2.2 \pm 2.4$ . Internal consistency reliability of the PedsQL-IM was 0.71. Analyses based on generalizability theory indicated that differences among subjects explained 66.4% of the total variance, items explained 6.7%, and the interaction of subjects by items explained 26.9%. The generalizability coefficient of reliability was 0.71. Unrotated exploratory factor analysis indicated that all 6 items loaded from 0.593 to 0.719 on the first component. The two physical symptoms, tired and pain, also loaded strongly on component 2 (0.557 and 0.487 respectively). Convergent validity was demonstrated by moderately high correlations between RCADS T-scores and PedsQL-IM Total scores ( $r = 0.494$ ,  $p \leq 0.001$ ),

and Emotional Distress subscale scores ( $r = 0.452$ ,  $p \leq 0.001$ ). Each item correlated  $r \geq 0.388$  with at least one RCADS scale. Nearly 20% ( $n=80$ , 19.5%) of the 410 children had at least one RCADS subscale T-score in the borderline and/or clinical range. An ROC analysis indicated that a cut-off PedsQL-IM score of  $\geq 4$  included 65 (81%) of these children with a sensitivity of 81.3%.

**CONCLUSIONS:** Hospitalized children are frequently asked about their levels of pain, but are rarely asked about being worried about what will happen to them, afraid, angry, sad, or tired. The total PedsQL-IM score can be useful to evaluate overall "In the moment" quality of life over time. Children who rate any of these symptoms as somewhat, quite a bit, or very much, are signaling to their nurses and other providers that further questioning, intervention, and follow-up are essential. The PedsQL-IM could be administered with vital signs to evaluate the process and outcomes of pediatric patient care.

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## A 26 - Discussions of Quality of Life in Children with Healthcare Issues

### Comparison of Child and Family Health Outcomes in Families with Children with Special Health Care Needs Cared for in Home Care, Long-Term Care, and Medical Day Care Settings

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#### Purpose

The purpose of this study was to examine and compare child and parent or guardian physical and mental health outcomes in families with children with special health care needs who have medically complex technology-dependent needs in home care, long-term care, and medical day care settings.

#### Target Audience

The target audience of this presentation is pediatric clinical practice professionals (primary, acute, specialty, home health, and school health).

#### Abstract

There are over 11 million children with special health care needs (CSHCN) in the U.S. resulting from improved survival rates for children with preterm births, congenital anomalies, disease, or injury. Advances in medical technology have enabled children who require medically complex technology-dependent care to survive. Today, care options available for families of these CSHCN remain limited due to lack of available health care, school and community services. Currently many families care for their medically complex technology-dependent children at home, a situation that holds potential consequences for the family. Given the important role of the parents in their child's life, greater efforts are needed to help support them and their well-being. This study provides a comparison of child and parent health outcomes across three different care settings over a five month period.

The **purpose** of this study was to examine and compare child and parent or guardian physical and mental health outcomes in families with children with special health care needs who have medically complex technology-dependent needs in home care, long-term care, and medical day care settings.

**Methods:** Using repeated measures, data were collected over five months from 84 dyads (parent/guardian, medically complex technology-dependent child) recruited from local pediatric primary and specialty physician practices; medical day care centers called prescribed pediatric extended care centers (P-PEC) in Florida; and long-term/residential care facilities (LTC) in South Florida using Pediatric Quality of Life Inventory Generic Core Module 4.0 and Family Impact Module. Data analysis included Chi Square, RM-ANCOVA.

**Results:** There were no significant differences in child physical health, mental health, and functioning outcomes by care setting. Age, race/ethnicity, and level of condition severity were significantly different across settings. Most severely disabled children were in home care; most moderately disabled in medical day care; most children in a vegetative state were in LTC; however parents perceived child's health in each setting as good to excellent. Children in P-PEC had the highest parent reported physical and mental health functioning and children in the LTC settings had the lowest parent reported physical health and mental functioning. Parents/guardians from home care reported the poorest physical health including being tired during the day, too tired to do the things they like to do, feeling physically weak, or feeling sick and had cognitive difficulties, difficulties with worry, communication, and daily activities. Parents/guardians from LTC reported the best physical health with time and energy for a social life and employment.

**Conclusions:** Trends in health care policy indicate a movement away from LTC care to care in the family home where data indicate these parents/guardians are already physically, mentally and functionally

challenged. These challenges need to be targeted with resources to sustain specific community-based support structures to help parent/guardian caregivers of children with medically complex technology-dependent needs.

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## A 26 - Discussions of Quality of Life in Children with Healthcare Issues

### Differences in Meaning of Quality of Life and Inner Strength in Families with and without Young Adults with Spina Bifida

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#### Purpose

The purpose of this presentation is to describe the perceptions of Quality of Life (QOL) and evidence of Inner Strength in families.

#### Target Audience

The target audience of this presentation is a health provider and/or policymaker who can develop mechanism for future cost-effective, quality healthcare innovations to include strategies for the health and quality of life of families and adolescents.

#### Abstract

The purpose of this study was to describe the perceptions of Quality of Life (QOL) and evidence of Inner Strength in families. This research is a component of a large mixed method, multi-site study in the United States on improving health outcomes for families with adolescents with spina bifida (SB). The larger study investigated adaptation in families with adolescents and young adults (AYA) with and without spina bifida (SB). Families (N=198), (parent and AYA) completed telephone interviews with QOL questions. Participants included parents with AYA with SB (54%) and without (46%). The parents were primarily female (94%) and Caucasian (86%). The mean age of the adolescent was 15.2 years. Content analysis was conducted. Concepts included perceptions of the meaning of QOL for the family. Parents with AYA with SB more frequently described happiness, being able to do meaningful activities, and enjoying life as components of QOL. Parents of AYA without SB described friendship and need for time more frequently than those with AYA with condition. Differences were not seen in terms of togetherness, enjoyment, support, finances, independence or work in parent perceptions of QOL. AYA with spina bifida reported happiness as making up QOL, yet AYA without SB more frequently reported happiness, friendship and getting along as components of QOL. Differences between groups of AYA were not seen in terms of health or time for togetherness as making up QOL. Differences between individual and family meaning of QOL emerged for the parent, not AYA. Two dimensions of inner strength were found in the meaning of QOL, connectedness and movement (activity). Meaningful activities were important to parents with AYA with SB while connectedness (good relationships) was more frequently described by parents without SB. When activities were discussed, individuals described physical activities such as sports and exercise. Study results can assist providers to focus support on enhancing family strengths important to parents and adolescents. The findings emphasize the need for comprehensive interdisciplinary teams to promote meaningful activities for AYA with SB while enhancing their ability to develop good relationships to build inner strength. Understanding what makes up QOL helps clinicians focus on what is important for families. Future cost-effective, quality healthcare innovations should include strategies for the health and QOL of families and adolescents.

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## A 27 - Does Magnet® Status Play a Part?

### From Blank Canvas to Masterwork: Creating a Professional Practice Model at a Magnet Hospital

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#### Purpose

The purpose of this presentation is to share the results of a study that engaged registered nurses in the creation of a professional practice model.

#### Target Audience

The target audience of this presentation is clinical nurses, administrators, nurse researchers, and academics.

#### Abstract

Purpose: Professional practice models (PPMs) are significant to the foundation of our nursing practice, roles, positive outcomes, and excellence in care delivery across the continuum of health. The ANCC Magnet Standards of Excellence and expectations provide a framework for professional nursing practice and healthy work environments, and were the driving forces behind this project. Often, PPMs are imposed by standard models or casually generated. The purpose of this study was to engage nurses in the creation of a professional practice model. The research question was: How do registered nurses (RNs) in an acute care hospital conceptualize their professional practice?

Theoretical Framework: The theoretical framework used in this study was The ANCC Magnet Standards of Excellence (2014).

Methods: The research method for this study was qualitative inquiry utilizing descriptive qualitative. Twelve (nine initial and four verification) focus groups were conducted to explore and allow for deep understanding of the RNs values and beliefs about their professional practice.

Data Analysis: Data were analyzed using constant-comparative analysis to code the data, and identify categories, domains, and sub-domains.

Results: The 92 participants represented diverse roles and practice settings. Four domains were identified including: caring, knowing, navigating, and leading. The nurses were able to articulate the results with examples of the domains in their current practice.

Conclusion: Caring, knowing, navigating, and leading clearly described how RNs conceptualized their professional practice.

Caring was defined as the essence of nursing through an affective (emotional) demonstration of commitment to patients and families. Caring included sub-domains of a holistic approach, affirmation, connection, time, and trust.

Knowing was the art and science of nursing, an essential attribute to the success of nurses and the safe delivery of patient care. Knowing was the translation of embodied knowledge into evidence-based clinical decisions, actions, and scholarship. Knowing included sub-domains of “big picture”, competence, critical thinking, intuition, lifelong-learning, and nursing as a profession.

Navigating characterized the nurse’s role on the team, guiding patients and team members through the complexities of the health care experience. It was the nurse having the ultimate responsibility and

accountability for establishing the link between all health care team members to navigate on behalf of patients. Navigating sub-domains included advocacy, communication, hub, “making a difference”, “master of all trades”, support, teamwork, and time.

Leading was organizing people and processes. Organizational and community leadership was charting new directions and having a vast sphere of influence on patients, families, and the nursing profession. Leading included sub-domains of affirmation, global vision, making a difference, nurses as professionals, respect, and support.

In this study, the nurses told us who they were, their identity, what they did, their roles, and how they envisioned nursing should be practiced in their institution. The results of this study were aligned with the internationally recognized ANCC Magnet Model, ANA Standards, Future of Nursing Initiative, and institution’s mission, vision, and values.

Application of rigorous research methods to create a PPM constituted an innovative strategy to advance the science of nursing and give a voice to the nurses at our institution. The future direction of this project includes the evaluation of the integration of the PPM into daily practice and its impact on outcomes.

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## A 27 - Does Magnet® Status Play a Part?

### Employment in Magnet-Oriented Hospitals and Socialization of Students in Clinical Nurse Specialist Programs

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#### Purpose

To report findings of an investigation of the influence of employment in Magnet-oriented hospitals prior to graduate program enrollment on the socialization of students in U.S. clinical nurse specialist (CNS) programs. Comparisons between the group that was Magnet exposed and the group that was not will be highlighted.

#### Target Audience

Nurse Educators, administrators, and clinical nurses with an interest in the influence of nurse employment in Magnet-designated hospitals and those on the Magnet journey.

#### Abstract

**Background and Purpose:** Regional transformation of health care is possible with a more educated nursing workforce and the advancement of health care organizations to support professional nursing excellence. The clinical nurse specialist, a graduate-prepared advanced practice registered nurse, has been identified as a role that is important to the success of organizations seeking Magnet recognition, a credential awarded for nursing excellence, quality, and innovation in practice.

In the effort to prepare more nurses for the clinical nurse specialist (CNS) role, graduate nursing programs are responsible for the socialization of students to assume the role. There is also a preparatory phase or anticipatory socialization of the individual that takes place prior to entry into the academic program.

A prior study of the professional socialization of graduating and newly graduated CNS students found that 47.1% had been employed in a Magnet-designated hospital or one on the Magnet journey prior to entering their graduate programs. In 2011, the American Nurses Association reported that only 7% of hospitals in the U.S. had achieved Magnet recognition. It was postulated that working in a Magnet-oriented hospital could have a socializing impact on students as a result of Magnet program values for nursing professionalism and educational advancement. The purpose of this study was to determine if CNS students differed on measures of socialization based on their exposure to Magnet-oriented hospital employment.

**Methods:** A secondary analysis of data from a study of the professional socialization of a national sample of graduating and newly graduated CNS students (N = 225, representing 73 CNS programs) in the United States was conducted. Data for that study were collected from 2012-2013 via an online survey. Researcher designed items and the Nurses Self-Description Form subscales of Professionalism, Work Ethic, and Empathy were analyzed for this study. Comparisons of the students who worked in Magnet-oriented hospitals prior to enrolling in their academic program with students who did not work in such settings was examined. Data were subjected to descriptive, t-test, two-way ANOVA, and chi-squared analyses.

**Results:** Students that were employed in a Magnet-oriented hospital prior to enrolling in their CNS program were significantly more likely to be exposed to the CNS role by working with or observing a CNS in the workplace (chi-square [1] = 14.59, p = .000). The variance in perceived preparedness for CNS practice was not dependent on exposure to the role in a Magnet-oriented hospital. No significant differences in the years of leadership experience, rate of nursing specialty certification, having a mentor-protégé relationship with a CNS, or preconceived impression of the CNS role on the perceived preparedness for practice as a CNS were found when employment status was compared.

There was a significant difference in the interaction effects between Magnet employment and workplace exposure to the CNS role on the professionalism self-concept scores ( $F [1, 221] = 5.035, p = .026$ ). There was a negative effect of exposure to the CNS role for students employed in non-Magnet hospitals, while there was a positive effect of role exposure for those with Magnet-oriented hospital employment on professionalism self-concept.

Exposure to the CNS role in the workplace was helpful to the development of an accurate preconceived impression of the role for students employed in non-Magnet environments at a level approaching significance, but there was no effect for students employed in Magnet-oriented hospitals ( $F [1, 218] = 3.582, p = 0.60$ ).

Conclusion: Few differences in socialization based on student employment in a Magnet-oriented hospital prior to enrollment in CNS graduate program were identified. Students with Magnet-oriented hospital employment had greater workplace exposure to the CNS role which may help explain why they chose the role for their graduate education focus and why such a large percentage of students in the national sample had a history of exposure to Magnet-oriented workplaces. However, since the current ratio of Magnet to non-Magnet hospitals is quite small, it is reassuring that the measures of socialization in CNS students were largely not dependent on employment in a Magnet-oriented hospital. The graduate program is likely the primary socializing agent for CNS students. In consideration of the effort to diffuse the Magnet recognition program internationally, it is not known if the experiences within Magnet-oriented hospitals that were found in this study to foster nurse socialization to an advanced nursing role would apply in the context of other countries' educational and health care contexts.

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## A 27 - Does Magnet® Status Play a Part?

### Promoting Evidence-Based Practice: A Study of Perceptions and Practices of Nursing Council Members in a Magnet® Organization

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#### Purpose

describe perceptions, practices and competencies related to evidence-based practice (EBP) of nursing council members in our Magnet® organization compared with those of other Magnet® and non-Magnet organizations. Opportunities to improve staff competence will be identified by addressing specific barriers to EBP including education, resources such as mentoring and organizational support.

#### Target Audience

Registered nurses who are in roles that require the use of evidence-based practice skills.

#### Abstract

**Background:** Despite the increasing availability of and access to the research literature, and the Institute of Medicine's goal for 2020 that 90% of clinical decisions be supported by accurate, timely and up-to-date clinical information, implementation of evidence-based practice (EBP) remains inconsistent (McClellan et al., 2007). Factors at the individual and organizational level influence the use of EBP. These factors include beliefs that EBP improves patient care and outcomes, extent of EBP knowledge and skills, access to EBP mentors and supportiveness of the organization (Melnyk et al., 2012). Organizations applying for or those that have achieved Magnet® status, a designation awarded by the American Nurses Credentialing Center (ANCC) for excellence in nursing, must demonstrate the use of EBP (ANCC, 2014).

In a recent study by Melnyk and colleagues (2012), a national survey was conducted with a random sample of 1015 RNs who were members of the American Nurses Association (ANA) to assess the state of EBP and the needs of nurses related to EBP, and to determine if these factors differ between master's prepared and non-master's prepared nurses and Magnet® versus non-Magnet organizations. Survey respondents were asked to rate their EBP beliefs, skills and use in practice. A significant majority of respondents believed some form of education and mentoring was needed. More non-master's degree prepared nurses indicated that they needed more knowledge and skills and would participate in EBP education programs. Nurses in Magnet® organizations reported higher levels of knowledge, resources and implementation of evidence-based care. The study results indicated that although the nurses believe in evidence-based care, and the majority reported EBP implementation in their organization, barriers to implementation persisted and included lack of time, non-supportive organizational culture, lack of EBP knowledge and skills, lack of access to information and often lack of support from colleagues, nurse leaders and managers (Melnyk et al.).

**Aim:** The first aim of this study was to assess the evidence-based practices, perceptions and EBP competencies of nursing council members in our Magnet® organization compared to the state of EBP as reported in the national ANA study by Melnyk et al. in 2012. The second aim was to identify opportunities to assist nursing staff to achieve competence in EBP by identification of specific barriers including education, resources, and support.

**Methods:** The setting for this descriptive, exploratory study was a large, urban medical center in Northeastern U.S. The study facility achieved its second Magnet® designation in 2012 and has successfully demonstrated the use of EBP to improve patient care outcomes. EBP education and skills training has been provided for the past ten years through the Clinical Scholar Program. This program is designed to teach EBP skills, provide tools, and reduce some of the common barriers to EBP implementation through the use of mentors (Strout et al. 2009). At the study organization there is also a



shared governance approach to decision making through a council structure that includes Nursing Practice, Research, Quality, Magnet, Clinical Advancement and Informatics councils. Many practice and policy decisions are made by these councils that require the use of EBP skills. Although there is an expectation that nurses will engage in EBP, and an organizational culture that supports EBP, the extent to which nurses have the basic competencies and knowledge of available resources to engage in EBP remained unknown.

Survey invitations were emailed to 235 council members using the Research Electronic Data Capture (RedCAP) secure web-based platform for managing online surveys and databases. The survey instrument was developed with questions taken directly from the ANA survey used by Melnyk and colleagues (2012). Responses to these 18 Likert-scale items ranged from 1 (strongly disagree) to 5 (strongly agree) and were designed to illicit the respondent's perspective, current needs and competencies related to EBP. Melnyk et al. reported good internal consistency (Cronbach's alpha = .88) for the 18-item questionnaire. Permission to use the tool was obtained from the primary author. The final survey was composed of 10 demographic questions, the 18 item ANA questions and 12 additional items. Five items using the same 5-point Likert scale were added that surveyed nurses' perceptions of performing EBP. Seven items using a 5-point Likert response (1= least needed, 5= greatest need) were added to assess the respondent's needs regarding EBP, including education and resources. The data were collected between December 4, 2014 and January 5, 2015 with email invitations and reminders sent every two weeks.

**Results:** Eighty (34.5%) council members responded to the survey invitations. Data were analyzed with descriptive statistics and one-way ANOVA using SPSS version 17.0. The 18-item EBP Survey showed very good internal consistency (Cronbach's alpha = .81). There were no significant differences ( $p=.77$ ) found for total EBP score among education levels or between staff RNs and other positions ( $p=.39$ ). Staff RNs were significantly less clear about EBP steps ( $M=3.59$ ) compared to other positions ( $M=4.10$ ) ( $t=-2.04$ ,  $df=77$ ,  $p=.045$ ) and were significantly more likely to agree that their leaders/managers consistently made evidence-based decisions ( $M=4.03$ ) compared to those in other positions ( $M=3.58$ ) ( $t=2.16$ ,  $df=76$ ,  $p=.036$ ). When data were compared between respondents who were on the Research council versus those on other councils, Research council members were significantly more likely to be clear about EBP steps ( $M=4.38$ ) compared to those respondents on other councils ( $M=3.65$ ) ( $t=1.99$ ,  $df=77$ ,  $p=.05$ ). Research council nurses also agreed more often that barriers were existing in the clinical setting that made implementing EBP challenging ( $M=3.50$ ) compared to other council members ( $M=2.67$ ) ( $t=2.36$ ,  $df=76$ ,  $p=.021$ ). The five additional items that evaluated the nurses' perceptions about their ability to perform evidence-based practice steps showed that staff RNs compared to those in other positions were significantly less likely to agree that they were able to perform a critical appraisal of the literature ( $M=3.19$  vs.  $3.98$ ,  $p=.012$ ) or evaluate outcome data to determine best practice ( $M=3.26$  vs.  $3.85$ ,  $p=.017$ ).

The top three identified needs were on-site education and skills building sessions ( $M=4.09$ ), tools that can help them implement EBP with their patients ( $M=4.00$ ) and consistent access to EBP mentors in the clinical setting ( $M=3.87$ ). The three least needed resources were regular seminars with EBP experts ( $M=3.77$ ), a virtual on-line resource center where best practices are housed and experts are available for consultation ( $M=3.71$ ) and an online education program with expert EBP mentors ( $M=3.62$ ). When staff RNs were compared to other positions, bedside nurses were significantly less likely to perceive a need for the virtual on-line resource center than those in other positions ( $M=3.47$  vs.  $4.05$ ,  $p=.034$ ) respectively.

The data from our study were also compared with Magnet® and non-Magnet results published by Melnyk et al. (2012). There was a significant difference between the three groups based on the 18 EBP survey items ( $F=4.61$ ,  $df=2$ ,  $p=.014$ ). Post hoc Tukey comparisons showed that nurses at the study organization had higher mean scores ( $M=3.87$ ,  $CI=3.67$ ,  $4.06$ ) compared to non-Magnet respondents ( $M=3.46$ ,  $CI=3.27$ ,  $3.67$ ). There were no significant differences with comparisons with the Magnet® published results. Comparisons of the individual EBP survey items among the three groups showed that study nurses were significantly more likely to agree that they believed that EBP results in the best clinical care for patients ( $M=4.61$  vs.  $M=4.46$  Magnet® vs.  $M=5.36$  non-Magnet facilities); and non-Magnet hospitals were significantly more likely to report that there are many barriers to EBP that exist in their clinical environment ( $M=3.06$  vs.  $M=2.79$  Magnet® vs.  $M=2.76$  study facility).

**Limitations:** One limitation of this study is its low response rate (34.5%), which may not have captured the entire view of the council members of the study facility. It also is not possible to know how the characteristics of the responders compared with those of the nonresponders or how the characteristics of the council members compare with the RNs in general who are not members of any of our councils.

**Conclusions and Implications for Practice:** The results of this study confirmed that there is a need to continue educational strategies such as the Clinical Scholar Program and to inform the staff about the EBP tools that are available electronically. The results confirmed as well that there is a continuous and growing need to develop a pool of EBP mentors for consistent access to the staff. As Melnyk et al. (2012) have pointed out, a key factor in sustaining and establishing EBP is the availability of mentors who typically have not only excellent knowledge and skills in EBP, but also skills in individual and organizational behavior change strategies. However, EBP mentors need support and their own mentoring as well. Therefore there is a need to provide feedback and to organize education and retreats for these EBP mentors. The comparison of the results from this study with the national level survey (Melnyk et al. 2012) has been valuable. The results confirmed that our council members' responses regarding EBP were similar to those reported from other Magnet® facilities and higher compared to non-Magnet facilities.

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## B 17 - Ways to Use Simulation in Nursing Education

### Using the Delphi Technique to Develop a Peer-Review Debriefing Instrument for Simulation Healthcare Education

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#### Purpose

The purpose of this presentation is to describe the development a peer-debriefing evaluation instrument to assess the effectiveness of a facilitator during simulation education using the Delphi Technique. This presentation will include the Delphi process, inter-rater reliability, and versatility among many health professions and interprofessional simulations.

#### Target Audience

The target audience of this presentation is all members of Sigma Theta Tau International, including students, clinicians, nurses, faculty, and researchers. All members will benefit from understanding faculty development in simulation education and how healthcare professions are being taught and evaluated pre and post licensure.

#### Abstract

**BACKGROUND/SIGNIFICANCE:** Creating an educational curriculum to prepare future healthcare providers with the essential knowledge, psychomotor skills, communication skills and critical thinking skills is vital and challenging for faculty. Simulation has been shown to be an effective method for learning, practicing or demonstrating a variety of skills needed in specific clinical environments (Herge et al, 2013). It provides opportunities for learners to practice cognitive, affective and psychomotor skills in life-like situations without risk to patients. Also, simulation in healthcare is performed in both pre and post licensure in academic and clinical settings. The learners span across the healthcare professions, including nurses, physicians, physical therapists, occupational and speech therapists, or any combination to create interprofessional simulations.

The components of a patient simulation include a pre-briefing, this simulation experience itself, and a post-simulation analysis (debriefing). Debriefing is an essential part of the simulation experience because this is where most of the learning occurs (Arafah, Hansen & Nichols, 2010). Debriefing after a simulation is an intentional process designed to provide awareness and insight, as well as to strengthen and transfer learning via an experiential learning exercise (Arafah, Hansen, & Nichols, 2010; Miller, Riley, Davis, & Hansen, 2008; Morgan, et al., 2009). Through this feedback exchange with a facilitator, the learners have the opportunity to reflect on their decision making, critical thinking, and interprofessional communication, through self-analysis and a peer evaluation.

The literature identifies strategies for developing the simulation experience and evaluating the learners (Dreifuerst, 2009; Fanning & Gaba, 2010). While there exists a body of literature identifying effective strategies to facilitate group discussions in the classroom as well as assessment tools to evaluate faculty effectiveness, these concepts have not been applied to assess faculty effectiveness in facilitating debriefing after a patient clinical simulation. Educators often struggle to transition from instructor-centric education to learner-centric facilitation in the debriefing process.

**PURPOSE:** The purpose of this pilot study was to develop a peer-debriefing evaluation instrument to assess the effectiveness of a facilitator during simulation education using the Delphi Technique.

**METHODS:** The peer-debriefing evaluation instrument was developed using the Delphi technique. This technique is a useful research methodology in achieving consensus on a particular issue where there is a lack of empirical evidence (Asselin & Harper, 2014; Falzarano, 2013). It has been applied in diverse projects including program planning, needs assessment, policy determination and resource utilization and validation of assessment tools ([Stefanovich, Williams, McKee, Hagemann & Carnahan, 2012](#)). This technique is a cost efficient method of generating ideas and facilitating consensus among experts in the

field who do not meet face to face and may be geographically distant (Asselin & Harper, 2014). Three rounds of review and feedback by content experts was necessary to achieve the desired level of consensus.

In preparations of establishing inter-rater reliability among five consented experts, the researchers developed and recorded three debriefing simulations using vignettes to illustrate different performance levels of a facilitator's debriefing proficiency. Each debriefing session was the from same simulation, but competency of the facilitator changed. The five experts received a half-day education session. To demonstrate the phase 2 process, each expert was provided one completed pre-assessment form and three post-evaluation forms, one for each of debriefing vignette. After each debriefing session, experts promptly completed the post evaluation form independently in silence. After all three videos were completed; the researchers reviewed each video and provided the 'real score' and its rationale.

**Sample:** Purposive sampling techniques were used to elicit participation for the expert panel that were identified based on authorship of literature or nomination from established clinical simulation center directors. Of the 15 consented, 11 responded and agreed to complete the study. The expert panel (n=11) and experts (n=5) for phase 2 represented various clinical expertise, including nursing, radiation oncology, medicine, occupational therapy, physical therapy, academia related healthcare fields.

**Instrument development and administration:** A thorough search of contemporary literature and the experiences of the researchers provided the framework for development of items and rating scale for the initial evaluative instrument of faculty effectiveness in conducting a debriefing post clinical simulations activity. The participants completed an Internet-based survey (Qualtrics) over a 5 month period with each of the three rounds lasting approximately 2 hours each, for a total of 6 hours.

The respondents were asked to evaluate 2 parts of the peer-debriefing evaluation instrument. Part one of the respondents' survey, "Pre-assessment of the simulation experience", is a self-assessment of debriefing skills that the debriefer would completed. Part two of the respondents' survey, "Debriefing Evaluation (Self and Peer Assessment)," is an assessment of the various aspects of conducting a simulation, which was categorized in eight areas including structure and organization of the debriefing, verbal and non-verbal communication, recapping the simulation experience, and reflecting on action. Using a 4-point scale, the debriefing experience was evaluated (1-4) based on the percentage completed for each area. This instrument would be completed by both the evaluator and debriefer and then used to guide the peer evaluation process. Respondents were asked to rate statements on the survey for clarity and understandability using a 4-point Likert scale (vague to clear) and were provided ample space to suggest additions, deletions, or changes to survey elements.

**Data analysis:** Quantitative and qualitative analysis methods were used in each phase of the research study and items that do not reach an acceptable level of an 80% consensus among panel experts were omitted. Content analysis of open ended responses was used to refine all components of the instrument. Interclass correlation coefficients (ICC) were calculated to find the inter-rater reliability. ICC were calculated to find the inter-rater reliability.

**Results:** A three-round Delphi process was used to revise the instrument developed by the research team. Feedback from Delphi panelists was evaluated after each round and the instrument was updated to reflect the panel's suggestions. Upon completion of Round 1 (n = 7) changes were made to the assessment tool with respect to structure of the tool and language within the questions and response scales. Specifically the following edits were made to standardize language in the instrument to debriefer rather than facilitator, language and use of terms was clarified and the addition of exemplar behaviors in post-simulation questions was completed, as well as additional explanation on how the post-simulation tool would be used. Two changes were made to the response scales: 1) the definitions of the "Not Familiar" to "Very Familiar" scale were revised; 2) the "Instructor-Centric" through "Learner-Centric" spectrum was decreased from four to three options and the definitions for the new categories were revised.

In round 2, the Delphi panel (n = 11) operationalized the definitions for high-fidelity and low-fidelity simulations. In this final round, consensus at greater than 80% was achieved for both structural and content elements of the assessment tool. Nine participants completed this round; eight of the nine participants had completed Round 2 as well. The inter-rater reliability for the average measures was very strong, ICC = .973, and for the single measure was strong, ICC = .818. As we have achieved 80% agreement that was established a priori, we determined that the assessment tool was ready for pilot testing in the educational setting.

**CONCLUSION:** The key to all successful simulation/debriefing experiences is an effective debriefing facilitator. A skilled facilitator guides and assists the learner in transferring their experience into clinical practice. A peer-review tool may improve the skills of facilitators, thus the debriefing process yielding more proficient healthcare professionals. Faculty can use triangulation of their intended performance/outcomes with this instrument to demonstrate effectiveness and/or excellence.

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## B 17 - Ways to Use Simulation in Nursing Education

### The Effect of an Introductory Video on Realism in Clinical Nursing Simulation

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#### Purpose

The purpose of this presentation is to show how an introductory video to simulation augments realism by setting the stage for the simulation through the provision of visual and auditory narrative context.

#### Target Audience

The target audience of this presentation is nurse educators, students, simulation coordinators, and any other individual who utilizes simulation based learning.

#### Abstract

**Background:** The utilization of high-fidelity simulation in the education of baccalaureate nursing students has become standard practice. It has been proven that students are able to transfer the knowledge gained in the simulated setting to the clinical setting. Simulation faculty at The University of North Alabama College of Nursing wanted to improve the realism factor of simulations, feeling that students did not associate the simulator with an actual patient. Faculty wanted students to feel engaged in the learning experience and knowing that realism is, at least in part, determined by the environment, a video to provide introductory visual and auditory narrative context to a Cardiac Arrest Simulation was developed. The video consisted of three sections followed by a transition to the simulation. The initial section begins with a pictorial journey through the hospital, ending in the patient's room where a conversation is observed between the patient and his daughter. The conversation provides some exposition of the patient's condition while giving the students an introduction to the patient as a real person. Visual clues such as a hat, mustache, and personal belongings were carried over from the video to the simulated patient. As the conversation between the patient and daughter ends, report, using the SBAR method is presented. Graduating nursing students were utilized to report off to their peers, students in the simulated environment. Finally, the video fades as the students hear a crashing sound, the beginning of the simulated experience. The introductory video sets the stage for the students, improving realism and facilitating transfer of knowledge from one setting to another.

**Method:** Fourth level baccalaureate nursing students completed a survey following completion of the cardiac arrest simulation. The survey measured whether or not the video introduction and report improved the realism of the simulation, if the SBAR report was complete, and if the student felt that an introductory video to additional simulations would be effective.

**Results:** The findings indicated that 6 out of 7 students felt that the video introduction and report improved the realism of the simulated experience (avg=3.857143). Also, students indicated that they would like to see more video introductions and reports utilized in the simulated environment (avg=4.28514).

**Conclusion:** The use of an introductory video and report heightens visual and auditory senses leading to increased student engagement and improves realism in the simulated environment, thus continuing the transfer of knowledge from one setting to another.

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## B 17 - Ways to Use Simulation in Nursing Education

### The Empathy Enigma: Does It Still Exist? Comparison of Nursing Student Self-Reported Empathy with Standardized Actor and Student Peer Evaluation of Student Empathy

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#### Purpose

The purpose of this presentation is to describe the effect of an educational strategy using standardized actors on nursing students' level of empathy.

#### Target Audience

The target audience of this presentation is nurse educators and clinicians who are interested in strategies that address empathy in nursing.

#### Abstract

**Purpose:** Nursing students learn that empathy should be at the heart of all nurse-patient encounters. Research outcomes have demonstrated that empathy declines among nursing students during the last year of their nursing program. We wanted to learn if an educational strategy would improve empathy among student nurses during undergraduate nursing education.

**Methods:** A quasi-experimental design was used to compare pretest and posttest scores on the Jefferson Scale of Empathy. We used the Jefferson Scale of Empathy Health Provider version (JSE-HPs) to evaluate whether or not an educational intervention using standardized actors positively influenced nursing student empathy. During two simulation experiences the standardized actors and student peers evaluated student empathy using the Jefferson Scale of Patient Perception of Health Professional and the Global Rating Scale of Empathy. Debriefing sessions were conducted and a written recording of each session was analyzed for thematic content.

**Results:** There were no significant overall changes in empathy over time or any significant correlations between students' self-report of empathy and the standardized actors' and peers' evaluations of student empathy. Notably, overall mean empathy scores did not decline over time, and empathy scores increased among some subgroups, including among male participants and second-degree students.

**Conclusion:** Our findings suggested that this educational intervention holds potential for maintaining and possibly improving empathy in nursing students. More research is needed to investigate how this intervention could have a stronger impact on empathy.

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## B 18 - Using Genetics Research to Further Practice

### Reductions in Symptom Severity of Posttraumatic Stress Disorder is Associated with Reduced Expression of Inflammatory Genes in Service Members

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#### Purpose

The purpose of this presentation is to discuss inflammatory gene-activity changes in peripheral blood associated with recovery from posttraumatic stress disorder among service members (SMs) returning from deployment.

#### Target Audience

The target audience of this presentation is health care professionals who work with and/or is interested in patients with posttraumatic stress disorder and underlying genetic mechanisms for the symptoms.

#### Abstract

**Background:** Posttraumatic stress disorder (PTSD) is common and increases morbidity risk in affected service members (SMs) returning from deployment, with even greater risk when depression is comorbid. Inflammation is implicated in PTSD and is linked to morbidity risks; however, the role of gene-activity and relation to inflammation in PTSD recovery is not well understood. Presumably PTSD recovery reverses the morbidity risks related to inflammation and other gene-networks, which would have great implications to the health and well-being of military personnel with PTSD.

**Purpose:** To determine gene-activity changes related to changes in severity of PTSD and depression symptoms in SMs who recently returned from deployment, using peripheral blood transcriptome profiling.

**Methods:** Symptoms of PTSD and depression were determined using the PTSD Checklist Military Version (PCL-M) and the Quick Inventory of Depressive Symptomatology (QIDS), respectively, in a sample of 85 male SMs (mean age 33.7 years; 69.4% White) within 12 months of deployment (baseline) who were also re-evaluated at 3 months follow-up. Symptom severity groups were determined by increase, decrease, or no change in symptoms at 3 months as compared to baseline. RNA samples from peripheral blood drawn at baseline and 3 months were tested on Affymetrix GeneChip HG-U133 Plus 2.0 Array platform. Differential gene expression was determined among the 3 PTSD symptom severity groups (increase, decrease, or no change), and the 3 depression symptom severity groups (increase, decrease, or no change). P-values were corrected for multiple comparisons using false discovery rate (FDR < 0.05). Transcripts were validated by qPCR.

**Results:** SMs in the decreased PTSD symptom severity group at 3 months had significant reductions in the expression levels of a number of genes including inflammatory genes, as compared to the “no change” PTSD symptom group. Network analysis of the gene set specific to PTSD symptoms reductions revealed that cell death and survival is the top gene-network, and that NFκB is the hub gene for the mostly down-regulated genes. The most significant canonical pathways for reduced PTSD symptoms include Cdc42, ERK5, HGF, CNTF, and NGF signaling pathways, with glucocorticoid receptor and B cell receptor signaling pathways being implicated in the majority of these pathways. The depression symptom severity groups were found to have no significant association with levels of gene expression.

**Conclusions:** Our results suggest that reductions in severity of PTSD symptoms are significantly related to genes that are reduced in expression, and that inflammatory genes play a dominant role in these gene-activity changes. Reductions in PTSD symptoms also contribute to signal pathways that regulate cellular responses to stress, neurotrophic growth factors, and other growth factors. Further studies are warranted to discover genes specific to depression symptom severity and its interaction with PTSD, and how these molecular changes may relate to long-term morbidity risks related to PTSD.

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## B 18 - Using Genetics Research to Further Practice

### The Chronicle of a Nurses Journey to Translate New Science into Practice: Genetics and Genomics

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*Beth Harkness, BSN, RN, CPN, USA*

#### Purpose

The purpose of this presentation is analyze clinical examples of how the principles of genetic based care guide nursing practice. Provide examples of methods to educate nurses and disseminate information related to the evolving science of genetic and genomic to nurses in clinical practice.

#### Target Audience

The target audience of this presentation is the entire continuum of nursing; clinical care, leadership, research, education, specialty practice.

#### Abstract

Genomics is “personalized healthcare” in action. Understanding genomics is essential for all clinical nurses and nurse leaders. However, most nurses have limited knowledge of genetics/genomics, how it translates into their practice or the Essentials of Genetic and Genomic Nursing Competencies.<sup>1</sup>

Genomic competencies include family history assessment, understanding targeted therapies, and assessing variability in patients’ responses to medications based upon genomic profiles. Perspectives of the nurse champion will be offered and the various strategies that were implemented for introducing genomics to clinical nurses in a 300-bed mid-Atlantic pediatric Magnet® health care system which employs approximately 2000 nurses. This institution was selected to participate in “Method for Introducing New Competencies (MINC)” study.

A transformative nursing practice approach was established with collaboration amongst targeted leadership champions in administration, nursing, genetics and experts in the community.

A multi-modality communication/education program was developed based on Everett Rogers’s Diffusion of Innovations Theory.<sup>2</sup>Genomic competencies were selected with an emphasis on genomic relevancy

Aligned with the Centers for Disease Control Public Health Genomics<sup>3</sup>themes and specialty specific diseases as a framework.

The approach culminated into a pervasive knowledge-based strategy that incorporated interactive continuing education offerings, advanced practice nurse-led rounds, interprofessional collaboration, and family history tools. Educational advertising juggernaut campaigns with tag-lined genomic messages were used to intensify interest, awareness and relevancy.

Program outcome achievements; increased awareness, knowledge and translation into practice. Outcomes were measured using baseline and post-project statistics from the Genetics and Genomics in Nursing Practice Survey and evaluation of individual hospital educational offerings and action plans. Learner satisfaction scores following each educational offering were consistently greater than 85%.

The achievements of the interventions translated into practice through the collaboration with the genetic molecular biologists and genetic counselors that lead to expanded genetic testing and support capabilities in the health care system, development of guidelines for nurse initiated genetic referrals, and the adoption of a Family History Tool into practice.

The goal of sharing these experiences, barriers, successes, and recommendations of this healthcare systems approach is to aid others introduce “new (genomic) knowledge” because the future is now.

**Overview:** Describe the implementation and evaluation of a National Council of State Boards of Nursing funded genomic literacy and competency program. “Method for Introducing New Competencies (MINC)” study. Present the challenges, successes, and recommendations for introducing genomics to clinical nurses and nursing leadership in pediatrics.

References

None

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## B 18 - Using Genetics Research to Further Practice

### Lessons Learned: Recruiting and Retaining a Diverse Population in Research

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*Kathi C. Huddleston, PhD, MSN, BSN, RN, CNS, CCRC, USA*

#### Purpose

To describe the successes and challenges in recruiting over 2300 family trios from 100 countries of birth for three whole genome research studies. Diversity of enrollment is critical to the quality of genomic research. Specific efforts are made to recruit subjects of diverse race, ethnicity and socioeconomic status.

#### Target Audience

Nurse researchers recruiting families, recruiting for genetic or genomic research, and/or recruiting subjects of diverse race, ethnicity and socioeconomic status.

#### Abstract

Human genome research is one of the most rapidly growing areas of clinical and public interest. As whole genome sequencing accelerates identification of molecular factors that have statistically significant causal relationships to human growth and development, clinical management will undoubtedly improve. Furthermore, the accuracy and coverage of genomic sequencing, as well as analysis capabilities, will continue to improve. These gains are revealing many novel causes of human disease, including rare Mendelian disorders as well as the molecular underpinnings and genetic susceptibilities involved in complex and multifactorial conditions.

Working in partnership with a hospital, physicians and their staff, and a community safety net clinic, we have recruited over **2300 family trios from 100 countries of birth** for three whole genome research studies. We have established a team of nurse and clinical researchers to be part of a translational research department conducting human genome research at a community hospital. The nurses are uniquely qualified to recruit research subjects. All have experience in working with mothers and/or infants. Several had experience recruiting research subjects. The communication skills required for nursing practice, especially the ability to validate understanding by the participants make nurses excellent research recruiters.

Two of the studies have a longitudinal component. When initiating the studies, we made concerted efforts to capitalize on the diversity of our community to enhance the value of the genomic research. Specific efforts are made to recruit subjects of diverse race, ethnicity and socioeconomic status by utilizing a multicultural staff and multiple modes of recruitment. Recruitment techniques to enhance the diversity of the enrollees include placing native Spanish speakers in a site where this is the primary language, recruitment materials in Spanish, recruiting on social media, and use of a primary phone line and email address to provide consistent access for participants and potential enrollees. Using these methods, we have been able to increase recruitment from 31 participants per month in two sites in Dec. 2012 to 75 per month in 4 sites by December 2014.

We recognize, however, that for longitudinal research, enrollment is an important but small piece of the research process. Retention of participants, as measured by survey return is paramount. Initially, there was a significant discrepancy between the return rate of surveys in English and Spanish. This has been addressed by designating a multicultural staff team devoted to survey compliance and developing culturally relevant surveys for participants. This team initiates the online survey for participants requesting it be emailed, mails it to participants without email and follows up at consistent intervals when a survey has not been received. The survey content incorporates child health status and development questions, demographic information and standardized survey tools exploring maternal confidence, depression, stress and family concerns. The standardized tools have established reliability and validity in English and Spanish. The longitudinal surveys have maintained a **survey response rate of over 75%**.

Successful recruitment and retention of research study participants is dependent on knowing and engaging the patient population being recruited.

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## B 19 - Working with Military Backgrounds

### Maximizing Resources - Strengthening Community Ties: A Military Civilian Collaboration

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*Deborah H. Chatham, DNP, RN, PHCNS-BC, CNE, USA*  
*Joshua W. Baker, MSN, BSN, RN, USA*

#### Purpose

demonstrate the process of implementing a clinical simulation project between a BSN program in a private university and a U.S. air force base located in the same community.

#### Target Audience

nursing instructors in academic programs or hospital education departments, clinical nursing instructors, military instructors or trainers, instructors in simulation based or simulation enhanced programs.

#### Abstract

**Purpose:** Current trends in nursing education include the use of clinical simulations to provide much needed clinical experiences in an environment where schools are competing for limited clinical placement space. In addition, educational institutions are finding it more difficult to locate funding for high cost, high fidelity simulators. New approaches to meeting nursing clinical educational needs must be explored.

**Design:** An MSN educational project was implemented to determine the feasibility of partnering a small, private university BSN program with a nearby air force base with a teaching hospital to use the existing high fidelity simulation lab.

**Setting:** One of the largest air force healthcare training facilities located in the southeast USA served as the setting for the simulation experience. A state-of-the-art high fidelity simulation lab fully staffed and available to provide customized training sessions on a variety of clinical scenarios was utilized for the project.

**Participants:** Sixteen students enrolled in a pediatric course as part of a pre-licensure BSN program in a small, private university (total enrollment < 3,000) took part in an eight hour series of planned clinical simulations.

**Methodology/Process:** The MSN student was an active duty military member who collaborated with airmen and simulation lab personnel to produce clinical scenarios that were 1) fundamental pediatric skills 2) scenarios that were often difficult to encounter in lower level care hospital settings, 3) high fidelity simulations that would not otherwise be available to the nursing students.

**Results:** Nursing students participated in procedures such as IV starts on pediatric size veins, intraosseous needle insertion, pin site care, and urinary catheterization. Included in the simulations were stations that represented 1) Response to respiratory distress and proper airway insertion 2) Identification of heart sounds, cardiac murmurs, and dysrhythmias 3) Pediatric code

**Implications:** Student evaluations as well as interviews with the simulation lab staff and volunteer airmen instructors revealed: Students benefited from exposure to clinical experiences that would otherwise not have been available in traditional settings. Students, staff, and volunteer instructors all expressed a positive experience of collegiality working with a previously unfamiliar community group. Efforts to collaborate with community partners to maximize existing resources can enhance learning experiences and strengthen community ties.

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## B 19 - Working with Military Backgrounds

### Relational Certainty: A Theoretical Framework Describing the Relationship between Military Veterans and Companion Canines

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*Michael John Rice, PhD, RN, APRN-B, FAAN, USA*

#### Purpose

The purpose of this presentation is to describe the impact of relational certainty in human interactions as demonstrated by Companion Canines. Relational certainty is drawn from the adaptive stress responses military veterans' display when reintegrating into society.

#### Target Audience

The target audience of this presentation is nurses, military service members, researchers, healthcare practitioners, animal welfare personnel, and/or educators.

#### Abstract

**Purpose:** The purpose of this presentation is to describe the impact of relational certainty in human interactions as demonstrated by Companion Canines. Relational certainty is drawn from the adaptive stress responses military veterans' display when reintegrating into society. The theory explains how veterans internally construct meaning of relationships, with the level of relational certainty indicating a balance of biological and social links. A model of relational certainty demonstrating the concepts and associations form the foundation of explaining the role of companion canines which match the theoretical and empirical postulates. Discussion of the theory is systematized based on two main strands: nature and social nurture.

**Theory Development:** The process used to develop this theory included derivation, synthesis, and analysis. The development began with an in-depth review of existing literature on stress in the military veteran population. This information was blended with the reports of military veterans on the value of companion canines. The information gathered was separated and blended to form two main theoretical strands: nature and social nurture.

**Linking to practice:** The theoretical strands of the model are linked by pairs of predetermined genetically expressed responses and externally nurtured responses, or relagens. The relagens are comprised of varying amounts of partial genetic links and partial nurture links. If the genetic and nurture links are not balanced, or unduly affected by stress, then the opposing link compensates and becomes the dominant link altering the expression of relational activity. This then, without intervention, becomes the basis for replication and creates cycles of similar relationships expressions. Reports from the veterans on the value of canine companions indicate that they actions adhere to Weiss' Social Provision Theory (1974) defined some of the key relational strategies: reliable alliance (assurance that one could be counted on in times of stress), reassurance of worth (recognition of the individual's value), attachment (emotional closeness), social integration (a sense of belonging together), and opportunity for nurturance (providing comfort and assistance to). The basic nature of any human being is based on three antecedents of external relational certainty: 1) The level of stress associated with any recurring experience that affects the veteran's emotional response and cognitive responses colored by prior experiences and perception; 2) Relagens expression capacity of the appraisal of external relational certainty- the process of placing a value on the certainty of the relationship within any given situation; 3) Relagens expression of the relational certainty- for or in coping with uncertain events.

**Conclusion:** This theory as demonstrated by canine companions is comprised of knowledge resulting from the experiences of military veterans, addresses a need for research, and suggests a balance of epigenetic and external social links for explaining the process of determining the certainty of any relationships to members within the military veteran population.



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## B 19 - Working with Military Backgrounds

### The Lived Experience of Iraqi Nurses in Communities Impacted by War or Terrorist Threat

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*Elizabeth J. Diener, PhD, MSN, BSN, RN, CNE, USA*

#### Purpose

The purpose of this presentation is to describe the experiences of Iraqi nurses who have experienced the realities of war or terrorist threat as both citizens and practitioners in Iraq.

#### Target Audience

The target audience of this presentation is all nurses concerned with the global impact of conflict impacting delivery of nursing care.

#### Abstract

**Background:** Over the last two decades Iraq has endured three international wars, 13 years of economic sanctions, dictatorship, foreign occupation, and acts of terrorism. For professional nurses practicing in Iraq, expectations have been that professional life continues “as usual;” caregivers are to function as if the stress of political unrest and personal insecurity does not have personal impact. Results of an extensive review of the literature review emphasize the lack of published research exploring the lived experiences of nurses living and practicing in communities that experience war and terrorist threat. These gaps make development of supportive structures, policy, and educational interventions impossible.

**Methodology:** Guided by Jean Watson’s Human Caring Science, the purpose of this phenomenological investigation is to describe the lived experiences of Iraqi nurses who have experienced the realities of war as both citizens and practitioners in Iraq. Hour-long phenomenologic interviews were conducted with 10 male Iraqi nurses who met the inclusion criteria of: Possessing a degree in nursing, lived and practiced nursing in Iraq during a time of war or terrorist threat, and are able to communicate in English or Arabic. Data analysis was ongoing utilizing Giorgi’s approach.

**Findings:** Two main themes and seven subthemes emerged from data analysis. Main Themes-Living under the Shadow of War and Violence: A Daily Routine and, second, the Shield of Adaptation and Resilience. The first theme, Living under the Shadow of War and Violence, had five subthemes, Impact on Personal Life, Effects on Physical Well-Being, Influence on Mental Health and Emotional Well-being, Impact on the Delivery of Nursing Care, and Lost Sense of Personal Safety. The second theme, The Shield of Adaptation and Resilience, yielded two subthemes, Faith- Based Hope and Commitment to a Profession of Care

This research highlights a number of outcomes from traumatic experiences faced by Iraqi nurses on a daily basis and their multidimensional effects. The first theme confirms the heavy responsibility of caring and advocating for citizens of a distressed community while also experiencing this same trauma. Continuous trauma not only affected their physical well-being, but also social integration, nursing practice quality, and psycho-mental health. Major symptoms of PTSD such as flashbacks, unexplained anxiety, nightmares, and insomnia were evident.

As portrayed by the second theme, even without a secure practice setting Iraqi nurses adapted to their environment using faith-based resilience and professional commitment. Nonetheless, nurses also needed professional and formal support to continue performance of their professional role while holding the responsibility of caring and advocating for traumatized members of a community to which they were members.

**Recommendations:** Results from this phenomenological study are expected to inform and guide “caregivers of caregivers” in healing the trauma of war and terror. This study confirms that nurses living

and practicing in communities continually impacted by violence lose their sense of security and suffer the consequences of prolonged and constant stress. Establishing work environments that assure physical safety and provide treatment for stress related disorders are imperative to assure quality, care-centered nursing practice.

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## B 24 - Utilizing Technology in Nursing Education: Pitfalls and Successes

### Back to the Blackboard? Personal Technology Use and Knowledge Acquisition

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*Patricia Frohock Hanes, PhD, MSN, MAEd, MS-DPEM, RN, CNE, USA*  
*Marilyn D. Klakovich, DNSc, RN, NEA-BC, USA*

#### Purpose

The purpose of this presentation is describe the effects of students' use of technology in the classroom on learning and to articulate ways faculty can mitigate the effects of technology use on student learning.

#### Target Audience

The target audience of this presentation is nursing students and nurse educators who seek to promote maximum learning in the academic setting.

#### Abstract

**Background/Problem:** Students in face-to-face classrooms (F2F) are using multiple technologies, communicating on social media, and surfing the web while listening to the professor. Faculty allow their adult learners to engage in use of information and communication technologies (ICTs). Faculty themselves use technology and social media in the classroom in the hope that it will engage students and enhance their learning. The problem we are examining is: Are we tacitly encouraging students' intellectual "absence" by allowing them to use multiple technologies in the classroom? Is there an effect on peers' learning?

**Conceptual Frameworks:** The theory of situated action, gratifications theory, theories of cognition, media theories, and Bloom's taxonomy were used in this study.

**Methods:** A review of the literature was conducted using the following search terms: social media, multitasking, technology, nursing, students, presence, attention, and distraction. Articles were limited to those from 2010 and later involving higher education in a F2F format. Disciplines represented in the articles included nursing, computer science, cognitive psychology, education, communication, marketing, media studies, neuroscience, and academic development. A preliminary survey was conducted, asking nursing students about technology use in the classroom.

**Results:** Review of the literature revealed that although several large-scale studies have been conducted with non-nursing populations, little was found related to nursing students' use of technology in the classroom. Key findings were that multitasking degrades learning and increases learning time, decreases student engagement, and lowers GPA. Use of technology not only has a negative effect on those students using the technology, but also negatively affects the learning of those around them. Furthermore, biological influences may affect students' ability to refrain from using technology. Students revealed that they engage in multiple technology use, unrelated to course content, during class time, and that this use disengages them from the class and inhibits learning.

**Conclusions and Implications:** There are multiple entities competing for students' attention in today's F2F classroom. The role of the professor is to limit outside distractions and encourage delayed gratification (learning) versus immediate gratification (technology use). Teaching strategies need to be interactive versus passive. Further studies are needed with larger samples of nursing students and incorporating both qualitative and quantitative data with NCLEX pass rates as an outcome variable. Further research is also needed on effective teaching strategies related to technology, social media use, and learning outcomes.

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## B 24 - Utilizing Technology in Nursing Education: Pitfalls and Successes

### Attitudes toward Plagiarism in Online RN to BSN Students

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*Cheryle G. Levitt, PhD, MSN, BSN, RN, USA*

#### Purpose

The purpose of this presentation is to disseminate research findings that measured the attitudes toward plagiarism of online RN to BSN students (n=173). The Attitudes Toward Plagiarism questionnaire revealed students' approval, rejection/condemnation, and perspectives of societal norms regarding plagiarism.

#### Target Audience

The target audience of this presentation is nursing faculty who are seeking to understand student attitudes toward plagiarism prevalent in nursing students. This information can be used to plan policies and procedures that seek to influence attitudes that precede the behavior of plagiarism.

#### Abstract

**Purpose:** Plagiarism, an increasingly common occurrence in diverse academic settings, violates codes of honor, obstructs intellectual honesty, impedes students' academic success, causes a lack of confidence in student integrity, and threatens university reputations for academic integrity. In studies focusing on nursing students, researchers noted no statistical difference in the number of nursing students who plagiarized compared to other academic disciplines (McCabe, as cited in Smedley, Crawford, & Cloete, 2015). Explanations for the high rate of academic integrity violations include reasons such as saving time, improving grades, completing the academic program, or gaining professional positions. According to the Theory of Planned Behavior, attitudes toward behaviors precede actions (Mavrinac, Brumini, Bilic-Zulle, & Petroveck, 2010). The act of plagiarism, one form of academic integrity violation, is an intentional behavior that is preceded and influenced by personal attitudes, sociodemographic conditions, and situational conditions (Krueger, 2014). Understanding personal attitudes influencing the choice to commit plagiarism can provide educators with greater awareness and understanding to guide the development of preemptive interventions to decrease the incidence of plagiarism, as well as the design of codes of conduct that encourage student ownership of academic integrity decisions and behaviors. This study examined online RN to BSN students' attitudes towards the act of plagiarism in an effort to reveal information that could assist in addressing the rising incidence of academic integrity violations.

**Methods:** This descriptive correlational study, approved by two university IRB committees, examined the demographic and descriptive characteristics of a convenience sample (n= 173) of students in an online RN to BSN program and their attitudes towards plagiarism. Using the Attitudes Toward Plagiarism Questionnaire, three sub-scales of attitudes were measured. The attitudes sub-scales described the students' justification or approval (positive attitudes) of plagiarism, acceptance of other student's acts of plagiarism (negative attitudes), and the social norms (subjective norms) surrounding the act of plagiarism. In addition to a compilation of descriptive and demographic data, data were also sorted into groups for age, ethnicity, years of nursing practice, level of education, nursing position, tuition assistance, and courses completed in the program. Examination of the data then included bivariate analysis of the three sub-scales of attitudes toward plagiarism, as identified in the ATP questionnaire between groups.

**Results:** The sample (n=173) included 87.3% females with a mean age of 36.8 + 9.9. Ethnicity noted 78% white/Caucasian and 21.4% non white, and the majority noted English as their first language. Current nursing positions included point of care nurses, charge nurses, nurse managers, and those currently not actively practicing nursing. Mean course completion was 6.6 courses, and years of nursing practice varied from none to greater than 15 years of practice, with the highest category at 3-5 years of practice.

Scores for the entire sample, related to attitudes toward plagiarism, demonstrated a low approval of the act of plagiarism, with neither condemnation nor disapproval toward others who practice plagiarism, and a recognition of societal condemnation of plagiarism. Bivariate analysis demonstrated statistically significant findings between groups within the demographic and descriptive variables noting group differences in scores between ages, race/ethnicity, English as the primary language, practice positions, number of courses completed in the program, and years of nursing experience. There were no significant results found in the attitudes toward plagiarism by gender, those receiving tuition assistance, or those who have additional college education.

**Conclusion:** This study revealed both traditional college student characteristics (gender, age, race) and nontraditional demographic characteristics (nursing practice position, years of practice) in the sample representing a diverse group of online RN to BSN students with a range of beliefs and attitudes towards plagiarism. The responses identified attitudes identifying plagiarism as an undesirable behavior and which recognized societal rejection of plagiarism, yet concurrently lacked condemnation of plagiarism behaviors in others. These findings acknowledge that while some students recognize that plagiarism is wrong, they will “turn a blind eye” towards the practice, and not condemn their peers. Additionally, the results demonstrated different perspectives of the act of plagiarism within groups. In an attempt to reverse the trend of rising plagiarism, evaluating the attitudes toward plagiarism provides constructive information to support direction and guidance for preemptive interventions and policies to address academic integrity in academic settings. Striving to improve the academic integrity practices of nursing students serves to develop and strengthen the ethical behaviors required for personal behavior and professional practice. Improving academic integrity may influence future nursing practice, and ultimately affect the decisions for safe, effective, and ethical nursing practice (Brown, as cited in Theart & Smit, 2012).

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## B 24 - Utilizing Technology in Nursing Education: Pitfalls and Successes

### Assessing Outcomes of Learning in Virtual Learning Environments: Scoping Review

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*Dee McGonigle, PhD, MSN, BSN, RN, CNE, FAAN, ANEF, USA*

#### Purpose

The purpose of this presentation is to describe a scoping review of literature on (1) VLE learning activities that have been described in the literature, (2) the reported learning outcomes of these activities, and (3) the categories of VLE learning activities the scoping review reveal.

#### Target Audience

The target audience of this presentation is the nurse educator seeking ideas on authentic learning activities as well as evidence that virtual learning environments, such as Second Life, are efficacious in helping students meet selected learning outcomes.

#### Abstract

Virtual learning environments (VLEs) such as Second Life provide a unique opportunity for nursing students to work through case studies and practice new roles in a safe milieu (Anderson, Page, & Wendorf, 2013). Taking students into a VLE for instruction involves immersing them into an authentic environment to work together and apply critical thinking and problem-solving skills (Bai, Lavin, & Duncan, 2012). As with any learning environment, a program of instruction in VLEs begins with specific learning outcomes and an assessment of learner needs, proceeds to selection of appropriate learning activities, and ends with an evaluation of whether students are meeting learning outcomes.

The literature in nursing describes multiple learning activities used in VLEs, many of them examples of active learning. However, no organized method of categorizing these activities or studying whether they improve learning outcomes exists. Scoping reviews are used when the types and amount of relevant literature on a topic are unclear. Therefore, the purpose of this presentation is to describe a scoping review of VLE learning activities that have been reported in the literature, to categorize those activities according to the types of learning outcomes they address, and to describe any research related to those learning outcomes. The questions posed were (1) What are the VLE learning activities that have been described in the literature, (2) What are the reported learning outcomes of these activities, and (3) What categories of VLE learning activities does the scoping review reveal?

The review is based on a thorough search in the EBSCOHost, Proquest, and OVID databases. Specific EBSCOHost databases used are CINAHL, Education Research Complete, ERIC, and MEDLINE. Search terms used are "learning outcomes," "nursing," and "virtual learning environment or Second Life". Learning activities are demonstrated with a table that describes the author and year of publication, the name of the activity, learning outcomes addressed, and a brief summary of the results of any research reported on assessment of learning. A model is provided in the presentation that demonstrates the categories of learning activities and possible learning outcomes found in the scoping review.

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## B 25 - Women Affected with Cancer: Research and Practice

### The Related Factors of Receiving Pap Tests among Immigrant Women of Vietnamese Origin in Taiwan

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#### Purpose

to explore the factors associated with Pap testing among married immigrant women of Vietnamese origin, including demographics, knowledge of cervical cancer, knowledge of Pap tests, fatalism, attitudes toward cervical cancer, and barriers to receiving Pap tests.

#### Target Audience

researchers, public health care providers, healthcare policy makers.

#### Abstract

**Background:** In recent years, a common social phenomenon has been for foreign women to immigrate to Taiwan for marriage. Women who immigrate for marriage are a disadvantaged minority in the public health system in Taiwan and are typically infrequent users of medical resources and preventive healthcare. Pap test participation rates for newly immigrated women in Taiwan are significantly lower than the rates for non-immigrant Taiwanese women as well as women in America and European countries. Research in Taiwan regarding precautionary measures for cervical cancer for women who immigrated for marriage are still lacking.

**Objectives:** The purpose of this study was to explore the factors associated with Pap testing among married immigrant women of Vietnamese origin, including demographics, knowledge of cervical cancer, knowledge of Pap tests, fatalism, attitudes toward cervical cancer, and barriers to receiving Pap tests.

**Methods:** A cross-sectional correlational design was used. Data were collected from July 2012 to January 2013. Participants were recruited through snowball sampling in two communities in Southern Taiwan. A total of 451 married immigrant women of Vietnamese origin aged 30 years and over were invited to participate in the study, and 427 participated. Data analysis included descriptive statistics and multivariate logistic regression.

**Results:** Participants with no children were 72.2% less likely to have received a Pap test; each additional point of knowledge of Pap tests increased the likelihood of having a Pap test by 19 percent, and each additional point in barriers to receiving Pap tests decreased the chances of having received a Pap test (Odds Ratio=0.714).

**Conclusion:** The results can provide governments with a reference for developing policies in terms of cervical cancer prevention among married immigrant women of Vietnamese origin.

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## B 25 - Women Affected with Cancer: Research and Practice

### Engaging the Community to Deliver Educational Programming for Young Breast Cancer Survivors

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*Karen Meneses, PhD, FAAN, RN, USA*

#### Purpose

The purpose of the presentation is to report community-based participatory practices and outreach component outcomes of the Young Breast Cancer Survivorship Network, a nurse-led community-based survivorship program.

#### Target Audience

Delivery of this presentation is targeted toward healthcare professionals and researchers who have an interest in community-based participatory research and/or breast cancer survivorship education initiatives among young women.

#### Abstract

**Background:** In the United States, about 5% of breast cancer survivors are premenopausal (young) at diagnosis. Young breast cancer survivors (YBCS) have greater health disparities than older survivors: higher incidence of advanced disease, mortality, and poorer quality of life. YBCS report age-specific survivorship needs (e.g. managing children and family relationships, sexuality, cognitive demands, and work) in addition to general survivorship needs. The Young Breast Cancer Survivorship Network (led by trained oncology nurses) is adapted from an evidence-based survivorship tool that addresses age-specific needs by educating, supporting, and networking among YBCS and community stakeholders. Using the community-based participatory research (CBPR) model in the context of young breast cancer survivorship in central Alabama, the Network engaged equitable partners to design and disseminate age-specific education within four outreach components: (1) survivorship service referral; (2) monthly education and support seminars; (3) annual workshop; and (4) electronic education via website and Facebook.

**Methods:** Partners (YBCS and other community stakeholders) completed surveys after each seminar and workshop. Data were analyzed for age-specific needs. A YBCS advisory board met to validate identified themes that were subsequently adapted for dissemination in the Network's components. Component data were tracked.

**Results:** In 2 years, the Network referred 83 YBCS for services and provided 16 seminars to 149 attendees. On a 1-10 scale, attendees highly rated helpfulness (9.7) and meeting survivorship needs (9.8). Participants stated that their objectives were met (99%) and information was useful (100%). The Network's 2 annual workshops educated 173 YBCS, families, and healthcare providers with high helpfulness and satisfaction ratings. The Network website, housing 46 electronic tip-sheets and community partners links, and Facebook page respectively had 290 daily visits and 165 likes.

**Discussion:** Age-specific survivorship education was disseminated through partner engagement. Further study of YBCS using CBPR can improve education delivery and decrease health disparities among YBCS. Future directions of the Network include expansion of dissemination through internet and social media presence.

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## B 25 - Women Affected with Cancer: Research and Practice

### Descriptive Study of Cognitive Disturbances in Older Breast Cancer Survivors

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#### Purpose

to discuss the factors, both biological and functional, that relate to and impact cognitive function in older breast cancer survivors who report persistent cognitive impairment after chemotherapy in order to enable the provider to facilitate the development of interventions to help women cope, adapt and even improve their cognitive functioning.

#### Target Audience

anyone who is interested in and/or working with people experiencing cognitive impairment following cancer treatment. Clinicians, researchers and educators may find this session informative regarding the trajectory of cancer treatment and survival.

#### Abstract

Breast cancer continues to be the number one cause of cancer in women over age 50, with a median age at diagnosis of 61 years. (ACS, 2013). Treatment advances have led to a significant increase in the number of breast cancer survivors; survival rates now range from 88% at 5 years to 78% after 15 years post diagnosis (ACS, 2013). A significant number of these women, 35% of early stage breast cancer (Stages I/II) and 61% of later stage breast cancer patients (Stages III/IV), receive chemotherapy (The National Cancer Database, 2008).

Cognitive disturbances, often referred to as “chemobrain” are common among breast cancer survivors. Where most experience cognitive disturbances during treatment, many improve upon treatment termination, up to a fourth may experience persistent cognitive decline 1-year post treatment. Many describe these issues as related to declines in memory.

In older patients, the likelihood of cognitive disturbances are even greater (Ahles, 2010) because they often have lower cerebral blood flow, and have additional comorbidities, including undetected neurodegenerative diseases.

The purposes of this descriptive exploratory study are twofold: (1) examine how factors, both biological and functional, relate to cognitive function, in older breast cancer survivors who report persistent cognitive impairment, 12-36 months after completing their chemotherapy regimen and (2) characterize and compare the genetic and phenotypical profiles of breast cancer survivors to the profiles found in a neurologist verified sample of older adults diagnosed with mild cognitive impairment (MCI), pre MCI, and no MCI.

Twenty older breast cancer survivors (10 with and 10 without measurable impairment, age 50 years and older) will complete a 4 day journal and complete questionnaires describing the impact of their treatment regimen on their ability to think and the strategies they use to adapt to their perceived deficits. Afterwards, they will come to the Neurocognitive Assessment Laboratory and undergo a comprehensive neurocognitive battery, including behavioral and electroencephalographic measures of memory functions, sleep, and cerebral oxygenation. Blood draws for inflammation, oxidative stress and neuroprotective factors (neuroglobin, antioxidant activity and brain derived neurotrophic factors) and genetic polymorphism (APOE, neuroglobin) will also be measured in order to compare these variables to equivalent data collected from adults without cancer.

Data will be analyzed using thematic content analysis for the journals, schematic plots and t-tests for the measures of proinflammatory risk, neuroprotective factors and memory consolidation. Cross tabulation and chi-square will be used to compare genetic risk between samples. Each marker will be analyzed in a

two-way ANOVA, sample by cognitive status, where the interaction will be used to test the differential relationship of the marker and cognitive status by cancer status

Results will be used to develop a larger, prospective study aimed at refining the recognition of women at greater risk for persistent cognitive decline and factors to ameliorate that risk. In addition to this, information gained from this study will facilitate the development of interventions to help women cope, adapt and even improve their cognitive functioning while on treatment.

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## **B 26 - Expanding Your Thinking: Revamping Curriculum and Cultural Interactions**

### **Lessons Learned: Nursing School Faculty Revamp Program Curriculum to Promote Student Engagement, and Systematic, Effective Validation of Student Competence throughout the Curriculum**

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*Cindy Ford, PhD, MSN, BSN, RN, CNE, USA*  
*Victoria Thornley, MSN, RN, CNE, USA*  
*Alicia Anger, MSN, RN, USA*

#### Purpose

The purpose of this presentation is to share with nurse educators/administrators the lived experience of the implementation of a theoretical framework to the nursing program curriculum with the goal of improved student engagement and learning outcomes.

#### Target Audience

The target audience will be nurse educators and nursing school/program administrators with an interest in the implementation of a theoretical framework with the goal of improved student engagement and learning outcomes.

#### Abstract

Covenant School of Nursing (CSON) has a rich nursing education history encompassing more than 95 years of preparing novice registered nurses to enter the workforce confidently. A hospital based program known for excellence in nursing education, CSON recently entered a formal a partnership with a local university department of nursing to allow a seamless articulation to the BSN degree.

In 2012, the faculty of the fourth (final) semester worked with Carrie B. Lenburg, EdD, RN to apply the Lenburg COPA model (Lenburg, 1999) and evidence based assessment methods into a clinical grading rubric to evaluate the impact on student learning engagement in the clinical setting and the subsequent outcome of increased perceived competence of the 4<sup>th</sup>semester nursing students. The research results yielding evidence of themes reflecting student increased motivation to excel, greater proficiency, and clearer expectations was presented previously at STTI Nursing Research Congress in Brisbane, Australia.

Prior to 2012, the curriculum was based on components of the COPA model. The positive outcome results from the 4<sup>th</sup>semester research project coupled with a faculty desire to adjust the curriculum to promote increased student engagement and student evaluation measurement across the program, prompted the faculty to enhance the utilization of the COPA model program wide. A full curriculum redesign was conducted with extensive faculty involvement, workshops with Dr. Lenburg and Veronica Abdur-Rahman, PhD, RN, CNE, a nurse educator experienced with implementation of the COPA model with nursing programs. The overall goal was for the students and graduates to demonstrate the key conceptual pillars of the COPA model.

The lessons learned through the curriculum revision process have yielded a continuum of reactions and emotions ranging from challenging and frustrating, to rewarding and energizing. The purpose of today's presentation is to speak to the rewards to be gleaned through a united faculty effort with the goal of student engagement and improved outcomes throughout the program. The presentation will highlight challenges of implementation of this theoretical model to guide nursing education, the first-hand step by step experience of implementation of curriculum change and encouraging the faculty engagement of a theoretical model to guide the evaluation process.

The COPA model (Lenburg, et al., 2009) is designed and structured as a theoretical curriculum framework to promote competence for practice. It is based on the philosophy of competency-based,

practice-oriented methods and outcomes, and is organized around four essential conceptual pillars. One implication of the IOM report (1999; Greiner & Knebel, 2003) was that safe nursing care is equated with competence, and competency based instruction must receive more emphasis. Additionally, implementation of the COPA model requires significant changes in traditional educational attitudes and methods in nursing programs to promote competent, effective, professional practice and patient safety (Lenburg et al., 2009).

Lenburg (2011) reports that the model or major components of it have been adopted effectively by many nursing programs. With guidance and persistence, faculty work through the challenges of change and ultimately observe remarkable differences in student performance. Alvin Toffler (1990) is often quoted as saying that the unprepared of the 21st century will not be those who cannot read and write, but those who cannot learn, unlearn, and re-learn. Lenburg (2011) states that nurse leaders, educators, and students are caught in the struggle of shifting from past practices to contemporary requirements with the need to unlearn and relearn. This presentation of the curriculum redesign of the Covenant School of Nursing is one such story to be shared and learned from.

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## **B 26 - Expanding Your Thinking: Revamping Curriculum and Cultural Interactions**

### **A Toilet or a Mobile Phone?: Exploring Interactions and Choices That Influence the Health of Mothers in Kenya Using Structural Equation Modeling**

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*Sarah E. Oerther, MSN, MEd, BSN, RN, USA*

#### Purpose

The purpose of this presentation is to presents results of a retrospective study comparing the relative contribution of toilets or mobile phones for protecting the health of mothers using structural equation modeling.

#### Target Audience

Nurse researchers looking for statistical tools to support the construction of nursing theories with a particular emphasis on data gender gaps in low income countries.

#### Abstract

In 2013 the UN opined, "Of the world's seven billion people, six billion have mobile phones. However, only 4.5 billion have access to toilets or latrines..." (Eliasson, 2013). This statement clearly reflects a bias that implies toilets are better than mobile phones for meeting basic needs. While it is well document that access to toilets results in improved health through improved hygiene, it remains to be determined if investments in toilets provide a greater return for protecting health as compared to investments in alternative technologies such as mobile phones. The research gap that this study aims to address is to compare the relative contributions of toilets or mobile phones for protecting the health of mothers. The approach taken in this study is to construct and evaluate a structural equation model (SEM) that explicitly tests the hypothesis, toilets are more important than mobile phones for protecting the health of mothers. A secondary data set collected in 2008 from household surveys in Kenya was retrieved from the demographic healthy survey program funded by the United States Agency for International Development (USAID). The SEM was constructed to evaluate maternal health as the primary objective with socioeconomic status, household education, the presence of a toilet, and the presence of a mobile phone as critical inputs. Output measures included maternal body mass index (BMI) and child BMI. This project highlights that interventions such as toilets or mobile phones are best evaluated when considering the complex interactions that are part of a dynamic health system with rapid advances occurring in technology.

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## B 26 - Expanding Your Thinking: Revamping Curriculum and Cultural Interactions

### Responding to the Research: Culture Care for a Migrant Dominican Community in the Northeastern United States

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Constance Sobon Sensor, PhD, MSN, BSN, RN, CTN-A, USA

#### Purpose

Share qualitative research findings that describe migrant Dominican cultural beliefs and practices related to health, ways that migrant Dominicans take care of their health, and their experience with professional health care in the United States.

#### Target Audience

Nurses who work with Dominicans; nurses, educators, & students interested in specific strategies for culturally responsive care; & researchers interested in qualitative methods to learn about targeted populations using specially trained culturally appropriate interpreters as gatekeepers and cultural brokers, and as assistants for recruitment, obtaining consent, data collection and interpretation.

#### Abstract

**Background:** The researcher observed the values, beliefs, and traditional health practices of people in rural areas of the Dominican Republic while participating in a service project there in 2007, and saw that their beliefs and practices differed from those of the professional nurse in the United States. This sparked an interest in Dominicans who migrate to the Northeastern United States. Current trends indicate the migrant Dominican population in the United States is increasing rapidly, and there is a higher prevalence of diabetes, hypertension, and obesity in first generation Dominicans, compared to other Latino populations living in New York City. Professional health care may be an unfamiliar concept to these migrant Dominicans. In addition, Dominicans make adaptive changes in their traditional health practices when they migrate, but their generic (folk) care practices remain largely unknown to people outside of their community. Health care providers lack knowledge and understanding of traditional Dominican beliefs and practices that can create barriers for migrants seeking professional health care. In order to provide culturally appropriate care and risk-reduction interventions, nurses must understand Dominican health practices in their new environment.

**Purpose:** This study aimed to discover and describe migrant Dominican cultural beliefs and practices related to health, the ways that migrant Dominicans take care of their health in their new environment, and their experience with professional health care in the northeastern United States.

**Design:** This descriptive qualitative study was guided by Leininger's Theory of Culture Care Diversity and Universality and four-phase analysis method. The health-related beliefs, practices and experiences of a convenience sample of 15 self-identified adult Dominicans living in the United States for six months or more were explored in three focus groups, assisted by trained culturally appropriate interpreters.

**Findings:** Data analysis of focus group transcripts and observations revealed four themes: (a) stress affects health and well-being, (b) family support and faith in God are essential for healing, and promoting health and well-being, (c) migrant Dominicans use both folk care and professional care to treat illness and promote healing, health, and well-being, and (d) perceptions about the quality of professional care are affected by access to care, cost, communication and expressions of caring practices.

**Discussion and Conclusion:** Findings from this study may lead to more culturally responsive professional health care for Dominicans, and help reduce health disparities in this group. Better understanding may improve the quality of care provided, and may also improve patient-provider trust and communication, as well as help patients adhere to prevention and treatment plans. Implications and recommendations for nursing practice, education and research will be discussed. Design and

implementation challenges from this study, and strategies used to bridge cultural and linguistic barriers, may guide others in planning research with similar populations.

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## B 27 - Promoting Satisfaction and Civility Within Nursing Faculty

### Incivility in the Workplace: Implications for Nursing Education

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*Kimberly Ann Balko, PhD, MSN, BSN, RN, USA*

#### Purpose

is to give insight into existence of incivility, ageism and intent to quit among RN to BS nursing students. The discussion of how can we further prevent RN's from leaving the workforce and their education.

#### Target Audience

Deans, Nurse educators, and RN's and nursing students.

#### Abstract

Students in RN-BS nursing degree programs face barriers to successful completion of their programs of study such as memories of incivility within their pre-licensure nursing program and their current educational and workplace experiences of incivility and ageism. This incivility, along with generational differences, adds to the growing concerns of nurses' intent to quit their employers or the profession, which adds to the current and future nursing shortage. The incorporation of multigenerational education for nurses can enhance generational awareness including ageism, communication skills, conflict resolution, coaching, and mentoring to guide employed RNs and nursing students to produce positive, cohesive working relationships in the workplace.

This research study used a quantitative correlational survey design to survey registered nurses enrolled in an online RN to BS nursing program. Three instruments were used to gather data for analysis: Cortina, Kabat-Farr, Leskinen, Huerta, and Magley's, Workplace Incivility Scale; Palmore's Ageism Survey; and Kelloway, Gottlieb, and Barham's, Turnover Intention Scale. A demographic questionnaire was also incorporated into the survey to obtain relevant demographics including gender, approximate age, employment status, shift work, years of nursing experience, leadership role, work setting, race, ethnicity, and state of residence. The findings indicated that in the workplace RN to BS nursing students experienced incivility, ageism, and turnover. Results also indicated that both incivility and ageism are experienced regardless of gender, age, or generational cohort. Therefore, it is important that educators seek ways to support RN to BS nursing students within their work environments and classroom settings, so they continue their education, go on to graduate, and competently perform their role within the workplace to ultimately remain in the profession.

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## **B 27 - Promoting Satisfaction and Civility Within Nursing Faculty**

### **Workplace Stress/Role Strain, Empowerment and Faculty-to-Faculty Incivility among Nursing Educators: A Mediation Analysis**

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*Deborah Dayus, RN, BA, BScN, MSc, Canada*

#### Purpose

The purpose of this presentation is to share the results of a mediation analysis that looked to discover whether structural and/or psychological empowerment mediated the relationship between workplace stress/role strain and faculty-to-faculty incivility among educators in nursing.

#### Target Audience

The target audience of this presentation is nursing educators and leaders in nursing education. The results have implications that may be applied throughout the profession of nursing.

#### Abstract

Researchers are aware of the association of workplace stress and academic incivility (Clark, 2008). An identified limitation of previous research is if there are organizational mediators of workplace stress and how these have an impact on incivility among nursing faculty. One of these potential mediators is empowerment. The question is whether or not structural and psychological empowerment mediates stress, an essential aspect of Clark's incivility model, and in doing so has an effect to potentially decrease faculty-to-faculty incivility in the academic nursing environment. It is this broader impact of culture of the faculty, the perceptions of workplace stress and the mediating potential of both structural and psychological empowerment (Laschinger, 2009), that is unknown.

This paper therefore addresses the following key question: To what extent does structural and psychological empowerment mediate the relationship between workplace stress/role strain and faculty-to-faculty incivility? 93 educators in Southwestern Ontario, Canada completed an online survey. Participants completed four study tools including the Faculty to Faculty Incivility Survey (F-FI survey) (Clark & Springer, 2010), the Role Strain Scale (Mobily, 1991), The Conditions for Work Effectiveness Questionnaire-II (CWEQ-II) (Laschinger et al., 2001) in relation to structural empowerment, and The Psychological Empowerment Questionnaire (Spreitzer, 1995). The results provided evidence sought to further advance the conceptual relationships as presented by the supporting theories, the 'Conceptual Model for Fostering Civility in Nursing Education' (Clark, 2008) and the 'Expanded Model of Empowerment' (Laschinger et al., 2001). As a result of the lack of significance between the predictor variables of workplace stress/role strain and structural and psychological empowerment and the outcome measure of faculty-to-faculty incivility, the steps of mediation analysis were violated and therefore no further testing for mediation was warranted. Whether or not empowerment may be a moderator or confounder requires additional research. Further findings and the sharing of experience related to the perceptions of workplace stress/role strain, structural and psychological empowerment and faculty-to-faculty incivility in nursing education provided a wealth of information supporting previous research done in this field. The implications for leadership and the need for strong policy development to address the issue of faculty-to-faculty incivility in nursing education were strongly voiced by the participants. This study and presentation invites a discussion about what the future holds for nursing educators and nursing education leaders relative to workplace stress/role strain and its effects on faculty-to-faculty civility.

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## B 27 - Promoting Satisfaction and Civility Within Nursing Faculty

### The Effect of a Formal Mentoring Program on Career Satisfaction and Intent to Stay in the Faculty Role for Novice Nurse Faculty

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*Stephanie M. Jeffers, PhD, MSN, BSN, RN, USA*

#### Purpose

The purpose of this presentation is to present the findings of a study that explored the influence of a formal mentoring program on career satisfaction and intent to continue in a faculty role of novice full-time nurse faculty in undergraduate baccalaureate and graduate nursing programs.

#### Target Audience

The target audience of this presentation is nurses who are in a faculty role, or nurses who are considering a faculty role.

#### Abstract

**Background:** The transition from the role of a clinician to that of faculty in an academic setting can be challenging and stressful for novice nurse faculty. A lack of support and mentoring for these novice nurse faculty can impact how they view their role as faculty. In 2006, the National League for Nursing (NLN) released a position statement describing their vision of mentoring for nurse faculty. This statement declared that mentorship among nurse faculty is essential in order to recruit and retain nursing faculty, to fill the numerous vacancies in colleges and universities and ultimately have available resources to educate the next generation of nurses. The NLN also described the positive aspects of mentoring nurse faculty, such as providing a supportive work environment, decreasing feelings of seclusion, and increasing nurse faculty's confidence, knowledge, and skill in nursing education. With the impending nurse faculty shortage, it is imperative that nursing education programs develop an approach such as formal mentorship programs to recruit and retain novice nurse faculty.

**Purpose:** The primary purpose of this study was to explore the influence of a formal mentoring program on career satisfaction of novice full-time nurse faculty in undergraduate baccalaureate and graduate nursing programs. The second purpose of the study was to explore the influence of participation in a formal mentoring program on novice nurse faculty intent to continue in the role of nursing faculty. The third purpose of this study was to explore the experience of novice faculty.

**Design:** This mixed-method study used a combination of a quantitative, descriptive comparative and qualitative designs. The purpose of the descriptive comparative study was to: 1) describe and examine the differences in career satisfaction between two groups, those novice nurse faculty that have participated in a formal mentoring program and those novice nurse faculty that have not participated in a formal mentoring program; and 2) explore the intent of novice nurse faculty to stay in the faculty role. The phenomenon of interest was mentoring and the dependent variables were career satisfaction and intent to continue in a nurse faculty role. This study also included a qualitative piece, with open-ended questions in the survey. The purpose of this was to gain further understanding of the experiences and emotions experienced by the participants during their transition from clinical practice to academia, as well as their possible experiences with being mentored in the faculty role.

**Sample and Setting:** The sample included a random selection of nursing faculty of undergraduate baccalaureate and graduate nursing programs across the country. The study was conducted through the use of an electronic survey that was emailed to the participants with a letter of explanation.

**Method:** Following IRB approval an email with a letter of explanation and a link to the electronic survey were sent. The survey instruments included a demographic questionnaire and the Mariani Nursing Career Satisfaction Scale (MNCSS), a 16-item semantic differential scale intended to measure career satisfaction. This instrument has a CVI of .84 and a Cronbach's alpha of > .90. Additionally, participants

were asked open-ended questions about their experience as novice nurse faculty and the mentoring process.

**Results:** The survey was emailed to 905 participants, with a response rate of 17% (N = 150). The mean score for the MNCSS was obtained and independent t-tests were computed to compare scores of the faculty who had participated in a mentoring program with those who had not. Additional quantitative analysis was conducted for demographic data. Content analysis of the open-ended answers on the survey was conducted by reading and re-reading the answers; common themes were identified and will be reported.

**Conclusions/Implications for Nursing:** It is clear that there will be a nursing faculty shortage as experienced and older faculty begin to retire. With the plethora of novice nurse faculty that are and will be entering the academic setting to fill these vacant faculty roles, it is imperative that more experienced nurse faculty and faculty leadership identify strategies to support these novice nurse faculty. Studies that demonstrate positive outcomes of mentoring programs are needed to provide support for these programs and novice faculty.

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## C 16 - The Psychological Impact of Nursing and Nursing Care

### Amputees' Perceptions of What Nurses Should Know about Mirror Interventions

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#### Purpose

The purpose of this presentation is to share the perceptions of amputees as to what they believe nurses should know about the experience of viewing oneself in a mirror after an amputation. Additionally, the perceptions of amputees related to mirror interventions nurses should take are shared.

#### Target Audience

The target audience of this presentation is nurses who work with individuals who have recently had an amputation of an upper and/or lower limb. The presentation is also suitable for nurses in academia who prepare students for the nursing role.

#### Abstract

**Purpose:** Approximately two million people in the United States are living with the loss of a limb. Researchers have demonstrated that a visible disfigurement such as an amputation may have a profound psychological impact on individuals, including his/her perception of one's own body image. An aspect of body image that appeared to be neglected in the literature for amputees was the mirror-viewing experience. Evidence that addressed viewing one's self in a mirror after the amputation of a limb(s) appeared to be non-existent. The aim of this multi-disciplinary, qualitative research study was two-fold: to generate a description of the trajectory of the mirror experience over time following a limb amputation, and to gain an understanding of appropriate clinical and/or educational mirror interventions for individuals who have had limb amputations. In this presentation, the perceptions of the participants as to what nurses should know and do concerning the mirror experience are examined.

**Methods:** Audio-taped focus groups were held with nine women and eight men, ages 19 to 68 ( $M=42.82$ ,  $SD=14.34$ ), who had lost an upper or lower limb anywhere from 1 to 48 years prior to the study. One of the questions asked in the focus groups was: What should every health care provider know about the mirror experience? This question generated a considerable amount of data that pertained to a variety of health care professionals including nurses.

**Results:** Key life stories the amputees shared are used to highlight the need for nurses to take an active role in the mirror experience following amputation. The lack of mirrors in hospital rooms was acknowledged by almost all study participants. Only one participant had ever discussed mirrors with a health care provider. As such, amputees in these focus groups learned from each other how mirrors may be used: to care for their residual limbs, in gait and prosthesis training, and in coming to know one's new body. Viewing self in a mirror after an amputation may be a traumatic event as evidenced by words such as shock, horrible, disgust, devastated, and ashamed. A story is shared of the visceral reaction of one participant who accidentally encountered her reflection in a full length mirror for the first time after her amputation in a physical therapy room surrounded by numerous other patients. Step by step instructions as to how these participants believed large mirrors should be introduced after an amputation and who should be present, for support, are provided. Information as to when a patient should be referred to a psychologist regarding the mirror experience is explored. In addition, education on the importance of using a small mirror in self-assessment of the residual limb is examined.

**Conclusion:** The information provided in this presentation may be used in preparing interventions for future mirror studies aimed at the ways in which nurses may be more involved in the care of an individual who has suffered an amputation of a limb. It has also provided information that will allow for the development of caring, compassionate, clinical nursing mirror interventions and professional education aimed at enhancing acceptance of body image and avoidance of skin breakdown and infection.



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## C 16 - The Psychological Impact of Nursing and Nursing Care

### Career Choice and Longevity in U.S. Psychiatric-Mental Health Nurses

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#### Purpose

To present original research findings from a descriptive phenomenologic study conducted to explore career choice and career longevity in US psychiatric-mental health nurses. Findings will inform nurse educators, administrators, and clinicians how to best recruit nursing students and retain nurses in the psychiatric specialty area.

#### Target Audience

Nurse educators, administrators, and clinicians.

#### Abstract

In the United States (US), demand for mental health services continues to increase as federal initiatives such as the Affordable Care Act and mental health parity improve access to and coverage for mental health services. Psychiatric-mental health nurses are uniquely qualified to bolster mental health treatment across the continuum of care, but relative few nurses enter and remain in the specialty. Prior research has focused on the unpopularity of psychiatric nursing as a career choice for nursing students. The purpose of the study was to explore the experiences of those nurses who did choose psychiatric nursing careers and have remained in the specialty area. Descriptive phenomenology was employed to examine how nurses entered and remained in the specialty. In a face-to-face interview, eight registered nurses described their experiences with psychiatric nursing as a student, their entry into psychiatric nursing, and factors related to their longevity in the specialty. Giorgi's Existential Phenomenological Research Method was employed to analyze the interview data. Three themes emerged related to career choice: Interest developed prior to or while in nursing school, Personal relevance, and Validation of potential. Three themes emerged related to retention: Overcoming stereotypes to develop career pride, Positive team dynamics, and Remaining hopeful. Nurse educators play an important role in identifying talent, validating capability, enhancing interest, and increasing confidence to pursue a psychiatric nursing career, while nursing administrators and clinicians play a key role in retention. Findings also stimulate pertinent questions surrounding the long-term viability of the psychiatric-mental health nursing specialty in the US as well as the nation's model of generalist entry-to-practice model of nursing education.

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## C 16 - The Psychological Impact of Nursing and Nursing Care

### The Concept of Self-Stigma: A Clinical Investigation

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#### Purpose

The purpose of this presentation is to describe the nature of the phenomenon of self-stigma as it is experienced by women with disabilities who had experienced intimate partner violence.

#### Target Audience

The target audience for this presentation is nurse clinicians, educators and researchers who work with vulnerable populations, such as women with disabilities who have experienced intimate partner violence.

#### Abstract

The concept of stigma is recognized as a widespread, universal experience which is a major cause of personal suffering and a deterrent to obtaining health care. Vulnerable populations, such as women with disabilities (WWD) who have experienced intimate partner violence (IPV), are at risk for several of the various forms of stigma, especially self-stigma. Health care providers and social scientists believe that stigma has a negative influence on people's lives by contributing to high levels of stress and social disadvantages.

The primary purpose of this research study was to describe the nature of the phenomenon of self-stigma by WWD who had experienced IPV and extricated themselves from their violent situations. A secondary purpose was to identify if additional types of stigma were experienced by these disabled women and to compare the findings to a stigma model constructed through the process of concept analysis. The study was conducted through the use of a secondary data analysis on qualitative data obtained from a phenomenological research study which explored the lived experience of WWD who experienced IPV. The population was adult women who were currently participating in either individual counseling or a women's support group at a community mental health center located in the Mid-Atlantic region of the United States. A convenience sample of 24 disabled women over the age of 21 was recruited from the center. After obtaining Institutional Review Board approval and each individual participant's consent, the interviews and the collection of the demographic data were held at the counseling center. Each interview was audio-recorded in a private office. The data used for the secondary analysis were the original transcripts analyzed again using Colaizzi's phenomenological methodology.

A description of the participants' background, health status, and abuse history was obtained from the demographic data collection. The findings revealed 53 examples of self-stigma validated from the interviews. Several examples of public stigma, double stigma, and health care provider stigma also were identified. The four empirical referents from the concept analysis, experience of discrimination, feelings of being devalued, negative attitude towards self, and struggles with self-care and functioning were confirmed. For the women in this study, the experience of self-stigma was present, along with conditions identified in the literature as precursors or antecedents to the experience of stigma. Of the nine consequences determined from the concept analysis of stigma, the participants identified seven of these outcomes as a part of their personal experiences. The model, constructed as a part of the concept analysis of stigma, to illustrate the pervasiveness of stigma and how it influences aspects of life and functioning was modified based on the study findings. Additional research is needed to validate the concept analysis, support or further modify the model and to determine its psycho-educational use.

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## C 17 - The Aftermath of Operative Procedures: Research Pertaining to Operative Outcomes

### Realities of Post-Operative Pain Management in Ghana: Evidence from Method and Participant Triangulation

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#### Purpose

The purpose of the presentation is highlight the specific factors that contribute to inadequate post-operative pain management in Ghana

#### Target Audience

The target audience of this presentation is nurse researchers and clinicians within the domain of qualitative research and surgery

#### Abstract

**Introduction:** Post-operative pain has been a problem over the years for many countries including Ghana. Thus patients continue to experience moderate to severe post-operative pain.

**Aim:** The study aimed to understand the factors that contribute to ineffective post-operative pain management at two hospitals in Accra, Ghana.

**Method:** A focused ethnography was employed using multiple data collection methods such as individual interviews, observation, and documentary review. The participants included patients (13), nurses (11), surgeons (3), pharmacists (1), and anaesthetists (1). Sixteen participant observations with partial immersion were conducted and 44 nurses' documentation of care was reviewed. Purposive sampling was used to recruit participants and the sample size was determined by data saturation. Content analysis was used to analyse the data generated and the NVivo 9 software was used to manage the data.

**Findings:** It was realized that multiple factors contributed to ineffective post-operative pain management. These factors were related to the individual, the health system and national policies. The individual factors included socio-cultural, psychological, and inadequate knowledge. Health system factors were negative attitude, poor supervision and team work. National factors included lack of policies and unavailability of opioids.

**Conclusion:** The study concluded that a multidisciplinary and multi-sectorial approach is required to enhance post-operative pain management in a resource-limited clinical context such as Ghana. The need for a context appropriate clinical guideline was highlighted.

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## C 17 - The Aftermath of Operative Procedures: Research Pertaining to Operative Outcomes

### An Exploration of the Incidence of and Risk Factors for Unplanned Perioperative Hypothermia (UPH) in the Ambulatory Surgical Patient

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*Vallire D. Hooper, PhD, MSN, BSN, RN, CPAN, FAAN, USA*

#### Purpose

The purpose of this presentation is to discuss the design, implementation, analysis, and results of an exploratory study examining the incidence of and risk for UPH in the ambulatory surgery population. Results will be discussed within the context of previous inpatient findings. Implications for practice will also be described.

#### Target Audience

The target audience for this presentation will include practicing staff nurses and research scientists interested in the design, conduct, and impact of large dataset research on clinical practice.

#### Abstract

**Introduction:** Unplanned perioperative hypothermia (UPH) is a common occurrence in surgical patients in both inpatient and outpatient settings, and has been associated with a 68% increase in the incidence of surgical site infection (SSI). The ASPAN Guideline for the Promotion of Perioperative Normothermia (Hooper, et al, 2010) recommends numerous perioperative interventions as a means of maintaining normothermia throughout the surgical continuum.

**Identification of the Problem:** Outpatient surgeries comprise 75% of all surgeries; however, the incidence of UPH in the ambulatory surgical population, as well as the relationship of warming interventions to the development of UPH in this population is not well elucidated.

**Purpose of the Study:** The purpose of this study was to describe the incidence of UPH in an outpatient surgical population of a large regional-referral healthcare setting. The effect of evidence-based interventions associated with the prevention of UPH was also explored.

**Methodology:** A retrospective exploratory design was used. Data were abstracted electronically from a purposive convenience sample of medical records. Independent variables included all risk factors and confounding variables associated with the development of UPH. Dependent variables included postoperative patient temperature and incidence of UPH. Descriptive statistics included measures of central tendency and frequency measures. Regression was used to explore the relationships of the independent variables to development of UPH.

**Results:** 7102 charts were electronically abstracted. Mean age of the sample was 54.26 years. 39.2% were male; 60.8% were female. 51% of the sample was ASA II. 59.7% of patients received general anesthesia. Mean first postoperative and last temperature was 97.9°F. Mean incidence of postoperative hypothermia was 1.0%. Regression analysis indicated no significant predictors for first postoperative temp; however age, gender, ASA status, intraoperative forced-air use, preoperative temperature, BMI, and OR and surgical time were significant predictors ( $p=0.00-0.008$ ) of last postoperative temperature.

**Discussion/Conclusion:** Incidence of unplanned perioperative hypothermia (UPH) in this population was well below the incidence reported in the literature for the inpatient population. Predictors of last postoperative temperature; however, were consistent with current national evidence-based guidelines.

**Clinical and Research Implications:** While incidence of UPH in this population was minimal, perioperative vigilance regarding temperature management in the ambulatory surgery setting should be

encouraged. Future research into perioperative temperature trending in the ambulatory surgery population is also indicated.

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## C 17 - The Aftermath of Operative Procedures: Research Pertaining to Operative Outcomes

### Examining the Use of the Transdermal Scopolamine Patch in the Prevention of Postdischarge Nausea and/or Vomiting: A Secondary Analysis

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#### Purpose

Postdischarge nausea and/or vomiting (PDNV) is estimated to effect up to 50% of patients undergoing general anesthesia. The purpose of this study was to examine the use of the long acting antiemetic, transdermal scopolamine patch (TDS), and the subsequent incidence of nausea and vomiting among ambulatory surgical patients.

#### Target Audience

All nurses that provide care for surgical patients to include preoperative, intraoperative and postoperative care. Academic nurses that teach perianesthesia courses and administrative nurses involved in policy development for surgical services.

#### Abstract

Postdischarge nausea and/or vomiting (PDNV) is estimated to affect up to 50% of patients undergoing general anesthesia. New guidelines recommend long acting antiemetics for those considered to be at risk for PDNV. Therefore, the purpose of this study was to examine the use of the long acting antiemetic, transdermal scopolamine patch (TDS), and the subsequent incidence of nausea and vomiting among ambulatory surgical patients. From the multicenter observational cohort study of 2170 adult ambulatory surgical patients collected from 2007-2008, data were analyzed from 2098 participants with sufficient information to calculate risk scores. The parent study contained variables of interest that were recoded for this study. Descriptive statistics were used to characterize participants in terms of demographics, risk for nausea and/or vomiting, surgical procedure, TDS use (none, during anesthesia, or following the operation in the postanesthesia care unit), and incidence of nausea and/or vomiting. On average, participants were overweight (body mass index = 28.3, SD = 6.9), approximately 50 years of age (M = 49.7, SD = 15.4) and primarily female (65%). Common surgical procedures were general surgery (N = 426, 20%), gynecologic (N = 230, 11%), knee arthroscopy (N = 222, 11%), and breast (N = 219, 10%). TDS was used in less than 4% of the participants; no TDS (N = 2020, 96%), TDS during anesthesia (N = 71, 3.4%), and TDS in PACU (N = 7, <1%). For those qualified to receive a long acting antiemetic based on risk scores, less than 1% received TDS. Over 90% (N = 64) of those receiving TDS during anesthesia had a PDNV Risk Score of  $\geq 3$ ; 86% (N = 6) of those receiving TDS in PACU had a PDNV Risk Score of  $\geq 3$ . Given the expected PDNV incidence of 20,30,50,60, and 80% for a risk score of 1,2,3,4,5, respectively, those not receiving TDS experienced PDNV at the expected incidence based on PDNV risk score (18,31,49,61,and 82% respectively). Those receiving TDS during anesthesia generally had an incidence of PDNV less than expected (0, 40, 37, 53,and 71% respectively). Six of the seven receiving TDS in PACU had a postoperative nausea and/or vomiting risk score  $\geq 3$ . Five of the seven receiving TDS in PACU had nausea and/or vomiting while in the PACU. Those with a PDNV risk score of 3, 4, or 5 receiving TDS in PACU had higher incidence of PDNV than expected (67, 100, and 100%); this was likely due to providers reserving TDS for those with the highest risk scores and those already experiencing nausea or vomiting in the PACU. Findings from this study highlight the limited use of TDS as a long acting antiemetic in ambulatory surgical settings and the potential value when given during anesthesia. While this cohort study has limitations, further study is needed to examine the effect of TDS on the individual components of PDNV (nausea, vomiting, nausea or vomiting, and nausea and vomiting), as well as severity of PDNV, using a randomized controlled trial to examine TDS across all levels of PDNV risk score.



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## C 18 - Effects of Toxic People

### The Lived Experience of Incivility in Nursing Classrooms

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#### Purpose

To continue the dialogue of incivility in nursing education and present findings from the current phenomenological study, including how uncivil encounters could have been defused.

#### Target Audience

Nurses working in any faculty role in nursing education.

#### Abstract

**Background:** In recent years the prevalence of incivility in educational settings has received heightened attention in academic and popular press. In light of nursing's position as a profession of humanistic, caring interaction, measures to reduce incivility are of dire need in the academic setting. The presence of uncivil behaviors not only diminishes the modeling of professional nursing and fails to set a standard of acceptable behavior, but restricts learning and destroys the educational environment. Missing from current research is the study of whether faculty, using a conscious, caring approach are able to defuse escalating uncivil encounters. The purpose of this phenomenological investigation was to describe the lived experiences of nursing faculty who have experienced or witnessed incivility in the classroom and to elicit reflection on how these situations might have been defused.

**Method:** A phenomenological approach was used to guide data collection and analysis. Purposive sampling will be used to recruit 10 nurse educators who self-identify as having experienced incivility in the classroom as a nurse educator. Participants meeting the inclusion criteria participated in single session, 60 minute interviews with one of the co-researchers. Inclusion criteria consisted of possessing a Master's degree in nursing and have been employed in a school-based, classroom setting as nurse educator for longer than 12 months.

**Findings:** Two themes were identified: The first theme, Tolerance, illustrated how perpetuation of incivility occurred. A second theme, Opportunities to Diffuse, addressed actions that could, and were, taken to deescalate incivility through conscious action. Conscious action became the "Living Rule" of embodiment of Caritas practices. Caring begins in nursing classrooms and moves outward into the clinical environment. Fostering a community of care begins with respectful regard prior to clinical engagement.

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## C 18 - Effects of Toxic People

### Helping Men Rebuild Their Sense of Self Following Workplace Bullying

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*Judith A. MacIntosh, BN, MScN, PhD, RN, Canada*

#### Purpose

The purpose of this session is to help health professionals understand the impacts of workplace bullying on men's sense of self and how to assist them to rebuild following workplace bullying.

#### Target Audience

The target audience of this presentation is researchers, human resource and health care practitioners, and educators.

#### Abstract

Workplace bullying is prevalent abuse consisting of offensive behaviours that humiliate or intimidate others at work (Carbo and Hughes, 2010). The reported incidence varies with type of abuse and measurement methods but world-wide rates are reported to be increasing. Workplace violence has been identified as an international problem (World Health Organization, n.d.). We know that workplace bullying has effects on physiological, psychological, social, and economic health. Our past research showed how workplace bullying influenced women's health promotion and workforce engagement (MacIntosh, O'Donnell, Wuest, & Merritt-Gray, 2011). We recognized a need to study men's experiences because of potential differences in biology, gender norms, and help seeking behaviours.

We used grounded theory to study and develop a substantive theory of how men took care of their health and engaged in the workforce following workplace bullying. We recruited a community sample and interviewed 36 adult men, ranging in age from 30 to 81 years (average age 52 years). Most men had some high school education and many had gone to university. Men in this study worked in healthcare, office work, trades, labour, and business in cities, towns, and villages and in both large and small workplaces. About 2/3 of men were bullied by bosses and about 2/3 of those bosses were men. The rest of the people bullying were co-workers or groups of them. Most men reported psychological bullying. About 1/3 of men were fired, laid off, or forced to retire early because they were blamed for being bullied. Only about 1/4 of men stayed in their workplaces.

The main problem for men experiencing workplace bullying was that it eroded their sense of self. How they thought of themselves was shaken. It was hard to understand and how they were treated did not fit with how they saw themselves. Men addressed this problem using a four stage process we named Sustaining Self. We called the stages noting discrepancies, gauging damage, preserving, and coming to terms. Men's efforts to take care of their health and to keep working were affected by the amount of support they got from friends, family, health care workers, and at work. How men thought they were expected to behave as men affected what they did about being bullied.

I will talk about how men managed workplace bullying and what they believed would help them to manage and to rebuild their sense of self. Their recommendations include policy and workplace culture change strategies. Many men in this study sought help from available resources and I will talk about which sources of help they tried and accessed, and the outcomes of that help-seeking. That men did seek help leads us to further research concerning which men are more likely to seek help for health problems and what prompts them to do so.

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## C 18 - Effects of Toxic People

### "Know What Battle to Fight and How to Fight It": Navigating the Cultural Terrain of Healthcare

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Josephine B. Etowa, RN, PhD, Canada

#### Purpose

To discuss the role of organization culture work life of visible minority nurses To examine the inter-personal relationship of Minority nurses with colleagues and patients To explicate the various manifestations of racial discrimination in nursing To present the strategies for dealing with differential treatment

#### Target Audience

Front-line nurses Nurse Managers Senior Healthcare Administrators Researchers Educators and nursing students.

#### Abstract

**Background:** Globalisation and the changing demographics of contemporary society call for a diverse health professionals' workforce to provide effective health care for all consumers. There has been growing interest in issues of diversity, social inclusion, and racism within the nursing profession and programs are being developed to promote diversity in the profession. This growing interest in understanding the importance of diversity and social inclusion, as well as the specific experiences of minority health professionals, holds promise for health care. Therefore, sustained efforts to create a healthy population should include examining the work life experiences of minority nurses already working in the system and creating a healthy work environment for all nurses irrespective their ethno-cultural backgrounds.

**Purpose:** This paper will present the findings of a grounded theory study that investigated the work life of visible minority nurses in Atlantic Canada.

**Methodology:** Qualitative study using grounded theory. In-depth individual interviews of twelve Registered Nurses (RN) were primary source of data collection. Snowball technique and theoretical sampling directed recruitment to enhance maximum variation. Interviews were transcribed verbatim and coded. Constant comparative method was used for data analysis and Atlas ti computer software facilitated data storage and management

**Results:** The paper will focus on the theme of relationship with professional colleagues and patients as well as the organizational culture that formed the backdrop to these relationships. It will explicate the conditions that influence the work life of visible minority nurses including racism, organizational culture and discrimination. It will discuss the impact that experiencing and witnessing racism have on the mental health of these nurses and their responses to differential treatment.

**Conclusion:** It will conclude with recommendations for fostering a healthy work environment for visible minority nurses including mentoring programs and opportunities for career advancements.

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## C 19 - Implications and Innovations in Childhood Obesity

### NAHN Miami Chapter Presents Muevete on Cinco de Mayo Day to Reduce Obesity in Children of Migrant Workers

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#### Purpose

To promote healthy eating habits and decrease obesity in Mexican migrant children and Hispanic children

#### Target Audience

To provide an awareness that other countries for example Mexico restricts junk food ads along with the Muevete project to reduce obesity in Hispanic children

#### Abstract

**Introduction:** In July, 2014, Mexico restricted food marketing to children since Mexico is the biggest +per-capitala consumer of Coca-Cola and 3rd largest market by revenue for Pepsi (Wall Street Journal, 8/22/2014). Television ads were banned on cereals like Fruit Loops and Frosted Flakes between 2:30pm and 7:30pm on weekdays and 7:30am and 7:30pm on weekends ([www.foodnavigator-usa.com/Regulation/mexico-restricts-junk-food-ads-time-for-rethink-on-advertising](http://www.foodnavigator-usa.com/Regulation/mexico-restricts-junk-food-ads-time-for-rethink-on-advertising)). Mexico is fast becoming a leader in the fight against obesity with other countries like the United Kingdom, Norway and Quebec, CandaChildhood obesity is widely recognized as a major public health problem of global significance (Onis, 2014). Treating obesity-related illness (25% of Florida population) is \$6,675,940 with Latino children at a greater risk of obesity with prevalence increasing over time (Wikley, eta al, 2014). Obese Miami-Dade County children (20%) are more likely to develop Diabetes Type 2 and cardiovascular disease (RWJ & NCLS, 2012). National Association of Hispanic Nurses (NAHN) Miami Chapter participated (2013-2014) in Muevete USA™ Project to reduce Hispanic children obesity (Milan, 2011). Coca-Cola Foundation funded the program in partnership with Let's Move ([www.letsmove.gov](http://www.letsmove.gov)) and weight management programs (Brown et al, 2014). However children in Migrant workers in South Florida are more obese due to eating habits and finances and are exposed to the ban of TV ads.

**Purpose:** To determine if presenting Mexican TV ads and an educational program on nutrition, labels, physical activity and exercise can increase Mexican migrant workers children's knowledge and attitude of obesity.

**Methodology:** A descriptive exploratory research design conducted in a clinic for children of Migrant workers in south Florida. Mexican children listened to Mexican TV ads, completed five pre/post tests= 15 questions - "My Plate"; "Food Label"; "Physical Activity and Exercise" "Healthy Snacks" and "Goal Setting". Content validity was established. Community Health ASN & RN-BSN students participated in Muevete USA™ during Cinco de Mayo Day. Students, received 10 community hours for designing posters and promoting healthy habits for 25 children (4-15); taking food cutouts, making plates with appropriate portions, nutritional requirements and reading labels. Healthy snacks were served. Each child received a jumping rope along with exercises and games. A FDA representative taught hand washing techniques.

**Results:** Over 357 Hispanic children participated over two years in two different sites; There were 100 children at the 1<sup>st</sup> site 1st year and 132 2nd year and 125 children at 2<sup>nd</sup> site in the 2nd year. Hispanic children ranged in age 4-16, mean age 9.4 at 1<sup>st</sup> site while it was mean age of 8.1 at 2<sup>nd</sup> site ranging from kindergarten to 9<sup>th</sup> grade. There were equal number Blacks and Hispanics with lower number of Caucasians at the 1st site while at the 2<sup>nd</sup> site, there were predominately Hispanics with more Caucasians than Blacks. There were more males at both sites. Mean number of questions correct out of 15 (pretest) was 9.4 and increased to 10.58 at posttest. children ranged in age 4-12; M for pretest was

9.4 increasing to 10.58 posttest with 13.62% change at 1st site and Mean for pretest at 2nd site M pretest was 8.33 increasing to 9.45 with 13% change. Higher scores correlated with older children pre to posttest. Children of Mexican migrant worker's (25) participated on Cinco de Mayo Day ranging in age 4-12; M for pretest was 8.0, increasing to 9.0 posttest with 10% change.

**Discussion:** Mexican children listened to the Mexican TV ads and understood nutrition facts labels, identified food handling, daily portions of fruits, vegetables, grains, dairy, protein and drew a plate with food portions ([www.choosemyplate.gov](http://www.choosemyplate.gov)). They exercised with a jumping rope, did hand washing techniques. Parents received nutrition classes. Most missed question was-"How much Sodium is in this entire food product?" per food label. Sodium-440 mg; 4 servings = 1760mg.

**Conclusion:** Mexican children loved watching Mexican TV ads, jumping rope, eating healthy snacks and exercising. They understood the need to wash their hands and learned to overcome and confront childhood obesity. This program helps to reduce obesity for Mexican children, decreasing the obesity level and reducing the associated healthcare costs.

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## C 19 - Implications and Innovations in Childhood Obesity

### Parenting Practices and Children's Physical Activity

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#### Purpose

The purpose of this presentation is to explore the state of the science concerning the influence of parenting practices on children's physical activity levels. Parents have influence over children's physical activity levels. The level of influence and the nature of the relationship is not well studied.

#### Target Audience

The target audience for this presentation includes a variety of disciplines interested in health promotion and disease prevention. This includes but is not limited to physicians, nurses, nurse practitioners, nurse educators, dietitians, and physical therapists.

#### Abstract

Lack of physical activity (PA) has been identified as the 4<sup>th</sup> leading cause of death globally (WHO, 2014). People who are physically active typically live longer than those who are not (Paffenbarger, Hyde, Wing, & Hsieh, 1986). They also have lower rates of heart disease, stroke, type 2 diabetes, depression, and some cancers (AHA, 2013). Parents have influence over children's physical activity levels. The level of influence and the nature of the relationship is not well studied. The purpose of this integrative review is to critically analyze the state of science concerning the influence of parenting practices on children's physical activity levels.

In the United States 42% of children ages 6-11 obtain the recommended daily levels of 60 or more minutes of moderate to vigorous physical activity per day, and only 8% of youth aged 12-15 year old obtain that amount (National Physical Activity Plan, 2014). It is well known that physical activity helps maintain a healthy body weight (Obarzanek, Schreiber, Crawford, 1994). It has recently been predicted that by 2030, 13 states could have obesity rates above 60% (Levi, Segal, St. Laurent, Lang, & Rayburn, 2012). It is essential that improvement in physical activity levels be improved to prevent obesity.

Components of two conceptual frameworks guided this review. Bandura's Social Cognitive Theory (Bandura, 1986) and the Family Ecological Model (FEM) (Davison, Jurkowski, & Lawson, 2012) framed the study based on appropriateness of conceptual fit (Figure 1). Bandura's (1986) Social Cognitive Theory was chosen as a component of the conceptual framework for this review because of its emphasis on social influence. Criteria set forth by Whittemore and Knafel (2005) guided this review. Criteria includes problem identification, literature search, data reduction, data display, and data comparison. Key concepts were identified, evidence and methodological evidence was evaluated (Whittemore & Knafel). The design of the review also includes principles of cross case analysis described by Miles, Huberman, and Saldana (2014).

This review covered an 11 year period (2003-2014). The CINAHL, JSTOR, PsycINFO, and PubMed databases were searched in October of 2014 for eligible studies. The search terms consisted of combinations of "parenting practices", "children", "physical activity", "physical" and "activity". Inclusion criteria for this study were qualitative and quantitative studies published in English language professional journals investigating parenting practices that influence physical activity in children and adolescents. Unpublished studies were not included in the review. Sixty- four studies were identified from the database searches. A total of 10 studies met the inclusion criteria. The majority of the studies (n=7, 70%) were cross sectional, non-experimental, prospective studies. The body of research is limited in experimental designs. There is an inadequate amount of evidence aimed at the prediction and control level.

The Activity related Parenting Practices Scale provided a consistent measurement for parenting practices across the studies. Reliability was consistently reported in the quantitative studies with eight out of nine (88.9%) reporting a Cronbach's alpha for the tools used to measure physical activity related parenting

practices. The research could be strengthened by using accelerometers as a measurement of PA. Seven (70%) of the ten studies contained at least one aim to examine the links between parenting practices and children's physical activity. Two (20%) of the studies, the qualitative ones, aimed to describe parent's perceptions of practices impacting children's physical activity levels. Six of the studies (60%) measured parental role modeling of PA as a parenting practice influencing children's PA. Four (40%) of the studies found significant associations between parental role modeling of PA and children's physical levels. Both of the qualitative studies evaluated identified parental role modeling of PA as important in promoting children's physical activity (DeLepeleere et al., 2013; O'Connor et al., 2013). The results of the current review support parental role modeling of physical activity as influencing children's physical activity levels. The science widely involves the use of logistic support and sedentary behaviors as a concepts involved in parenting practices influencing children's PA. Monitoring children's PA is not widely utilized in the literature as a definition of parenting practices influencing children's PA.

Missing elements in this body of literature are original studies as opposed to cross sectional studies aimed at investigating the influence of parenting practices on children's physical activity. The majority of the studies in this review were cross sectional, non-experimental prospective studies. This means that the original design was not primarily intended to examine parenting practices influencing children's PA. The science would be expanded if an original study was conducted to examine the influences between parenting practices and children's PA.

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## C 19 - Implications and Innovations in Childhood Obesity

### Obesity-Related Behaviors of Korean Female Adolescents in Their Classroom-Based Peer Networks

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*Sophia Chung, PhD, MSN, RN, South Korea*

#### Purpose

The purpose of this pilot study is to examine obesity-related behaviors of female Korean adolescents in their classroom-based peer networks.

#### Target Audience

The target audience of this presentation is people who are interested in adolescent health, especially adolescents' behaviors contributing to obesity. This presentation provides a new point of view and possibility to intervene with adolescent obesity to people who develop the interventions for adolescent obesity.

#### Abstract

**Purpose:** The purpose of this pilot study is to examine obesity-related behaviors of female Korean adolescents within a classroom-based peer network

**Design:** A complete social network analysis approach was used. Demographic and behavioral data, including physical activity and eating habits, were obtained from 104 female Korean adolescents aged 16 to 18 from three classrooms in a girls-only high school in Korea. After excluding incomplete answers, network data from 98 adolescents were used for network analysis.

**Method:** Physical activity of adolescents was measured using the International Physical Activity Questionnaires; and the Adolescent Food Habits Checklist for eating habits. Adolescents' peer-network data were collected by friendship nomination. Using descriptive statistics, the characteristics of the adolescents, the level of physical activities and the eating habits were provided. A sociogram, a graphic display consisting of nodes and lines, was created to represent peer networks in the classroom.

**Finding:** Female adolescents mentioned fewer friends among their nominated peer networks in the classrooms when they were asked about physical activity during or after school, compared to the number of friends who had lunch or snack together. Sociogram, created based on the network data relating to eating, indicated that an adolescent was connected to at least one of the peers in the classroom. Several students functioning as bridges between networks were found in each classroom.

**Conclusion:** For the events relating to eating, all female adolescents were connected within their classroom-based peer networks; while fewer networks were found for physical activity.

**Clinical relevance:** Involvement of peers or cliques for intervention would be effective to promote healthier eating habits of female adolescents in Korea. For improvement of the level of physical activity, a classroom-based network approach among female adolescents might be less helpful.

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## C 24 - Noting Cultural Differences in the Arena of Mental Health

### Mental Health Treatment and Media Preferences for Persons of Mexican Heritage

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*Tanya Renee' Sorrell, PhD, MSN, MS, BS, RN, PMHNP-BC, USA*

#### Purpose

To review the results of a qualitative research study describing the treatment preferences, media preferences and influences for mental health treatment for persons of Mexican heritage living along the US-Mexico border in Yuma County, Arizona.

#### Target Audience

Advanced practice and mental health nurses working with, or interested in, Mexican/Latino, and border health populations.

#### Abstract

Determining culturally based methods of care aligning with patient values and preferences is a focal point in mental health services provision. Unfortunately, few studies have focus on mental health treatment preferences of persons of Mexican heritage. A wide range of factors may influence treatment preferences including personal characteristics, acculturation perspectives about mental health issues, illness and treatment experience, and media influences presented in English and Spanish. Achieving patient-centered care in mental health services begins with understanding patient values and preferences and adapting services to meet needs, values and preferences.

**Problem:** This qualitative study describes the treatment preferences, media preferences and influences, and ascribed meanings of mental health treatment for persons of Mexican heritage.

**Methods:** In this IRB approved study, twenty-one participants living along the US-Mexico border in Yuma County, Arizona were interviewed and responses analyzed using Atlas-ti qualitative analysis software. The participants reported twenty-five treatment preferences associated with their demographics.

**Results:** Media influences on mental health information and ascribed meaning of mental health and illness also affected treatment preferences. Themes identified included- prescribed mental health treatments, self-management interventions, and holistic- integrative medicine treatments. Implications for provision of culturally-sensitive mental health services will be discussed. Mental health services for persons of Mexican heritage should include varying holistic mental health treatment practices, need for varied media modes and an understanding of potential meanings for mental health issues and illness.

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## C 24 - Noting Cultural Differences in the Arena of Mental Health

### The Experiences of Low Income Non-Resident African-American Fathers with Parenting and Depressive Symptoms

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*Omolara Fyle-Thorpe, BSN, MSN, RN, FNP-BC, USA*

#### Purpose

The purpose of this presentation is to expand the understanding of low income non-resident African American fathers' experiences with regards to parenting and depressive symptoms. These fathers are a vulnerable group of parents due to the many factors that affect their parenting and put them at risk for depressive symptoms.

#### Target Audience

Nurses who work with, teach about, and do research about vulnerable populations. The disparities undeserved populations face can be universal. This study will expand knowledge of how to address those disparities and improve practice.

#### Abstract

**Background/Significance and Purpose:** Low income, non-resident African American fathers are a vulnerable group of parents due to the many factors that affect their parenting and put them at risk for depressive symptoms. This population experiences many stressors related to poverty, limited resources, child support, discrimination, and poor social support. An expanded understanding of this population's challenges and coping will allow health care providers to better care for these fathers and their families. The purpose of this study is to explore the experiences of low income non-resident African American fathers with regards to parenting and depressive symptoms.

**Theoretical rationale:** Interpretive phenomenology or hermeneutics is the theoretical framework that will be used for this study. Interpretive phenomenology will provide an in depth understanding on how participants are situated in the world, their background meanings and practical understanding of the world which informs how they cope with stressors and barriers.

**Method:** Data was collected from fourteen low income non-resident African American fathers over a three month period. Fathers completed 3 interviews and 3 scales: The Center for Epidemiologic Studies Depression scale, the Gotland Scale for male depression and the Adverse Childhood Experiences questionnaire. Responses from the scales were used to expand and enrich the data by providing examples of symptoms of depression experienced by fathers. These responses added to the data by prompting discussions about childhood experiences and depressive symptoms. Interpretive analysis: Transcribed interviews and responses from scales were analyzed. Transcribed data was coded and emerging themes were grouped into categories to identify patterns, ascertain exemplars and paradigm cases.

**Results and Conclusions:** Findings from this study expand our understanding of the supports and challenges faced by low income African American fathers who are non-resident. Variations in fathers' coping with depressive symptoms and parenting practices are needed to provide clinical care. Findings also support the development of interventions and intervention studies to promote paternal and child wellbeing.

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## C 25 - Nursing Outcomes Based on Data

### Reducing Device-Related Pressure Ulcers: Leveraging Data and Innovation to Improve Adult/Pediatrics Outcomes

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*Peggy Kalowes, PhD, RN, CNS, FAHA, USA*  
*Raquel Paige, MSN, RN, CPN, CRRN, USA*  
*Valerie Messina, BSN, RN, CWCN, USA*

#### Purpose

Purpose of this session is to share an effective interprofessional performance improvement project, which examined etiology of medical device related pressure ulcers (MDRPU) in adult/pediatric patients. A PU Prevention Model and evidence based algorithm was designed to identify risk, cost effective strategies in reducing our MDRPU rate to 'zero' 2-years.

#### Target Audience

The target audience of this presentation is clinical leaders, staff nurses, advanced practice registered nurses (APRNs) and the quality and performance improvement teams.

#### Abstract

**Significance and Background:** Pressure ulcers are acquired among high-risk patients in pediatric and adult hospitals, and are key indicators of the effectiveness of care. The NPUAP<sup>1</sup> recognizes that PUs can occur on any tissue under pressure, including beneath medical devices (MDs) used for diagnostic/therapeutic purposes. In the past two years we have reduced our quarterly prevalence of PUs (sacral, coccyx, and heel) to zero to 0.3% using an EB Skin Bundle<sup>5</sup> plus a 5-Layered Silicone Border Dressing\* thus the direct impact of MDR PUs has become more transparent. Stage III, IV, and Unstageable PUs are reportable as sentinel events, and are linked with litigation and lack of Medicare/Medicaid reimbursement. In 2012, using our CALNOC (Collaborative Alliance for Nursing Outcomes) nurse indicator PU data, we found a surge of MDR PUs >benchmark in Pediatrics and Adult units, (5-Tracheostomy; 2-Noninvasive Ventilation Masks (NIVM); 1-IV Hub). Thus as we strive to be a high-reliability organization, we have intensified efforts to improve safety through better process re-design, changing practice to EB therapies<sup>1-4</sup> and building a culture of safety.

**Purpose:** The aim of this Interprofessional performance improvement (PI) project, was to examine our on-going rate of medical device related (MDR) pressure ulcers (PUs) among pediatric and adult patients; and to institute a novel PI program for MDR PU prevention, based on evidence and innovation.

**Methods:** The adult/pediatric advance practice nurses and the director of nursing research, convened an interprofessional team (staff nurses; MDs; PT; PI nurses; wound care specialist) who reviewed the literature, and a subsequent development of an intervention model using a rapid-cycle, Plan-Do-Study-Act (PDSA) framework. A root cause analysis of all 8 MDR PUs in 2012 was conducted reviewing stage, location, device involved, and compliance with our standard SKIN Bundle.<sup>4</sup> Because of the urgency to reduce NIVM and tracheostomy-related MDR PUs, we immediately (2<sup>nd</sup> Q, 2012), deployed the use of Mepilex® Transfer or Lite, beneath all tracheostomy neck plates and NIVM. We finalized our comprehensive MDR Prevention Model (2013), to include a new MDR PU Prevention Bundle<sup>1,3,4</sup> with EB interventions, including frequent skin/device assessments, moisture -reducing device interface and pressure-free device interface.

**Evaluation and Discussion:** Our MDR Prevention Model was fully launched in 3<sup>rd</sup> quarter, 2013. We've closely tracked point-prevalence/and incidence data, along team compliance with the MDR prevention bundle for the past 3 Quarters. There was an absolute reduction of MDR PUs from 0.06% incidence of stage 3+ MDR HAPU's per 1000 patient days to zero in pediatrics (benchmark 0.0 – 0.04%); and among adults from 0.28% incidence to zero with (benchmark 0.05-0.09 %). Thus, thru interprofessional team implementation of the MDR prevention program, and deployment of EB therapies to relieve pressure at the device–skin interface effectively,<sup>1,3,4,5</sup> rigorous education and continuous monitoring, we have



sustained a 'zero' incidence among adults and pediatric patients. These interventions can be integrated into daily workflow and result in sustained effect on nursing practice, teamwork and patient outcomes.

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## C 25 - Nursing Outcomes Based on Data

### Empirical Outcomes: An Autograph for Our Nursing Care

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#### Purpose

To discuss the specific steps necessary to identify, build, describe, and demonstrate success in empirical outcome measurement(s). To develop an outline describing the background, problem, goal, methods, participants, and outcome and to select the best metric and proper graphic display to demonstrate empirical outcome achievement(s).

#### Target Audience

Clinical nurses, educators, nurse leaders, nurses in quality and performance improvement.

#### Abstract

**Background:** Changes in the current healthcare environment necessitate an awareness to and transparency of safe and quality patient outcomes. In nursing, empirical outcomes are becoming increasingly important and are an expectation by several accrediting bodies. Some say the bar is lifted for nursing care; others say there is a stronger emphasis on patient outcomes as a measurement of our care. Both of these statements are true; and with this change, measurement of empirical outcomes provides greater evidence of nursing care within the healthcare system and across all providers. Empirical outcomes and the improvements nurses are able to make through best practices in nursing care, the nurse practice environment, and the patient experience are the autograph of our nursing care.

**Purpose:** This session discusses a step-by-step approach to achieving success using empirical outcome measures by describing the background, problem, goal, methods, participants, and outcome. Selecting the best metric and proper graphic display is key to demonstrating successful outcomes.

**Methods:** Empirical outcomes require a deliberate approach to describing and demonstrating improvements in nursing care through an outlined nursing process: background (assessment); problem (diagnosis); desired goal; intervention(s); and evaluation (outcomes). The goal statement is essential and indicates where the project started and its initial direction. The goal statement should reflect a measurable and desired goal attainment and match the quantitative data measurement used. Empirical outcomes require pre- and post-data to demonstrate excellence. Data is evidence of enculturated structures and processes and subsequent sustainment of interventions as the achieved outcome. Pre-data is required to validate that a problem existed prior to the implementation of an intervention or practice change. Each intervention described must have a minimum of three post-data points to demonstrate the effectiveness of the interventions and sustainability of improvement(s). Development of clear and readable graphs depicting all required information is key to demonstrating successful achievement(s).

**Results:** This session will provide examples of initiatives in nursing practice, the nurse practice environment, and the patient experience to describe the development and use of empirical outcomes to demonstrate nursing excellence. A guided outline for each example will be presented along with a detailed, graphic display demonstrating successful achievement of each goal.

**Conclusion:** This session will discuss the specific steps necessary to identify, build, describe, and demonstrate success in empirical outcome measurement(s). The use of empirical outcomes and improvements made through best practices in nursing care, the nurse practice environment, and the patient experience demonstrate the autograph of our nursing care.

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## C 25 - Nursing Outcomes Based on Data

### Nurse-Patient Assignments: Moving Beyond Nurse-Patient Ratios for Better Patient, Staff and Organizational Outcomes

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#### Purpose

to explore the current “science” behind nurse-patient assignments. Financial constraints require movement beyond staffing as a solution to our nurse scheduling issues. This study explored the purpose, factors considered and steps of the nurse-patient assignment process. By understanding how we make assignments we can maximize organizational, staff and patient outcomes.

#### Target Audience

nurse leaders, nurse managers, charge nurses and all nurses who make or are recipients of nurse-patient assignments.

#### Abstract

Adverse patient safety outcomes have been linked to higher nurse-patient staffing ratios (1). But given the current shortage of nurses and financial constraints, reliance on lower nurse-patient staffing ratios is not a tenable solution for the delivery of high quality, safe patient care. More educated nurses and better work practice environments have been suggested as solutions to improving patient safety (2).

A seminal study concluded that increasing the percentage of baccalaureate prepared nurses by 10% decreased the risk of mortality and failure to rescue by 5% after they controlled for patient and hospital characteristics (3). Another study found that a one-year increase in the average tenure of the RN was associated with a 1.3 percent decrease in length of stay (4). Other researchers suggested that factors such as patient acuity and nurse competence affect patient safety outcomes (5, 6). These authors suggested that instead of increasing nurse-patient ratios, clinicians’ efforts to improve patient safety should rely on more efficient and effective nurse-patient assignments.

This session will describe the results of a descriptive study about the nurse-patient assignment process. Specifically, what were the purposes, factors and steps of the process. Fourteen charge nurses from 11 different units were interviewed for this study and gave semi-structured interviews detailing how they approach the nurse-patient assignment process.

The results of the study indicated the purposes of the nurse-patient assignment process were interrelated among the patient, nurse and nursing environment. “Best care” was the overarching purpose of the nurse-patient assignment. Participants across units strove to make nurse-patient assignments where best care was a priority while ensuring that nurses were treated equitably and the work of the unit was completed. The most common decision factors were related to patient and nurse demographics, acuity, proximity, competence, workload, nurse-patient ratio, collegiality and staffing. Participants on each type of unit considered factors that were specific to their unit environments. Participants described three pathways to making nurse-patient assignments which corresponded to the type of nursing unit on which they worked.

Unit type and characteristics played a role in the differences seen amongst the three types of units related to purposes, decision factors and steps of the nurse-patient assignment. Based on these findings nurse leaders can implement evidence-based, unit-specific solutions to improve outcomes for nursing staff, patients and the organization. Process and quality improvement activities can track important outcomes for patients (ie, falls, infections, length of stay), nursing staff (ie, retention, sick time, morale) and organization (ie, costs, work environment). Implementing policy & procedures and conducting policy & procedure reviews can standardize processes and improve assignment making transparency.

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## C 26 - Innovations in Healthcare Practices

### Safe Zone Implementation in Contact Isolation Rooms: Can the Simplicity of Duct Tape Improve the Patient Experience?

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#### Purpose

The purpose of this presentation is to describe how Clinical Nurse Leader's at a large urban medical facility implemented a "Safe Zone" in contact isolation patient rooms.

#### Target Audience

The target audience of this presentation is Registered Nurses, Hospital Administrators, Hospital Nursing Leadership, Infection Preventionists.

#### Abstract

Background: A small but growing body of literature has indicated that contact precautions may be used unnecessarily at times and may contribute unnecessarily to patient loneliness, stigmatization, boredom, anxiety, depression, and decreased patient satisfaction. The time consuming and costly action of donning personal protective equipment (PPE) before having a conversation with the patient creates a barrier to communication and can negatively affect the patient experience.

Description of Methods: This IRB-approved nursing research project was a time series, multiple pre-test; multiple control quasi-experimental study in which the units of analysis are groups of patients cared for in geographically distinct medical-surgical nursing units. A single treatment unit carried out the research intervention and outcomes were compared to outcomes on four control units.

This study created a Safe Zone in contact isolation rooms on the treatment unit. A Safe Zone is a 3-foot square floor space outlined with duct tape extending from the threshold of the door into the patient room. Inside this space, any healthcare worker could stand and carry on a conversation with the patient without donning PPE.

The Caring Assessment Tool (CAT-V) and the Patient Evaluation of Emotional Care During Hospitalization (PEECH) were administered to all patients in the study. Random observations of patient-personnel interaction on all units were recorded on an observation checklist. Infection rates were monitored for all units involved in the study.

Summary of Outcomes/Data: Observations of 897 encounters among 146 random patients on contact isolation precautions revealed that control units used a de facto Safe Zone procedure when staff members stood in patient room doorways to communicate with patients without donning PPE. Over the entire sample of observations, only 10% of patient encounters took place in the doorway (in the Safe Zone). There was an expected significant relationship ( $X^2 = 128.7$ ;  $p = .0001$ ) between donning PPE and entering the patient's room.

On both PEECH and CAT-V tools, higher scores corresponded to perception of greater nurse or staff emotional caring. The mean PEECH score on the treatment unit was 53, while the mean PEECH score on control units was 36. The mean CAT-V score for treatment unit patients was 118, while the mean CAT-V for patients on the control units was 93. The differences in scores between units for both tools were statistically significant. Scores on the CAT-V were highly correlated with scores on the PEECH. Rates of targeted infections remained low and were not significantly different between units, indicating the Safe Zone procedure is safe.

Recommendations: This research project found that infection rates remained low when the Safe Zone procedure was observed to be used informally across all units. However, scores on emotional caring was significantly higher on the treatment unit. There was a stronger Clinical Nurse Leaders (CNL) presence on the treatment unit compared to the control units during the study period, thus CNL presence may have confounded the effects of the Safe Zone procedure. Further research on the effect of Clinical Nurse Leaders presence on patient perception of emotional caring is recommended.

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## C 26 - Innovations in Healthcare Practices

### Elements Needed for Innovation Sustainability: An Investigation of Rapid Response Teams

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#### Purpose

to describe sustainability and the elements that are needed for the sustainability of innovations in acute care hospitals.

#### Target Audience

is staff nurses, staff development experts, and nurse leaders and administrators.

#### Abstract

Research objectives: The purpose of the study was to (a) determine the level of rapid response team sustainability in a group of hospitals that participated in a collaborative to implement and sustain rapid response teams; and (b) determine the association between sustainability elements and reported rapid response team sustainability scores.

Methods: A cross-sectional design using survey methodology was used. The Program Sustainability Index (PSI) was used to measure for the presence of RRT sustainability elements. The PSI consists of 35 items and five subscales, namely leadership competence, effective collaboration, demonstrating program results, strategic funding, staff involvement and integration, and program responsiveness.

Population studied: All the hospitals in a southeastern state in the U.S. that participated in a 9-month statewide collaborative conducted in 2006 and 2007 with the goal to successfully establish, implement, measure, evaluate, and sustain RRTs in acute care hospitals in the state.

Principle findings: Twenty-five hospitals participated in the study (response rate of 45%). Academic medical centers and community hospitals participated. Preliminary findings indicate variability in sustainability scores between hospitals and the presence of sustainability elements, and potential relationships between sustainability elements of leadership competence, effective collaboration, demonstrating program results, strategic funding, staff involvement and integration, and program responsiveness. A full report of the study findings, including the association between sustainability elements and sustainability scores, will be reported at the presentation. It is anticipated that, based on previous studies, variation will exist in the strength of associations between elements and sustainability scores.

Conclusions: The sustainability of RRTs has not yet been fully realized in hospitals that participated in the collaborative. Additional conclusions will be drawn following a more in-depth analysis of the study results.

Implications for policy: The preliminary findings of the study suggest that mandating RRT implementation and participation in a statewide collaborative may not be enough to achieve RRT sustainability. Without sustainability the outcomes hoped from RRT implementation may continue to elude organizations.

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## C 27 - Effects of HIV/AIDS Around the World

### HIV-Related Stigma and Self-Care among Young People Living with HIV in Thailand

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#### Purpose

The purpose of this presentation is to describe and determine the HIV stigma and its impact on self-care among 92 young people living with HIV/AIDS in Chiang Mai, Thailand.

#### Target Audience

The target audience of this presentation is nurses, nursing students, nurse educators, and all stakeholders.

#### Abstract

This study sought to describe and determine the HIV-related stigma and its impact on self-care among 92 young people living with HIV/AIDS (YPLWH) who were recruited from the network of people living with HIV/AIDS, which operates out of 4 community hospitals in Chiang Mai, Thailand. The theoretical framework for this study was derived from Orem's Self-Care Theory. Data was collected from July 2011 – June 2012, by self-report questionnaires using a demographic data form, the HIV Stigma Scale, and the Self-Care Questionnaire.

This study showed that the mean score of HIV stigma was at a moderate level. Regarding the subscale of HIV stigma, respondents were most concerned with disclosure to others, followed by personalized stigma (attitudes or experiences of the respondents toward being HIV/AIDS), negative self-image, and public attitude toward people with HIV/AIDS, respectively. When examining the relationship between HIV stigma and self-care, negative relationship was found between HIV stigma and self-care including, 1) total HIV-related stigma and self-care behaviors ( $r = -.230, p < .05$ ), 2) total HIV-related stigma and universal self-care ( $r = -.270, p < .01$ ), 3) personalized stigma subscale and universal self-care ( $r = -.236, p < .05$ ), 4) negative self-image subscale and total self-care behaviors ( $r = -.244, p < .05$ ), 5) negative self-image subscale and universal self-care ( $r = -.282, p < .01$ ), 6) concern with public attitudes about people with HIV subscale and total self-care behaviors ( $r = -.285, p < .01$ ), and 7) concern with public attitudes about people with HIV subscale and universal self-care ( $r = -.323, p < .01$ ). However, disclosure concerns subscale found no significant relationship with any self-care behaviors. Additionally, HIV-related stigma had no significant correlation with developmental self-care and health-deviated self-care.

The study revealed that HIV stigma might act as a barrier for YPLWH in performing self-care. All stakeholders should participate in enhancing knowledge, understanding, and accepting people living with HIV/AIDS, which will reduce stigmatization toward them. Without fear of being stigmatized, they may perceive the opportunities to perform self-care to maintain life, health, well-being, and be able to live with other people in the community.

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## C 27 - Effects of HIV/AIDS Around the World

### Nurses' Involvement in HIV Policy Formulation in Nigerian Health Care System

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*Josphine Basse Etowa, BNSc, PhD, RN, RM, Canada*

#### Purpose

The purpose of this presentation is to highlight nurses' involvement in HIV policy formulation in the context of mother-to-child transmission of HIV in Nigerian Health Care System

#### Target Audience

"The target audience of this presentation is nurses/ nurse leaders, health care system stakeholders, international organizational leaders etc

#### Abstract

**Background of study:** Nigerian national policy on HIV stresses the need for the adoption of multi-sectoral and multi-disciplinary approach in policy formulation, with the health sector taking the lead. This calls for collaboration among the various stakeholders including nurses in policy development initiatives to ensure the attainment of HIV health related goals.

**Purpose:** This paper will present the findings of a recent study which examined nurse's involvement in research productivity and policy development in the context of mother to child transmission (MTCT) of HIV in Nigeria.

**Methodology:** A qualitative case study design under the guiding tenets of critical social theory and participatory action research (PAR). The research is a single case study of one state with embedded units. Thirty nurse-leaders from the various embedded units were recruited through purposive and snowball sampling technique. Semi-structured interview and document reviews were used for data collection. Data was analysed using thematic analysis.

**Result:** This paper will focus on the major theme of nurse's involvement in policy development. This includes the following sub-themes: 1) Knowledge of policy initiatives 2) Barriers to involvement in policy development and 3) Facilitators to involvement in policy development. The paper will also highlight the interplay of power dynamics in the health care system as it hinders nurse's involvement in policy formulation

**Conclusion:** The paper will conclude with some of the lessons learnt in the study and suggestions for effective integration of nurses in policy arena. This includes the need for a broad-based educational curriculum which will incorporate strategies to build nurses capacity for leadership and policy development in training schools.

Key Words: Nurses, HIV Policy, power dynamics, Nigeria

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## C 27 - Effects of HIV/AIDS Around the World

### A Persistent Problem in America's Paradise: Examination of the HIV/AIDS Epidemic in the United States Virgin Islands

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#### Purpose

Describe the nature and history of the HIV/AIDS epidemic in the United States Virgin Islands and identify factors related to that epidemic.

#### Target Audience

Nurses, nurse educators, nurse researchers and nursing students interested in global health, HIV/AIDS or risk behavior.

#### Abstract

**Background:** For over a decade, the U.S. Virgin Islands (USVI) has consistently had one of the highest prevalence rates of HIV infection in the nation. The USVI had the highest rate of adults and adolescents (per capita) living with a diagnosis of HIV in 2005, the second highest rate from 2006 through 2009, and currently has the third highest rate (685.1), since 2010 (667.1). According to the President's National HIV/AIDS Strategy (NHAS), the USVI is a geographic hot spot for increased HIV risk. Majority of people living with HIV (PLWH) in the USVI are: AA/Black (56.9%), age 25-54 years (75.6%) and exposed through heterosexual contact (34.6%) or unknown (40.2%). Half are male. The USVI also has the 3<sup>rd</sup> highest rate (365.5/100,000) of adults/adolescents living with an AIDS diagnosis in the U.S. Recent local USVI news reports highlight the territory's alarming rates of some sexually transmitted infections (STIs), including HIV, Chlamydia, and gonorrhea, which are also among the highest in the nation (among females ages 15 to 24 years). Moreover, local experts believe the rates of HIV and STIs in the USVI are significantly higher, but current data are not available to support this due to insufficient testing, data collection and reporting.

**Purpose:** The purpose of this analysis is to present findings that highlight a persistent HIV/AIDS epidemic in a small U.S. territory by evaluating and analyzing USVI HIV-related data from 2005 – 2010 from two reputable sources: the CDC (2005 and 2009 data) and the USVI Department of Health (2008 and 2010 data).

**Methods:** U.S. Virgin Islands 2008 and 2010 HIV Surveillance data was evaluated for historical and sociodemographic trends. Additionally, U.S. Virgin Islands Data from CDC Behavioral Risk Surveillance System (BRFSS) 2009 and 2005 Annual Surveys were analyzed using PASW 18.0 software. Descriptive statistics were used to determine the sociodemographics of the population and frequency of HIV testing and HIV risk behavior for 2005 and 2009. Chi-square tests examined associations between age, gender, race/ethnicity and high-risk HIV behavior and logistic regression examined predictors of high risk HIV behavior, using 2005 data. Only data for the U.S. Virgin Islands were included in the analyses. Significance was set at 5% alpha.

**Results/Findings:** Local USVI data/findings: By the end of 2010, cumulatively, among PLWH, 57.3% identified as Black/AA, 32.9% as Hispanic, and 7.7% as White. Similarly, by the end of 2010, among adults/adolescents living, approximately 59% were AA/Black, 32% Hispanic and 8% White. Approximately sixty percent of cases of HIV infections in the USVI in 2010 were among males and they accounted for approximately 50% of cumulative HIV cases by end of 2010. Of risk categories reported, heterosexual transmission is the most common HIV risk category in the USVI (34.6%); for males (34.5%) and females (82.7%). Male-to-male sexual contact accounted for approximately 13.2% (in 2010) to 22.6% (in 2008). Injection drug use accounted for 8.1% (in 2010). Majority of HIV infections in 2010 (74.2%) and cumulative cases by the end of 2010 (75.6%) were in people 25 to 54 years old.

CDC BRFSS data/findings: 2,509 people surveyed in 2009 and 2,422 in 2005. Majority of the sample were high school graduates (34.1%, n=855) or attended (18%, n=452) or graduated from college (28.3%, n=710). Majority were married (40.9%, n=1026), employed/self-employed (63.0%, n=1581) or retired (18.6%, n=467) and made less than \$25,000 annually (30.1%, n=248). However, 29.3% (n=735) made over \$50,000/year and 27.6% made \$25-50K/year. Majority were Black and non-Hispanic (86.4%, n=2168). More than half (60.6%, n=1154) reported ever having had an HIV test (compared to 53.6%, n=1074 in 2005) and only 5.5% (n=105) reported engaging in high HIV risk behavior (compared to 6.5%; n=130 in 2005). Gender was not significantly associated with high HIV risk behavior (Chi-square=0.28, p=.597), but age was (Chi-square=8.57, p=.0002). Among 18-24 year olds, 19.7% reported high HIV risk (vs 13.5% not at risk) and among 25-44 year olds, 59.1% reported high HIV risk (vs 45.8% not at risk). In a logistic regression model, including race/ethnicity and gender, being 18-24 years (t=2.83, p=.0047) or 25-44 years (t=3.49, p=.0005) old significantly predicted high risk for HIV (Wald Chi-square=631.48, df=4, p=.0001) such that they were 2.5 times (CI 1.3-4.9) and 2.4 times (CI 1.5-3.8) more likely to be at high risk for HIV, respectively. A more comprehensive logistic regression model (education, gender, income, race/ethnicity and age) significantly predicted risk for HIV (Wald Chi-square =779.58, df=20, p=.0001). Age 25-44 years was the only significant predictor (t=2.9, p=.0038) and they were 2.2 times more likely to have high risk for HIV (CI 1.3-3.6).

**Discussion/Conclusions:** Results indicate an increase in reported history of HIV testing and a decrease in reported high HIV-associated risk behavior between 2005 and 2009. Being a young adult significantly (twice higher) increased the odds of being at high risk for HIV. Local USVI 2008 and 2010 data show that the HIV epidemic in the USVI is primarily among African American, heterosexual men and women between the ages of 25 to 54 years old. More studies are needed to examine the HIV-associated sexual risk behaviors of young adults in the USVI and to facilitate the development of appropriate HIV prevention interventions for this population.

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## D 16 - Nursing as a Career: Student Perspectives

### Creating a Legacy through Nursing Leadership, Innovation, and Global Connectivity

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Gordana Dermody, MSN, RN, CNL, USA  
Elizabeth M. Carson, EdD, MSN, RN, CNE, USA

#### Purpose

to make contributions to the advancement of nursing leadership, clinical practice, and nursing education in Japan, to establish and foster an international collaboration between Saint Anthony College of Nursing (SACN) and Japanese nursing leaders, both educators and clinicians, and to support nursing professional development in an international context.

#### Target Audience

nursing leaders, clinical experts, and educators who may wish to establish similar international nursing partnerships.

#### Abstract

**Background:** "Nurse leaders face a crucial need to understand and take initiative in responding to this radically changing world" (McElmurry, Kim, & Al Gasseer, 2000). It is often a challenge for nurse leaders to develop a diverse world view without interacting with nurse leaders in a global context (Nichols, Shaffer, & Porter, 2011). **Objectives:** The Global Nursing Initiative aims: a) to make contributions to the advancement of nursing leadership, clinical practice, and nursing education in Japan; b) to establish an international collaboration between Saint Anthony College of Nursing (SACN) and Japanese higher education and healthcare institutions to facilitate scholarship development; c) to demonstrate roles of an Advanced Practice Nurse in the US healthcare system; d) to learn about the Japanese healthcare system; and e) to introduce the mission and values of SACN and the OSF HealthCare System in an international context. **Method:** During three tours (May - June 2012, 2013, and 2014), 62 presentations by faculty and students of SACN and expert nursing staff of Saint Anthony Medical Center were delivered at six health science and nursing colleges, and six hospitals in Japan. **Outcomes:** Partnership development has occurred in the area of: 1) a week-long training seminar and an international conference delivered at SACN and SAMC in July of 2013; 2) collaborative international research and grant applications; 3) advancement of nursing leadership, which focused on advanced practice, clinical nurse leader role, Magnet programs and organizational culture; 4) a visit of Japanese nurse leaders and educators occurred for Sigma Theta Tau International Phi Omicron sponsored international conferences in Summer 2014 and 2015; and 5) continuation of international educational program delivery. **Conclusion:** The collaboration of SACN faculty and Japanese nursing leaders led to quality program delivery and building of mutual trusting relationships among the nurse leaders from both nations, which has stimulated further facilitation of global nursing leadership development opportunities.

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## D 16 - Nursing as a Career: Student Perspectives

### African-American Non-Nursing Science Majors' Perceptions of Nursing in the Context of Career Ideals

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#### Purpose

To present original research findings from a descriptive qualitative study conducted to 1. gain insight into the career behaviors of African American undergraduate non-nursing science/STEM majors, 2. elicit their perceptions of nursing and 3. inform strategies to recruit this group of academically talented students to nursing.

#### Target Audience

Nurse educators and administrators

#### Abstract

The racial/ethnic distribution of the Registered Nurse (RN) workforce (African Americans 5.4%) differs substantially from the United States population (African Americans 13.1%). It has been suggested that a career in nursing is not the path to upward social and professional mobility that it once was for African American women. Researchers suggest that views students hold about nursing as a career option contribute to the lack of RN workforce diversity. Much of the nursing education literature that addresses nursing students from underrepresented minority groups focuses on the recruitment, support and retention of disadvantaged and academically underprepared students. This qualitative descriptive study was designed to explore the career behaviors of African American undergraduate non-nursing science majors and describe their perceptions about the nursing profession and the desirability of a nursing career for themselves. The results of this study indicate that for this group of STEM (science, technology, engineering, and math) oriented African American non-nursing science majors, the most desirable careers are those that afford one the power to, (a) live and work with a high degree of choice and autonomy, (b) help others and personally affect change, (c) be a positive role model of African American culture and (d) disprove negative stereotypes about African Americans. Strategies to recruit students from this underrepresented racial/ethnic group to nursing should include those which improve the visibility of the profession, highlight APN and leadership roles, and demonstrate the profession's power to affect change.

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## D 16 - Nursing as a Career: Student Perspectives

### Recruitment and Retention of Male Nursing Students

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#### Purpose

The purpose of this research was to explore what influenced male nursing students to enter their baccalaureate nursing program and to remain in the program.

#### Target Audience

The target audience of this presentation is nurse educators, nurse managers, preceptors, and students.

#### Abstract

**Background:** The national workforce of RNs in Canada is only 6.8% male, with provincial percentages of male RNs ranging from their lowest in Prince Edward Island (2%) to their highest in Quebec (10%) (Canadian Nurses Association, 2012). This small number of males attracted to nursing as a profession is particularly important because of the projected shortages of RNs (Murphy et al., 2012). If current trends in Canada's health profile continue Canada will face a 23% (N=60,000) RN shortage by the year 2022 (Tomblin Murphy et al., 2012). In order to increase the number of men in the nursing profession, it is essential to understand what factors brought current nursing students into their nursing program, as well as what factors affect their decisions to stay in their nursing program.

**Method:** Purposive and snowball sampling was used in this descriptive, qualitative study. Sixteen male nursing students participated in two focus groups conducted in southwestern Ontario. Through open-ended questions, students were asked to share what attracted them to nursing; if they have been treated differently from their female colleagues; what challenges they face as male nursing students; and what has kept them in the program and/or led them to consider withdrawing from their program. Focus group transcripts were subjected to manifest and latent inductive content analysis to identify both common and unique features of the experience of male nursing students.

**Results:** Several common themes emerged as factors that affect the recruitment of men into nursing, including the stereotyped perceptions of nursing, public perception of men in nursing, the influence of significant others, and job opportunities and job security. While male nursing students identified experiences with discrimination and stereotyping as negatively influencing their career choice, the rewarding experiences they encountered while providing patient care, positively influenced their retention within their nursing program. Greater understanding of the attractive and deterrant factors for men to enter a nursing program may provide areas of focus for recruitment strategies for post-secondary institutions. As well, understanding the causative factors affecting retention of men once they have entered a nursing program may provide an increased understanding of methods by which male attrition can be decreased.

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## D 17 - Nursing Student Involvement in Nursing Education

### Challenging Global Health Perspectives with Nursing Internship Experiences

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#### Purpose

The purpose of this presentation is to describe how to foster collaboration globally to develop nursing internship experiences that challenge the global healthcare perspectives of nursing students.

#### Target Audience

The target audience of this presentation is nurses in academia and clinical practice who are looking for experiences for student nurses beyond service learning to challenge global views.

#### Abstract

**Background:** The trend of University students traveling on semester abroad programs is common, yet nursing students experience problems trying to fit these experiences in to their sometimes overwhelming curriculum plan. Although global healthcare issues are infused in nursing discussions on campus, hands on clinical experiences and interactions with healthcare workers in developed and developing countries give new nurses a unique perspective on the issues within the global system. The problem, however, is how do we make the contacts to develop experiences that are meaningful to nursing while maintaining our curricular plan?

**Goal:** To establish global clinical nursing internship experiences that are tied to the eight Millennium Development Goals of the United Nations, the blueprint of a global action plan that crosses healthcare in developed and developing countries.

**Method:** A thinktank of health sciences professors at our University discussed the implications of internship programs and determined that course credit should be associated with the experience to guide the student in understanding the global issues while acknowledging this experience on their transcripts for professional development. A one credit course was written to meet the objectives including synthesize experiential and academic knowledge to gain an understanding of global healthcare issues, demonstrate an understanding of cultural considerations in healthcare delivery, discuss cultural considerations locally and globally in providing care to diverse populations, and compare professional role behaviors relevant to practice locally and globally.

Potential clinical sites were identified through University exchange agreements and international research activity and contacts were made to determine interest in this collaboration. With a goal of sending one hundred students on global internship experiences in the coming year, programs were established, advertised through the media and interest meetings, and applications began coming in to our online registration site. Because all programs filled in less than a month and we exceeded our projected goal, it is clear that these experiences filled a student need.

**Evaluation:** An online evaluation tool was developed to determine student satisfaction with the experiences as well as measure outcomes. This will be completed in the coming months once all students have returned from their internship placements.

**Conclusion:** Global placement for nursing experiences offer a unique perspective to the novice nurse in caring for culturally diverse populations with differing resources. With challenges in obtaining clinical placements locally, perhaps this is a potential solution to getting the clinical experiences students need before graduation.

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## D 17 - Nursing Student Involvement in Nursing Education

### Boosting Students' Engagement in Political Learning

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#### Purpose

The purpose of this presentation is to share how undergraduate students in one required, online hybrid course learned political and policy concepts. A grounded theory study revealed engaged learning through reading, writing, discussion, and experiential learning despite participants not being interested in politics or policy at course beginning.

#### Target Audience

The target audience for this presentation is educators, researchers, and administrators. The knowledge, skills, and inclination to participate in policy work is required for nurses to influence health. Intentional strategies to boost students' learning engagement may help normalize political work as a fundamental part of nursing practice.

#### Abstract

Health care and nursing are political, and nurses' contributions are needed in policy decision-making processes. Political and policy participation can happen wherever nurses practice: in hospitals, agencies, communities, and government from local to global levels. However, the knowledge, skills, and inclination to participate in policy processes are not automatic and are required of nurses in order to influence healthy lives for all. Graduate nursing education prepares nurses for policy roles, but research is limited about what political and policy education is taught to undergraduate nursing students or how they learn the concepts, skills, and disposition for this work.

Nurses need education for civic engagement and political advocacy in their initial professional education. A study was done to learn how undergraduate nursing students made sense of concepts like political advocacy and policy making in an innovative, online blended, required "Policy, Power & Voice" course in one nursing program. The study was approved by the university human subjects' review committee.

Constructivist grounded theory method guided study design and conduct. Interviews of fourteen students post-course and course documents provided rich data resulting in a theory of political learning, "Engaging in Learning Together". Four primary processes of learning were identified: Push Starting Learning, Doing the Work, Learning Online Together, and Making it Real. These four processes resulted in Learning Deeply for most participants, which contrasted with previous experiences of "learning by checklist." Engaged learning was defined as a "...promotive, synergistic learning process involving self, peers, teachers, and/or others, requiring investment of one's physical and mental capabilities along with a positive commitment of spirit and energy. Put simply, it is learning in relationship with others that involves head, hands, and heart".

Study conclusions were: 1) "Engaging in Learning Together" was revealed as a theory for undergraduate nursing participants' political and policy learning; 2) Deep, meaningful learning occurred with peers, the instructor, and others through reading, writing, discussion, and experiential activities; and 3) The disciplinary focus created a positive context for learning about civic engagement and furthered professional formation of participants' knowledge, skills, and disposition for political and policy advocacy work as future nurses.

This presentation will highlight teaching and learning practices within the four learning processes which fostered participants' engagement in learning despite the fact many participants were not interested in politics or policy at course beginning. Specific ways these practices deepened students' learning through reading, writing, discussion, and experiential learning will be emphasized.

In similar contexts, the theory may have potential for guiding nurse educators' course design and instructional strategies for teaching political and policy advocacy to undergraduate students. Creating intentional activities for students to develop these skills in their beginning education may help normalize these as a fundamental part of practice with importance equivalent to knowing how to perform vital signs.

Intentional, deliberate inclusion of political and policy education for nursing students in their beginning education has the goal of promoting nurses' future civic engagement in their profession, organizations, communities, and governmental realms. Participants in this study revealed new understanding of nursing's roles in policy and political advocacy. Development of civically engaged professional nurses should position them to participate in these processes, create a stronger foundation for graduate education, and expand the profession's development of political and policy leadership.

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## D 17 - Nursing Student Involvement in Nursing Education

### An Academic-Based Nurse Practitioner Fellowship Program: A Pilot Project Designed to Ease Nurse Practitioner Transition to Practice

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#### Purpose

The purpose of this program is to present the results of an academic based nurse practitioner fellowship program that was implemented to ease the transition to practice for newly graduated novice nurse practitioners

#### Target Audience

The target audience of this presentation is nursing educators, current and future advanced practice. Additionally practice administrators may be interested in the findings.

#### Abstract

Graduate nurse practitioners (NPs) face numerous challenges transitioning from registered nurse to advanced practice nurse. They may struggle with role identification, communication and teamwork as well as other professional issues. Nurse practitioner residency programs have been developed at a few locations across the country. These programs are rare and generally found only at larger organizations. Because many NPs are hired individually in small practice settings, NP faculty at a small private university in northeast Florida developed an academic based Nurse Practitioner Fellowship designed to ease the transition to practice for graduating NPs.

A theoretical framework titled From Limbo to Legitimacy was used to develop the program. This model consists of four major categories: Laying the Foundation, Launching, Meeting the Challenge and Broadening the Perspective. Subcategories include negotiating the bureaucracy feeling like an imposter, gaining confidence. Nurse practitioner faculty used the model to identify three themes that informed the curriculum for the fellowship: evidence based practice, communication and teamwork, and professional development.

The Nurse Practitioner Fellowship will begin within one month of graduation from an NP program and consist of meeting one evening per month as well as non-synchronous online discussions. The expected duration of the program is four months. Subject matter will include negotiations, scope of practice, billing, credentialing, measuring outcomes, and specific patient scenarios. Participants will be free to bring forth any issues or topics that present while practicing. It is expected that participants will be at various stages of transition as some may be still seeking NP employment whereas others will have already begun practicing as an NP.

Success of the program is measured through use of three instruments administered at the program's start and end. The first instrument is a demographic questionnaire that evaluates the participant's age, gender, race, highest educational level, years working as an RN and specialty setting as an RN. The second instrument is the Casey Fink Graduate Nurse Experience Survey (Casey et al., 2004). This survey evaluates role transition and consists of five sections: demographic information, skills, procedure performance including assessment of comfort/confidence, organizing-prioritizing ability, perceived support, patient safety, personal stress, communication leadership, professional satisfaction, and job satisfaction. The last instrument measures job satisfaction and uses the McCloskey Mueller Satisfaction Scale (1990). This instrument is a multidimensional questionnaire measures satisfaction in 8 domains: satisfaction with extrinsic rewards, scheduling, family/work balance, co-workers, interaction, professional opportunities, praise/recognition, and control/responsibility.

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## D 18 - The Use of Tools and Instruments to Advance the Profession

### Selecting an Early Child Development Assessment Tool in Rural Limpopo, South Africa

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#### Purpose

The purpose of this study is to compare the acceptability and feasibility of two pediatric assessment tools to track child development in a rural health district in Limpopo, South Africa.

#### Target Audience

The target audience of this presentation is nursing researchers, public health nurses, pediatric nurses, and nurses interested in global health or cultural sensitivity.

#### Abstract

More than 200 million children under five fail to reach their cognitive potential due to poverty, poor health, poor nutrition and lack of care. Providing increased cognitive stimulation or learning opportunities to young children significantly increases cognitive and social-emotional competence later in life. An interdisciplinary team of students from the United States worked with the University of Venda and the Vhembe Health District in Limpopo to determine the acceptability and feasibility of a pediatric assessment tool and program to track child development in a rural health district in Limpopo, South Africa. A total of 11 primary health nurses from the region in two focus groups were selected to learn and compare two child development assessment tools: the Cognitive Adaptive Test/Clinical Linguistic and Auditory Milestone Scale (CAT/CLAMS) and Ages and Stages Questionnaire (ASQ). Data were analyzed using versus coding to compare between the two focus groups and between ASQ and CAT/CLAMS. There were no major differences in the opinions between the two focus groups. The major categories that emerged from the discussion were current practice, usability, resource management, cultural adaptation, patient and parent factors, and new knowledge. The two tools were compared within these categories and the Ages and Stages program was most feasible for this population. This study is the first to investigate any type of child developmental assessment in rural, sub-Saharan Africa, and is a small step to improving overall child health in this region through developmental tracking and parental education.

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## D 18 - The Use of Tools and Instruments to Advance the Profession

### Validation of Yoon's Critical Thinking Disposition Instrument

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#### Purpose

The purpose of this presentation is to share knowledge of validation of Yoon's Critical Thinking Disposition Instrument

#### Target Audience

The target audience of this presentation is for nursing faculties who are interested in teaching CT skills of Nursing students or people who are interested in validation of CT skills

#### Abstract

**Background:** The lack of reliable and valid evaluation tools targeting Korean nursing students' critical thinking(CT) abilities has been reported as one of the barriers to instructing and evaluating students in undergraduate programs. Yoon's Critical Thinking Disposition(YCTD) instrument was developed for Korean nursing students, but few studies have assessed its validity and reliability.

**Objectives:** This study aimed to validate the YCTD. Specifically, the YCTD was assessed to identify its cross-sectional and longitudinal measurement invariance.

**Methods:** This was a validation study in which a cross-sectional and longitudinal(pre- and post-nursing practicum) survey was used to validate the YCTD using 345 nursing students at three universities in Seoul, Korea. The participants' CT abilities were assessed using the YCTD before and after completing and established pediatric nursing practicum. The validity of the YCTD was estimated and then group invariance test using multi-group CFA was performed to confirm the measurement compatibility of multi-groups.

**Results:** A test of the seven-factor model showed that the YCTD demonstrated good construct validity. Multi-group CFA findings for the measurement invariance suggested that this model structure demonstrated strong invariance between groups(i.e., configural, factor loading, and intercept combined) but weak invariance within a group(i.e., configural and factor loading combined).

**Conclusions:** In general, traditional methods for assessing instrument validity have been less than thorough. In the study, multi-group CFA using cross-sectional and longitudinal measurement data allowed validation of the YCTD. The study concluded that the YCTD can be used to evaluate Korean nursing students' CT abilities.

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## D 18 - The Use of Tools and Instruments to Advance the Profession

### Kangaroo Care: Creating a Video Teaching Tool for Parents and Neonatal Nurses

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#### Purpose

The purpose of this presentation is to educate healthcare professionals and parents of newborns on the benefits of Kangaroo Care (KC). After surveying a Newborn Intensive Unit, a need was identified for KC education. A teaching video was created to provide consistent information about KC benefits and proper implementation.

#### Target Audience

The target audience of this presentation is nurses and physicians caring for premature and full term newborns including NICU providers, labor and delivery providers, pediatric providers, lactation specialists, etc. Mothers and fathers of newborns will also benefit from the information in this presentation.

#### Abstract

Kangaroo Care (KC) is the process of holding an infant skin-to-skin, a timeless technique with scientific benefits revealed in the 1970's (Johnson, 2013). With a thorough literature review, many benefits of KC were discovered for infants, parents, and nurses. Many professional health care organizations support the implementation of KC early in the infant's life, as neonates are better regulated by their mothers as compared to hospital incubators (Mori, Khanna, Pledge & Nakayama, 2010). A survey of nurses (n=70) was conducted at a Neonatal Intensive Care Unit to identify a possible need for increased KC education, evaluate the nurses' perceptions of KC, and establish a preference for a teaching tool. The majority of those surveyed (64%) agreed a video would be the most effective medium to educate both parents and nurses on KC. In addition, research has shown that videos serve as an effective tool to educate patients in a cost-effective manner (Shah, Swanson, Nobay, Peterson, Caprio & Karuza, 2012). A DVD explaining the benefits of KC was created, and the proper transfer technique for KC was demonstrated. This teaching tool is intended to be used in the NCCC to educate parents and nurses on the benefits of KC for infants, and to increase implementation of KC.

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## D 19 - Innovations in Cancer Care and Practice

### Caregiver Activation: Cancer Communication in Home Hospice

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#### Purpose

The purpose of this presentation is to describe study findings focused on communication in home hospice. We examined caregiver and nurse communication behaviors associated with caregiver activation during cancer patients' home hospice visits. (As part of a larger study P01CA138317)

#### Target Audience

The target audience of this presentation is clinical, academic, and research focused nurses and healthcare providers.

#### Abstract

**Background:** Current research demonstrates that activated patients have the skills, knowledge, and confidence to manage their care, resulting in positive outcomes such as lower hospital readmission and fewer adverse consequences due to poor communication with providers (Greene & Hibbard, 2011). In addition, studies indicate activation plays an important role throughout the course of disease management as the demands of illness change over time. Despite extensive evidence on patient activation, little is known about activation in the home hospice setting, when family caregivers assume more responsibility in care management.

**Aims:** We examined caregiver and nurse communication behaviors associated with caregiver activation during cancer patients' home hospice visits. (As part of a larger study P01CA138317)

The specific aims were:

- Identify and describe caregiver communication behaviors associated with caregiver activation
- Identify and describe nurse communication behaviors that precede and follow activated caregiver communications

**Methods:** We conducted an observational, longitudinal multi-site study of hospice nurse home visits. Hospice nurses wore digital recorders to capture naturally occurring conversations in the home. We initially analyzed 20 audio-recorded visits using an adapted Street's Activation Verbal Coding tool to hospice caregiver communication and used qualitative thematic analysis to develop codes for nurse communications that preceded and followed each activation statement. Three researchers reviewed the audio-recordings at least three times, conducted the primary coding, and met regularly to discuss the recordings. Differences in coding were typically related to semantics and not substantive issues. These differences were discussed and resolved with consensus. In addition, the inter-disciplinary research team from the larger parent study provided consultation and a broader context to the coding process and findings. Once the initial codes were developed, we extended our analysis to include a total of 60 audio-recordings.

**Results:** Analysis of audio-recordings of 60 distinct nurse-caregiver-patient triads yielded a total of 3893 coded communication events. Caregivers tended to be spouses (65%), mostly female (70%) with a mean age of 59.5 (SD=14.4) and reported an average of 2.5 health problems (SD=1.3). The average age of patients was 70.2 (SD=11.12) and the most common cancer diagnoses were lung, prostate, brain, and breast. Nurses were primarily female (91%) with a mean age of 41.4 (SD=10.36), and had been hospice case managers for an average of 4 years (SD=4.5) Commonly used activated caregiver communication

behaviors (n=1805) included: demonstrating knowledge regarding patient/care (present in 93% of tapes), describing care strategies (92%), expressing opinions regarding care (87%), requesting explanations of care (78%), and directing the conversation toward the patient (60%). Nurses' responded by (n=1959): providing education (present in 90% of tapes), reassessing the patient/care environment (85%), validating communications (83%), clarifying care issues (83%), updating/revising care (73%), and making recommendations for future care (63%). Most common communications that preceded nurses updating/revising care were caregivers' expressing a concern/opinion (40%) and describing care strategies (36%). Nurses prompted caregiver activation through focused care-specific questions, open-ended questions / statements, and personal questions.

**Discussion:** Hospice nurses are uniquely situated in the home setting, providing coordination for patient and family care as well as facilitating access to the interdisciplinary hospice care team. A recent analysis of U.S. thought leaders in hospice nursing revealed key areas of focus should include the role of communication and the importance of assessing the caregiver's ability to provide safe and responsible care (Ellington, Cloyes, Berry, Thomas, Reblin, & Clayton, 2013). However, few studies have investigated caregiver communication in home hospice and to our knowledge no other studies focused on caregiver activation. Activated caregivers may facilitate patient-centered care through communication with nurses in home hospice thus resulting in enhanced patient outcomes. Home-based end of life care significantly increases the responsibilities of family caregivers requiring them to face new and potentially overwhelming tasks. Often, they are required to manage complex care, perform procedures, operate medical equipment, and recognize and alleviate patient symptoms (Given, Given, & Sherwood, 2012). The current study can provide a foundation to develop a framework of caregiver activation through enhanced communication with nurses in home hospice. Future directions for research should include a longitudinal analysis to determine if caregiver activation changes over time, studies focused on the outcomes of caregiver activation and communication for patients and caregivers, exploration of hospice caregiver activation and communication in diverse populations, and the development of complimentary evidence-based education / coaching for home hospice caregivers and nurses. Transformative nursing practice focused on communication processes that facilitate caregiver activation in home hospice can potentially affect patient and caregiver outcomes in end of life care.

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## D 19 - Innovations in Cancer Care and Practice

### Colorectal Cancer Screening Practices among Texas Nurse Practitioners and Physician Assistants

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*Barbara M. Raudonis, PhD, MS, BSN, MS, BA, FNGNA, FPCN, USA*

#### Purpose

The purpose of this presentation is to disseminate the findings of a statewide survey of non-physician health care providers regarding their beliefs, attitudes and practices regarding colorectal cancer screening.

#### Target Audience

The target audience of this presentation is advanced practice nurses, nurse scientists and professional nurses.

#### Abstract

**Background:** Cancer now rivals cardiovascular disease as a leading cause of death. New cases of cancer are projected to increase 42% by 2025. Colorectal cancer (CRC) is the second leading cause of cancer death when mortality for men and women are combined. CRC is preventable and survivable if appropriate risk stratified screening and surveillance is undertaken. Nurse practitioners (NP) and physician assistants (PA) currently provide essential primary and specialty care. These providers will play an important role in risk stratified cancer screening, co-management with oncologists, and other members of the cancer care team. Knowledge and use of national CRC screening guidelines should be part of NP and PA practice. A review of the literature suggests there is a gap in NP and PA knowledge of risk stratified CRC screening and surveillance guidelines. CRC screening in primary care is under-utilized compared to breast and cervical cancer screening. The **purposes** of this descriptive correlational study were to: 1) describe the beliefs, attitudes, and practices of Texas NPs and PAs with regard to risk stratified CRC screening and surveillance, 2) determine the associations between the NP and PA knowledge of CRC screening and surveillance guidelines and their screening practices, and 3) describe the perceived barriers to CRC screening.

**Theoretical Framework:** This study was guided by Azjen's Theory of Planned Behavior. The theory of planned behavior is an extension of Fishbein & Ajzen's 1975 Theory of Reasoned Action. According to Ajzen the intention to perform various kinds of action can be predicted by the individual's attitudes and beliefs about the action, the subjective norms in the individual's environment, and the perceived behavioral control the individual has over the action. The combination of an individual's intention and their perceived behavioral control contributes to the variance in actually carrying out the action (Ajzen, 1991). Ajzen recognized that there are behaviors over which an individual lacks actual control.

**Research Questions:** 1) What are the beliefs, attitudes, and practices of Texas NPs and PAs with regard to risk stratified CRC screening in adults? 2) Is there a relationship between NP and PA knowledge of national screening guidelines for adults at varying risk of CRC and their CRC screening behavior? 3) Is there a relationship between provider demographics and CRC screening? 4) What are the barriers to CRC screening identified by NPs and PAs?

**Sample:** An email invitation to participate in the study was sent to the 3520 eligible members of the Texas Nurse Practitioner (TNP) organization and the Texas Academy of Physician Assistants (TAPA). The response rate to the survey was 7%. The convenience sample consisted of 258 non-physician providers: 167 NPs (64%) with a Texas nursing license and who were authorized to practice as an advanced practice registered nurse and 91 PAs (35%) with an active Texas license and who order cancer screening or diagnostic testing in adults. The NPs ranged from 24 to 70 years old (M=50.74, SD10.56). The PAs ranged from 25-75 years old (M= 43.64, SD13.55). The length of time in the

professional role ranged from 1 to 40 years for the NPs (M= 8.9 SD 8.59) and 1 to 40 years for the PAs (M= 12.73 SD 11.10).

**Methods:** This study used a descriptive correlational design. Data were collected with a self-administered web-based questionnaire using Qualtrics® (version 12018) software. The survey instrument for this study was adapted from versions used in previously published studies. The questionnaire consisted of 44 items categorized in three domains: personal and practice demographics, knowledge of national guidelines for risk stratified CRC screening, and providers' personal practices and perceived barriers to screening.

**Results:** Background factors impacting provider beliefs and attitudes regarding CRC screening included: administrative support, adequate time to screen patients during visits and inclusion of screening even with a mandate to see more patients. Eighty-three percent of NPs and 85.8 % of PAs stated they had adequate administrative support for risk stratified CRC screening. The majority reported having adequate time to screen (NPs 87.5%, n= 146; PAs 84.6%, n=77). Only 39.5%, (n = 60) NPs and 36.3 %, (n= 33) PAs stated the demand to see more patients limited their ability to perform risk stratified CRC screening. Both groups engaged in cancer screening for breast cancer (NPs 88.6%, n=158; PAs 82.4%) and cervical cancer (NPs 80.2 %, n= PAs 74.7% n=) and colorectal cancer screening in particular. Fecal Occult Blood (FOBT) was the most frequent non-invasive CRC screening test used. Slightly more NPs (75%, n= 161) ordered FOBT than PAs (68% n=62). Fecal Immuno-histochemical testing (FIT) was ordered less often by both groups: NPs 15.6% (n =26) PAs 15.4% (n=14). Both groups ordered a colonoscopy in average risk patients: NPs 85% (n=142) and PAs 86.8% (n=79). One hundred thirty (50.2%) of the respondents identified patients' statements of inability to pay the out of pocket cost or lack of insurance coverage for colonoscopy, as reasons they would not order a colonoscopy. Providers refrained from ordering a colonoscopy due to patients' preference, co-morbidities, and age above the limit for routine screening. Fear and dislike of the bowel preparation required for a complete evaluation of the colon were major reasons patients refused the screening. Patients also were fearful of complications from the procedure and receiving an abnormal result. Other barriers were lack of transportation, a belief that the procedure had no personal benefit to them, or they were just too busy and could not take time away from work.

**Limitations:** Findings from the study should be carefully interpreted due to several limitations. The small sample size was underpowered and limited the statistical analyses. The sample was also restricted to non-physician members of two professional organizations in the state of Texas. Respondents who met the inclusion criteria and initially agreed to participate in the study read some of the items but did not complete the online survey and had to be eliminated from the analyses. Although the items of the questionnaire were used by researchers in previously published articles no psychometric analysis of the questionnaire has been done to date. Due to these limitations the findings are not generalizable to the wider non-physician provider group in Texas or beyond.

**Conclusions:** The majority of non-physician providers (NPs and PAs) who are members of two professional organizations in the state of Texas use their knowledge of national CRC screening guidelines and administrative support to actively screen their patients at varying risk for colon cancer. Although the providers are willing to order screening colonoscopies their patients continue to voice numerous barriers to completing the procedure.

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## D 19 - Innovations in Cancer Care and Practice

### Innovations in the Care of Cancer Survivors and their Families

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#### Purpose

The purpose of the study was to explore economical community-based interventions tailored for cancer survivors and their families to make recommendations for future research and practice.

#### Target Audience

The target audience of this presentation is oncology and community health nurses, APRNs, psychologists, counselors, and other interprofessional health professionals.

#### Abstract

**Background:** Today cancer is considered a “Chronic Health Condition” with over 12 million survivors. While most survivors will be treated within their local communities, there is limited literature on the costs, specific types, and efficacy of community-based interventions with cancer survivors and their families.

**Purpose:** The purpose of the study was to explore economical community-based interventions tailored for cancer survivors and their families to make recommendations for future research and practice. Initially, an extensive literature synthesis was completed. Based on the results of the literature synthesis, a corresponding survey was developed which focused on care of cancer survivors and their families.

**Method:** A systematic inquiry format was employed to review the literature. A comprehensive literature search was completed using a range of databases resulting in over 200 articles. The literature search was limited to dates between 2004 and 2014. Articles with community-based interventions for survivors and their families were selected, resulting in fifteen articles. Based on the findings of the literature synthesis, items were developed for a survey. The survey was conducted with a convenience sample of Faith Community Nurses (FCN) as these members of the profession represent nurses living within the same communities as the survivors. The FCN's represented a wide geographical distribution over the U.S. and diverse types of faith communities. The survey examined if they were engaged with cancer survivors and if so, what were the most frequently used interventions.

**Results:** The literature synthesis noted five themes: 1.) Support services for clients and families are available in the community; 2.) Variance exists in types of services available, settings, cost, and levels of support for these services; 3.) There is a disparity in the integration of minorities; 4.) Exercise is a primary focus for cancer rehabilitation; and, 5.) There is a lack of spiritual and family interventions with limited integration of the role of the Faith Community Nurse in survivorship care. Listening, support, prayer, guidance on resources, support groups along with home visits and presence were the most important interventions in caring for cancer survivors noted by these FCN's.

**Conclusions:** The role of Faith Community and FCN's in caring for cancer survivors needs to be researched further as an innovative contribution to the whole person care and well-being of cancer survivors and their families. Inclusion of the FCN as a trusted member of the interprofessional oncology team holds promise to improve outcomes for survivors and decrease health care expenditures. Further research is needed on the efficacy of interventions for survivors within their community-based settings.

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## D 24 - The Psychological Impact of Disease and Illness of Families

### A Structured Communication Intervention to Reduce the Anxiety of Family Members Waiting for Relatives Undergoing a Surgical Procedure

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#### Purpose

The purpose of this presentation is to present the results of a pilot research implementation project. This study utilized a multi-dimensional intervention of an information card and an in-person nursing update to reduce the anxiety of families awaiting relatives undergoing elective surgical procedures.

#### Target Audience

The target audience of this presentation is nurses working in acute care settings. Predominately the target group is operating room staff, however the principles of family-centred care can be applied to any healthcare setting.

#### Abstract

**Objective:** The aim of this study was to establish the effect of a structured communication program on family members' anxiety awaiting relatives undergoing elective surgical procedures.

**Background:** It is evident through the literature that perioperative nurses recognise that family members experience increased levels of anxiety during the wait for a relative undergoing a surgical procedure. However it is during this time that little or no meaningful communication occurs between family members and health professionals. Families are increasingly expected to take an active part in care provision, particularly in the post-operative and discharge phase, but in the same way that patient anxiety can affect surgical outcome and recovery, family anxiety and being under-informed may impair the family's ability to effectively carry out these activities. In some areas of the world, family involvement in hospital care is not only desirable but vital due to nursing staff shortages. The importance of family involvement and the concept of family centred-care have been established as key themes in many areas of healthcare practice and form the humanistic and holistic approaches to nursing care that remain the foundation of clinical practice. Thereby, it is necessary to recognise the barriers to patient support arising from family anxiety states in the perioperative environment and take steps to meet family needs during this time. The need for this project was highlighted from a Joanna Briggs Institute systematic review which recommended that in-person interventions providing an update on the patient's status during surgery be utilized to reduce family anxiety. Additionally the review emphasized the need for more research investigating ways of providing information to families and assessing outcomes utilising validated tools.

**Methods:** This project utilised a quasi-experimental research design. The setting was the perioperative department in a large multi-disciplinary healthcare organisation in Brisbane Australia. The sample was 128 family members of patients undergoing elective surgical procedures. Consecutive sampling was used to recruit family members firstly for the control group, and then secondly for the intervention group. Eligible participants were recruited during the admission process. The intervention group received a structured communication intervention which included an information card with hospital information and phone numbers as well as the approximate surgery completion time. In addition, families also received an in-person nursing report when the patient arrived in the recovery room. The control group received usual care. A demographic data collection form and the validated State Trait Anxiety Inventory were used to collect data.

**Results:** Results from the project confirm that structured communication interventions for families awaiting relatives undergoing surgical procedures do reduce family anxiety however results were not statistically significant. There was a strong negative correlation between the age of the patient and state

anxiety of family. Additionally this paper will report on several barriers to the successful implementation of recommendations from this systematic review. Overall, families in the intervention group found the information card useful and received increased communication from the healthcare team.

**Conclusion:** In the consumer-oriented and family-focused climate of current health care, more nursing interventions designed to reduce family members' anxiety during the operative waiting period are needed. This project has contributed to the knowledge base surrounding family anxiety during surgical procedures as well as provided information on barriers to implementing communication based interventions. In order for these types of interventions to be successful a dedicated role needs to be established. This requires the acknowledgement of organisations and management of the important role families play in the care and recovery of patients in the acute health care system.

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## D 24 - The Psychological Impact of Disease and Illness of Families

### Family Caregivers' Perceptions of the Resistiveness to Care They Experience Caring for People with Dementia

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*Pamela C. Spigelmyer, PhD, RN, CNS, USA*

#### Purpose

The purpose of this investigation was to identify commonalities in family caregivers' experiences of resistiveness to care and build a general meaning structure, which represents essential integrated parts of the experience for the participants.

#### Target Audience

The intended audience includes nurses practicing in all areas of healthcare and will focus on family caregivers of people with dementia and ways in which nursing and future research can help to support family caregivers as co-providers of care for people with dementia especially when they experience resistiveness to care.

#### Abstract

Family caregivers today are co-providers of care, assuming care once provided by professional nurses. Although rewarding at times, providing care for people with dementia is challenging, stressful, and places the overall well being of the family caregiver at risk. Resistiveness to care is one notably stressful experience for family caregivers. Currently nursing research related to resistiveness to care focuses on observed behaviors but does not address family caregivers' perceptions of the episodes of resistiveness. Family caregivers' perceptions are their reality of the experience therefore, needs to be fully understood. Since perceptions of experiences drive the meaning assigned to the experience a descriptive scientific phenomenological method by Giorgi (2009) was utilized for this study. Descriptive scientific phenomenology incorporates a human science approach, a disciplinary perspective, and is ideal for studying behavioral phenomenon that may not be readily studied by the natural sciences. The nursing disciplinary perspective used for this study permitted this nurse researcher to grasp objectively the subjective structural meaning assigned to this phenomenon by family caregivers. The outcome of the descriptive scientific phenomenology method is to identify and define perceptions of an experience. The purpose of this investigation was to identify commonalities in family caregivers' experiences of resistiveness to care and build a general meaning structure, which represents essential integrated parts of the experience for the participants. Institutional Review Board approval was obtained to conduct this study. Eight dementia family caregivers were recruited from Alzheimer's support group meetings, provided informed consent and were interviewed individually at a mutually agreed upon location. Each participant provided in depth descriptions of chosen resistive events that they perceived to have experienced. Analysis using the scientific phenomenology method included a nursing disciplinary perspective and revealed a structure of resistiveness to care that nurses can use to gain insights into resistiveness to care as perceived by family caregivers. The identified structure also provides focal points for future research and interventions to help family caregivers to mediate the stress of resistiveness to care.

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## D 24 - The Psychological Impact of Disease and Illness of Families

### Beyond Survival: An Interpretive Phenomenological Investigation Into Being the Father of a Very Low Birth Weight Infant

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*Donald Johnston, PhD, MHS, RN, RRT, USA*

#### Purpose

The purpose of this presentation is to educate the audience about recent research regarding fathers of neonates, including how findings can be incorporated into family-centered nursing practice. The aim is to both illuminate the needs of fathers and improve fathers' engagement in the care of their infants.

#### Target Audience

The target audience of this presentation is any health care provider who comes into contact with fathers of premature infants.

#### Abstract

This phenomenological study, based on the writings of Martin Heidegger, describes what it was like for eleven fathers of very low birth weight infants during their infants' stay in a neonatal intensive care unit. Each participant was interviewed up to three times. Interviews were semi-structured, digitally recorded and transcribed verbatim. Data were analyzed using Max van Manen's methodology, along with a metaphorical illustration to illuminate meanings of experiences. Analysis was structured using Heidegger's philosophical concepts of Being-in-the-world and Being-with-others, as well as the added concept of Being a changed man. The themes that emerged were: shock; exploring hostile terrain; fearing the unnatural; feeling powerless; unpredictability; surviving; baggage; feeling left out; feeling misunderstood; needing/accepting support; holding back from Mom; and doubting/accepting paternity. The findings revealed that fathers struggle with powerlessness as they attempt to acclimate to the foreign environment of NICU and respond best when given tasks to perform. They tend to choose their battles based on the wisest expenditure of energy, and may leave an environment where they perceive they are not needed. Fathers benefit from developing close relationships with NICU nurses, but often feel misunderstood and require that trust be earned.

Keywords: phenomenology, qualitative, fathers, dads, neonatal intensive care, premature, VLBW infant

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## D 25 - Focusing on the Family

### Staff Response to Flexible Visitation in the Post-Anesthesia Care Unit (PACU)

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*Patricia Newcomb, PhD, RN, CPNP, USA*  
*Gail Voncina, BSN, RN, USA*

#### Purpose

The purpose of this presentation is to report results and implications of a study conducted to evaluate the impact of an enhanced PACU family visitation program on surgical services staff.

#### Target Audience

The target audience of this presentation is clinical or academic nurses who are concerned with the care of surgical patients and their families.

#### Abstract

**Background.** Family visitation in post-anesthesia care is recommended by The American Society of PeriAnesthesia Nurses and meets JCAHO's requirement for Family-centered care. Based on evidence supporting expanded family visitation in post-anesthesia units, the PACU in a 750 bed Texas hospital implemented a visitation policy for family members of patients in 2009, including a survey of staff attitudes towards the practice change. Components of the program included: 1) creation of a Nurse Liaison Position, 2) implementation of an Electronic Tracking System with documentation from direct caregivers throughout all stages of care, 3) guided family visitation, 4) increased signage, 5) written materials for families and 6) staff education. In 2013, five years since implementation, the original survey of staff attitudes toward expanded visitation was replicated.

**Methods:** This project is a cross-sectional study employing mixed methods to analyze the beliefs of surgical staff regarding expanded family visitation before and after implementation of an enhanced PACU visitation policy. A survey, including scaled and qualitative items, was administered to a sample of multidisciplinary personnel involved in the care of the post-anesthesia patient. Differences between the 2009 and 2013 groups on scaled responses were assessed using the Mann-Whitney –U statistic due to unequal group size and non-normal distributions of variables. Content analysis including conceptual and relational coding was performed on the qualitative items in the survey.

**Results.** Twenty-five individuals responded to the survey in 2009 and 56 responded in 2013. Categories of personnel included physicians (anesthesia only), registered nurses, and Other (volunteers, technicians, clerks). The response rate in 2009 was about 40% and the response rate in 2013 was about 90% based on estimates of personnel available (60-65) to complete surveys in the study periods. In 2009 71% of the respondents were registered nurses, while that proportion dropped to 48% in 2013. The proportion of physicians who responded to the survey remained about the same from the first survey to the second, but "other" respondents, which included unlicensed personnel such as patient care technicians, increased. In both years respondents tended to agree to the same extent that emotional care of families was a part of their job and that appropriate emotional care was being provided to family members in PACU.

After four years of expanded visitation, the 2013 cohort reported feeling significantly more comfortable providing emotional support to families in the PACU. There was also a significant difference in the belief that family members should have the option to visit in the PACU. Internal consistency reliability of the set of three identical scaled items was good in both the 2009 and 2013 study periods (alpha = 0.94 and 0.81 respectively).

In 2009, 72% of respondents reported that their jobs were hampered by family presence. Four years later only 37% believed their jobs were hampered by family presence. This represents a significant difference between cohorts ( $X^2 = 8.5$ ;  $p = 0.004$ ). Furthermore, the 2009 cohort showed no relationship between perception that the job of caring for the patient was hampered by family presence and the desire to be able to visit one's own family members in PACU. In contrast, 2013 respondents who reported their work

was not hampered by family presence were significantly more likely than the 2009 cohort to want to be able to visit their own family members in PACU ( $X^2 = 9.03$ ;  $p = 0.003$ ). There was no significant difference between RNs and other workers in regard to perception of jobs being hampered by family in the PACU.

Qualitative data supported the change trends noted in the scaled survey items and also highlighted issues that had not changed. In 2009 96% of respondents provided comments about what they perceived as barriers to family visits in PACU; in 2013 64% of respondents provided text about perceived barriers. From 2009 to 2013 concerns about lack of space dominated the list of perceived barriers to family visits in the PACU and concerns about lack of patient privacy followed closely. Other factors respondents identified as barriers to family visits in the PACU included interference by family members with patient care, staff failure to enforce visitation rules, staff resistance to visitation, lack of pre-operative education for family members regarding visitation policies, noise, and risk for infection.

**Discussion.** The fact that response rates increased dramatically from the first survey to the second may indicate greater staff engagement and/or interest in the PACU visitation process over time. Increased willingness to participate in research surveys may also be related to the changing culture in the institution, which was Magnet designated for the third time recently. As a result of increased sensitivity to Magnet values, classes and events emphasizing the importance of research and the role of evidence in professional practice have occurred on a regular basis at the hospital.

Persistent exposure to family members visiting patients in the PACU is associated with increasing staff commitment to family-centered care and greater comfort of staff in the provision of emotional care to families; however it is simultaneously a substantial stressor for staff. Even in environments in which staff are highly committed to providing emotional care to family members, barriers, such as lack of space, noise, privacy concerns, and failure of staff to consistently apply visiting rules affects the experience of staff, and may well affect the patient and family experience, as well. In post-anesthesia units where family visiting is permitted, staff stress may be prevented and family visitation sustained by excellent pre-operative education of family members regarding visitation, frequent reminders to staff about the importance of compliance with visitation guidelines, affordable environmental interventions, and training to empower nurses and other staff members to be compassionately assertive to enforce requirements of the family visit situation.

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## D 25 - Focusing on the Family

### Nurse Family Presence Beliefs and Decisions in Adult Intensive Care Unit

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*Beverly Jones, PhD, MPH, BSN, FAAN, USA*

#### Purpose

The purpose of this presentation is to trigger positive thoughts and strategy development for use by attendees to advance understanding/execution of open family presence in adult ICUs.

#### Target Audience

The target audience of this presentation are staff nurses, nurse leaders and educators.

#### Abstract

**Background:** Hospitals continue to have restrictive hospital and ICU visiting policies (Lui, Read, Scruth & Cheng, 2013). Intensive care units are places of complex quaternary and tertiary care for which most families give thanks and also fear. Medical and nursing innovations along with patient response to treatment are remarkably improved however; in the midst of progress the ICU experience continues to be anxiety-producing and overwhelming for families. In addition to the emotional upheaval for patients, families experience fear because of required separation from loved ones at a time of potential or actual physiological and hemodynamic instability and possibly death. The combination of psychological and physiological effects related to the unexpected admission, separation, and uncertain outcomes, have been known to evoke feelings of chaos and helplessness for families. The patient-centered care philosophy and mounting interest in associated outcomes heightens the importance of open family presence (FP) in adult ICUs. Yet, families of adult intensive care patients continue to be relegated to restrictive bedside visitation practices.

To positively impact this unpleasant issue for families requires better understanding of the involved factors and behaviors. Because nurses are pivotal to quality care, are at the center of family care in ICUs and, are the actual “gatekeepers” who regulate family presence at the bedside, it is imperative to understand how their beliefs and attitudes influence FP decisions (Agard & Lomborg, 2010, pp 1107). Exploring influences experienced by ICU nurses related to decision-making regarding open FP is important to uncovering knowledge pertinent to behavioral determinants and opportunities for change. Additionally, it is important to examine factors that are perceived as the basis for nurse beliefs, expectations related to FP that come from those who are identified by the nurse as important and to understand perceptions about obstacles that may prevent the performance of a given behavioral outcome. Beliefs and attitudes of nurses regarding family presence in intensive care units (ICU) are fundamental to ICU visiting practices. Examination of nurse beliefs, as well as social and personal variables can uncover information regarding the impact of influences on decisions and held knowledge that can ultimately be used to target changes in FP nurse practices.

**Purpose:** The purpose of this study was to examine the influence of nurse beliefs on the relations between social, personal and situational variables and nurse decisions regarding FP in adult ICUs.

**Methods:** A cross-sectional research design guided by The Theory of Planned Behavior (Ajzen, 2011) was utilized to examine relations and the extent to which nurse beliefs mediated relations between nurse’s social, personal, situational predictor and outcome variables (FP decisions in adult ICUs). The Adult Intensive Care Nurses’ Family Presence Questionnaire (AICFPQ) was used to measure nurse beliefs, attitudes, and other influential variables and behaviors related to ICU nurse FP decisions.

**Results:** Ten factors emerged from the factor analysis of the AICFPQ. The four factors with the highest internal consistency reliability were used for analysis ( $\alpha = 0.67- 0.94$ ). Of the 680 nurse respondents 91% were female, 40% were 50 years or older and 15% were non-Caucasian. Statistical significant relations were identified between nurse variables, beliefs and decisions. Over half of the nurses agreed that open

FP increased patient and family satisfaction however, a majority (60%) of nurses did not routinely permit open FP.

**Conclusions:** Select variables were influential in ICU nurse FP decisions. Positive and negative nurse beliefs effected the magnitude of relations. Findings provide new knowledge for practice change interventions.

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## D 25 - Focusing on the Family

### Perceptions of Interprofessional Collaborative Practice and the Correlation with Patient and Family Satisfaction Scores

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#### Purpose

The purpose of this presentation is to describe clinicians' perceptions of interprofessional collaboration on individual patient care units. The correlation with patient and family perceptions of collaborative practices will also be summarized.

#### Target Audience

The target audience includes clinical, administrative and academic personnel invested in the practice perceptions and benefits of interprofessional collaboration.

#### Abstract

Effective interprofessional collaboration is viewed as an essential component for the delivery of quality patient care in increasingly complex clinical environments. Various groups of professionals may have worked as a team on a project, however are perceptions of interprofessional clinicians viewed as collaborative? Moving forward in establishing a model for interprofessional collaboration requires identifying elements of achievement on high functioning patient care units. Correlation of patient satisfaction and perceptions of collaboration provides insight into aspects of successful interprofessional practices.

**Purpose:** The purpose of this study is to gain an understanding of clinicians' perceptions of the level of collaboration between disciplines on individual units and to measure correlations between levels of collaboration and patient satisfaction scores on identified units. The study goals are to:

1. Describe clinicians' perceptions of interprofessional collaborative practice within specific patient care units of a large urban hospital.
2. Identify the relationships between perceptions of interprofessional collaborative practice and reported patient/family satisfaction scores.

**Background and Significance:** In the current healthcare environment, leaders and care providers strive to deliver care that is high quality, safe and patient-centered. The Institute of Medicine (Greiner & Knebel, 2003), and more recently the World Health Organization (Hopkins, 2010) have called for interprofessional collaboration as an essential component for attainment of this type of care delivery. The growing complexity of care delivery challenges professionals in attainment of these delivery goals.

Over two decades ago, Baggs et al (1992) identified an association between interprofessional collaboration and patient outcomes in an intensive care unit. More recently, Schroder et al (2011) have developed a tool to accurately measure practitioners' perceptions of interprofessional practice, so as to identify professional development needs and related future educational interventions to be addressed.

No study has explored the relationship between perceptions of collaborative practices related to outcome measures, such as patient and family satisfaction scores. Exploring the association between interprofessional collaboration and patient outcomes is essential to promoting effective models of collaboration in interprofessional practice. To address the gap in the literature, this study focuses on clinicians' perceptions of collaboration on individual units and its correlation with patient and family perceptions of collaboration.

**Study Design:** An academic pediatric hospital in the northeastern United States begins the process of assessing the status of collaboration on selected patient care units and determining what is desirable to increase the quality of overall collaborative care practices. Interprofessional clinicians are defined as those individuals who have a direct impact on patient care operations. Interprofessional clinicians on randomly chosen units within selected areas of service were chosen to participate in this study. The Collaborative Practice Assessment Test (CPAT ©) [Schroder et al. 2011] scores are correlated with selected items from the Press Ganey® survey, a measure of patient/family satisfaction, within the timeframe corresponding to the completion of surveys. Descriptive statistics describe interprofessional participant and basic patient/family basic demographics, as well as results of CPAT © survey responses. A correlational analysis provides data examining relationships among the CPAT© unit aggregate scores and selected items from each unit's aggregate Press Ganey® patient satisfaction survey scores. Results of this study will be used to develop practices that further enhance interprofessional practices and improve patient/family outcomes.

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## D 26 - Augmenting Academic Risk for Nursing Students

### Identifying Academic Risk Factors of BSN Students Using the College Persistence Questionnaire to Better Understand Student Attrition

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#### Purpose

The purpose of this study was to determine academic and social risk factors related to nursing student attrition in order to develop academic and social interventions that will increase student retention and decrease student attrition during the first year of the BSN program.

#### Target Audience

The target audience of this presentation is administrators, faculty, and clinicians who teach in nursing education programs. Students can also gain an understanding of what factors constitute academic and social risk in undergraduate nursing programs.

#### Abstract

Due to the academic difficulty of baccalaureate nursing programs, attrition and individual success of students passing the NCLEX-RN Licensure exam is of great concern. The UAMS College of Nursing has implemented standardized exams and an individualized remediation program to aid those students who are at risk during the nursing program. However, there is a gap of knowledge as to what exactly are the academic and social risk factors that affect a student's academic performance during the nursing program. The purpose of this study was to determine academic and social risk factors related to nursing student attrition in order to develop academic and social interventions that will increase student retention and decrease student attrition during the first year of the BSN program. Once academic and social risk factors are identified, faculty can identify and implement strategies to promote academic success and student retention; and improve probabilities for the student to pass the NCLEX-RN Exam on the first attempt. This quantitative, descriptive pretest/posttests pilot study used the College Persistence Questionnaire (CPQ) to help identify factors that influence academic and social risk for students in the UAMS College of Nursing baccalaureate program. The students received a pre and post questionnaire at two time points during their first year of the BSN program. The questionnaire data provided information that can be used to 1) compare the results of this study with the results of other schools who have utilized the CPQ and 2) compare students who receive interventions and those who did not to the results of the CPQ, and 3) look for trends in improvement of outcomes. Student retention was measured by data obtained from the CPQ and the associated risk factors that are identified, as well as pre-program testing scores, course exams scores, and standardized testing scores during the first year of the program and individual remediation that takes place with students who are at risk for academic and social issues. Results indicate that the use of the CPQ questionnaire is helpful to determine academic and social risk factors that impact student outcomes and attrition in the BSN program.

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## D 26 - Augmenting Academic Risk for Nursing Students

### Predicting Nursing Students Passing of the ATI Comprehensive Predictor Examination

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#### Purpose

The purpose of this research was to determine if there were any correlations between the 2014 graduating nursing class and their Test of Essential Academic Skills (TEAS) scores, taking remedial math or English; and failing the ATI Comprehensive Predictor Examination. The results may predict future success in the nursing program.

#### Target Audience

The target audience of this presentation are nurse educators who utilize assessments to predict performance on the ATI Comprehensive Predictor Examination and/or NCLEX Examination.

#### Abstract

**Purpose:** The purpose of this research was to determine if there were any correlations between the 2014 graduating class and their Test of Essential Academic Skills (TEAS) test scores, taking remedial math or remedial English, and failing the ATI Comprehensive Predictor Examination. In addition, the subject areas that nursing students were weak were identified.

**Background:** ATI Nursing Education has published two research briefs regarding some of the indicators that help to predict the passing of ATIs Comprehensive Predictor examination. Each of these studies were based on large sample sizes and one study was able to demonstrate that achieving a level two or above on the Medical-Surgical, Nutrition, and Maternal-Newborn Content Mastery Series tests predicted passing of the ATI Comprehensive Predictor exam. Recently, in one graduating class, faculty noted the students had more difficulty passing the ATI Comprehensive Predictor than previously noted in other cohorts. Faculty wanted to determine if they could see any correlations in the predictors in the 2014 graduating class.

**Methodology:** An exploratory, quantitative research project was conducted. Previously gathered data were accessed, once approval was granted by the IRB. There were 51 subjects in this data set. Research questions asked were: For the class of 2014 is there a correlation between a student's TEAS score and the Comprehensive Predictor, January 2014 score? For the class of 2014, is there a statistically significant correlation in the Comprehensive Predictor January 2014 scores between those students who took remedial math and those who did not? For the class of 2014, is there a statistically significant correlation in the Comprehensive Predictor January 2014 scores between those students who took remedial English and those who did not? The p value for statistical significance selected was 0.05. Data were entered into SPSS and descriptive statistics; Pearson's r and Student's t-test were utilized to analyze data.

**Results:** There were data from 51 student subjects entered into a SPSS file. There were forty-three females and eight males, ranging in age from 23 to 49. The ethnicity of the subjects included: 37% White, 20% Asian, 13% Hispanic, 7% African American, 5% Filipino, 4% Asian Indian, 3% Other, two declined and one Native American. The average admitting GPA for these students was 3.59. The admitting TEAS test score was 81.5%, however currently students are allowed to retake the TEAS test as many times as they desire.

For the first research question, the TEAS test scores and passing the Comprehensive Predictor passing were correlated,  $r=0.538$  with  $p<.000$ . Approximately 30 percent of the variation in the January 2014 Comprehensive Predictor scores were accounted for by the students' TEAS test scores. Interestingly, for

those who remediated in math, the mean score for both groups was identical to three decimal places: 0.724. Similarly, for those who remediated in English, the mean score was 0.712 while the mean score for those who did not remediate in English was 0.741; even so, this was not statistically significant. However, one subject area, Pharmacology was proven to be difficult for not only this 2014 group of students, but previous groups.

**Implications:** The TEAS test scores for this group of students did correlate with passing the ATI Comprehensive Predictor Examination. This is similar to the research conducted by ATI. However, there was no statistically significant difference in the ATI Comprehensive Predictor Examination scores for those students who took remedial math or those who took remedial English. Nurse educators need to be aware the TEAS test scores do help to predict the success of nursing students in the nursing program. Since the TEAS test scores are used as part of the entrance requirements into the traditional BSN program, nursing faculty need to be made aware of these scores and assist students who score low on the TEAS test to provide extra assistance throughout their BSN program. Moreover, it is important for nurse educators to decrease attrition rates in order to reduce faculty and students' time and costs. Increased attrition may leave spots in a program open causing other potential students to miss out on the opportunity to be admitted into a nursing program. In addition, the curriculum is being revised to include more pharmacology for future students since this was noted as a trend.

**Global Implications:** Nursing students that take remedial English or Math are not necessarily at a disadvantage to those who do not. International students who read and write English at a high-remedial level or need assistance with math should be encouraged to remediate in English or Math and pursue a nursing career. It is important both locally, nationally, and globally to develop and maintain metrics of student success which can track student performance. This allows nursing schools to utilize their scarce resources better; a topic of great concern in less affluent nations. Further research is required on what some of the other predictors are not only for this group of nursing students, but also so nurse educators can enhance the success of nursing students throughout their nursing programs.

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## D 26 - Augmenting Academic Risk for Nursing Students

### Motivated Strategies for Learning in Accelerated Second Degree Bachelor of Science in Nursing Students

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#### Purpose

The purpose of this presentation is to show the differences in Accelerated Second Degree Bachelor of Science in Nursing (ABS/N) students' academic motivation orientations to achieve academic success and the use of different learning strategy and self-esteem based on their demographic data.

#### Target Audience

The target audiences of this presentation are nurse educators, faculty, nurses and nursing students

#### Abstract

**Background/Purpose:** Accelerated Second Degree Bachelor of Science in Nursing (ABS/N) students enter nursing programs motivated to learn. These students, from diverse educational and employment backgrounds, must adapt quickly to an unfamiliar curriculum. ABS/N students may rate themselves high in self-directedness and motivation to learn and study. Also, they report unique needs and expectations (Walker, et al., 2007). Their perceptions are influenced by their life experiences (D'Antonio et. al., 2010) and academic stressors based partly on family responsibilities (Weitzel & McCahon, 2008). Given this information and our experiences with ABS/N students enrolled in The George Washington University's 15 month program, we explored the differences in students' motivational orientations to achieve academic success and the use of different learning strategies and self-esteem by demographic characteristics.

**Methods:** ABS/N students (n =82) from four different semesters completed online: a demographic survey, the Motivated Strategies for Learning Questionnaire (MSLQ) to assess motivation and learning strategies (Pintrich & Smith 1993), and the Rosenberg Self-Esteem Scale (RSES) which is a global measure of self-worth (Iacobucci, Daly, Lindell, & Griffin, 2012). The MSLQ consists of motivation and learning strategies sections. The motivation section consists of six scales (intrinsic and extrinsic goal orientation, task value, control of learning beliefs, and test anxiety). The learning section consists of nine scales (rehearsal, elaboration, organization, critical thinking, self-regulation, time and study environment, effort regulation, peer learning and help seeking). MSLQ items are scored on a scale of 1 to 7 with the values of 1 "not all true of me" to 7 "very true of me". The RSES assesses a person's overall evaluation self-worthiness as a human being. Responses are coded on a 4-point scale ranging from 1 (strongly disagree) to 4 (strongly agree). Data analysis included descriptive statistics, t-test and one-way ANOVA.

**Results:** This student sample was predominantly white (71%), in their twenties (67%), single (54%), worked part time (49%), and had a family income of \$50,000 or more (74%). Students scored within normal ranges on self-esteem with no differences between students in different semesters or by demographic data. There were no semester differences on any of the measures of motivation or learning scales. The mean score of motivation to engage with courses material and learning strategies was (M=5.4). Students who identified themselves as white and have pre-requisites GPA higher than or equal 3.7 were highly motivated and more likely to use a variety of learning strategies. On the motivation scales, low income students, younger than 30 years old, with children and a GPA higher than or equal 3.7 were more likely to participate in tasks in order to obtain good grades, rewards or approval (extrinsic goal orientation). Students who identified themselves as single and a race other than white had the belief that the courses were less interesting and less valuable (task value). On learning scales, males and students who identified themselves as white expressed that they were repeatedly using summarizing information (elaboration) as a learning strategy to succeed. Students who self-identified as "not single" scored higher on organizing information using outlines and tables (organization) than single students. Males reported

frequently evaluating new ideas and applying them to novel situations (critical thinking) during their learning more than females. Students identified themselves as white reported high study skills and appropriate use of study time (time and study environment). On the scale of effort regulation (continuing to study when content is perceived to be boring) the mean scores of individuals who were identified as not single, white, having children, a pre-requisite GPA less than 3.7 and older than 30 were significantly higher than those students identified as single, not white, childless, having a pre-requisite GPA greater than or equal to 3.7 and younger than 30.

**Conclusion & Implication:** Programs with ABSN students need to know about the motivational orientations and the learning strategies used by their students as they progress through a fast-paced curriculum. Awareness, support and integration of social and academic characteristics of ABSN students can help faculty and programs boost students' motivation and improve their achievement. Course content and faculty input can help student's navigate a nursing curriculum which will help improve outcomes for students and provide information for program, curricular and pedagogical improvements.

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## D 27 - Community Health Needs for Our Veterans

### Experiences of Homeless Vietnam Veterans in Deciding to Access or Not Access Healthcare

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#### Purpose

The purpose of this presentation is to explore the healthcare decision-making process of homeless Vietnam Veterans (HVV) who access or do not access healthcare services using the HVV Healthcare Utilization Model. Specific factors that contributed to and influenced HVV decision-making processes will also be presented.

#### Target Audience

The target audience of this presentation is healthcare professionals who provide physical and mental health services to vulnerable homeless populations, including Registered Nurses, members of Veterans Administration and community healthcare organizations, social work, medicine, and psychiatry.

#### Abstract

Homeless Vietnam Veterans (HVV) report their health status as poor, indicating a multitude of health concerns, including physical and psychological problems, post-traumatic stress disorder (PTSD), and alcohol or drug dependencies. Prompt attention to health care may improve the prognosis; however, HVV tend to delay seeking medical attention. The purpose of this study was to explore the process utilized by HVV to make the decision to access or to not access health care services. According to inclusion criteria of the study, all participants served in the US military during the Vietnam War.

Eleven HVV were interviewed to understand the decision-making process about accessing health care services. Using Grounded Theory Methodology with Symbolic Interactionism as the philosophical framework, semi-structured interviews were conducted. Data analysis was performed according to Straussian methodology and included open, axial, and selective coding.

Three predominant categories surfaced: military experiences, substance use, and access issues. A lesser category of homelessness with informal communication via the grapevine was also identified. The core category is healthcare decision-making. A description of processes used by HVV in accessing health care was used to create a preliminary theory.

Based on the data, healthcare decision-making seems to occur within the context of military experiences; substance use; homelessness, where communication occurs via the grapevine, and access issues with difficulty with mobility, convenience, quality, and system inefficiencies. While none of these concepts alone appear to be the primary trigger for healthcare decision-making in HVV, healthcare decision-making certainly occurs within the context of the collective of these concepts.

Therefore, the preliminary HVV Health Care Utilization Theory is that HVV have an alternate view of wellness and health. Rather than health being the absence of disease, it is surviving in the presence of disease. The environment of homelessness enhances diminished or compromised wellness. Camaraderie is important in the homeless environment, where information sharing occurs via informal networks- as through the grapevine. When HVV enter the healthcare environment, especially when using VA facilities, HVV experience more burden than benefit because of access issues.

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## D 27 - Community Health Needs for Our Veterans

### The Socio-Cultural Contexts of Male Iraq and Afghanistan War Veterans Help-Seeking Behavior and Healthcare Utilization: An Interpretive Phenomenological Study

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#### Purpose

The purpose of this presentation is to present the study findings that explored the help-seeking behaviors of twenty Iraq and Afghanistan war veterans to illuminate the socio-cultural contexts of what help-seeking means to the veterans and to provide a better understanding of the veterans' help-seeking behavior and healthcare use.

#### Target Audience

The target audiences of this presentation are healthcare providers who provide care to veterans in all settings including the Veterans Administration (VA), civilian healthcare facilities, health clinics in the communities, and healthcare administrators who make healthcare policies that may impact Iraq and Afghanistan war veterans' care.

#### Abstract

**Background:** Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) veterans have combat-related healthcare needs that include post-traumatic stress disorder (PTSD), major depression, generalized anxiety disorders, and traumatic brain injury (TBI) (Stecker, et al., 2010; Morissette et al., 2011; Kim, et al., 2010; Reiber et al., 2010). A low number of OIF/OEF veterans seek help for their healthcare needs or use available healthcare resources (Kim, et al., 2010; Seal et al., 2010; Vogt, 2011; Brown et al., 2011; Randall, 2012). The disparity between increased healthcare needs and underuse of healthcare services indicates the need to understand what seeking help means to the veterans and what informs their decision to seek help or not. The study explored the research question: What is the meaning of seeking healthcare for the United States male veterans who served in the Iraq and Afghanistan wars? The aim is to provide an enhanced understanding of what seeking help for healthcare needs means to the veterans and the context of their help-seeking behaviors and health resource use.

**Method:** Heidegger's interpretive phenomenology served as the philosophical underpinning for this study. Purposive sampling with snowball strategy was used to recruit participants from a large veteran organization and around the Houston metropolis after institutional review board approval was granted. The inclusion criteria were that participants be United States male veterans who served in either, or both the Afghanistan and Iraq wars, and who were community dwelling veterans. All participants were properly consented. Data was collected in a face-to-face interview that lasted between 30-45 minutes using a semi-structured interview guide that elicited information on three core areas: health maintenance, seeking healthcare, and reflections on healthcare decisions. All interviews were digitally audio-recorded and transcribed verbatim for analysis.

**Analysis:** Data collection and analysis were conducted concurrently. The final sample size (N=20) was determined by saturation of analytic data. Data was analyzed using Ricoeur's interpretation method adapted by Lindseth and Norberg's (2004) with hermeneutic circle technique. This is an iterative process of in-depth reading of each transcript several times to identify words, phrases, and concepts, which were coded. The codes were then categorized and further merged into five themes. The researcher used the technique of hermeneutic circle that involves moving forth and back between explanation and understanding in the analysis process, employing the researcher's pre-knowledge, and experiences of help-seeking phenomenon among men and the OEF/OIF veterans to achieve interpretation and thus a

richer understanding of the phenomenon of seeking help. Qualitative rigor is established by methodic consistency, resulting in the potential for replication and for establishing the readers' trust in the research findings (Thomas and Magilvy, 2011). Rigor was maintained through congruency between the study design, research question, the philosophical underpinning, and methodology, such as the interview technique for data collection and analysis through textual interpretation. Data collection continued until data saturation. Divergent views were identified and reported for balance and credibility. Descriptive data and rich texts are provided to support themes and conclusions that depicted the participants' demographics and help-seeking experiences.

**Result:** Most informants (N=20) were single white males between 25-40 years of age, 90% were of enlisted military rank, and 75% served in the Army. All the participants were deployed veterans; 90% had experienced combat; and most were deployed more than once. Five themes emerged from analysis that highlighted the psychosocial and cultural basis of the meaning of participants' help-seeking behaviors and healthcare decisions- Health perception: "I just felt like I was a soldier...I didn't need to go to the doctor"; Conforming to traditional masculinity values: "you're not a man if you can't fix your own problems"; Military culture values: "suck it up and keep going"; Stigma of seeking help: "you just feel weak. Like I'm being a pansy or a wuss, a cry baby"; and Paradox of multiple masculinities: "I've done everything beyond my means to fix myself...they're the people that can fix me."

**Discussion, practice implications, and future research:** Help-seeking behavior is situated in contexts and was mostly constructed through the lens of traditional masculinity values of self-reliance, resilience, strength, and stoicism that interplayed with military culture and multiple masculinity values. It is a dynamic and complex behavior that is impacted by interrelated personal, social, and cultural factors. What it means to seek help is illuminated and understood within the contexts of time, participants' socio-cultural milieu, and healthcare needs. Having a better understanding of OEF/OIF veterans' perception of health, health beliefs, attitudes, values, and what influence them to seek or use healthcare resources or not, will help in formulating policies, interventions, and programs that not only focus on access issues but on psychosocial and cultural issues that may lead to increase in seeking healthcare and better use of healthcare services. Strategies and interventions that may enhance OEF/OIF veterans' healthcare experiences to facilitate help-seeking, implications for nursing practice, and suggestions for future studies are discussed.

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## D 27 - Community Health Needs for Our Veterans

### Rural Women Veterans' Use and Perception of Mental Health Services

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#### Purpose

The purpose of this presentation is to describe rural women veterans' use and perception of mental health services and to discuss how communities can identify and then develop interventions to decrease barriers to care.

#### Target Audience

The target audience of this presentation is the advanced practice nurse who works with women veterans and/or with rural residing women who face barriers to accessing mental health care.

#### Abstract

While the total number of veterans in the U.S. is decreasing overall, the number of women veterans is significantly increasing. There are numerous barriers which keep women veterans from accessing mental health care. One barrier which can impact receiving care is living in a rural area. Veterans in rural areas have access to fewer mental health services than do urban residing veterans, and women veterans in general have less access to mental health care than do their male colleagues. Little is known about rural women veterans and their mental health service needs. Women, who have served in the military, have unique problems related to their service compared to their male colleagues including higher rates of Post-Traumatic Stress Disorder (PTSD) and Military Sexual Trauma (MST). This qualitative study investigated use of and barriers to receiving mental health care for rural women veterans. In-depth interviews were conducted with ten women veterans who have reported experiencing problems with either MST, PTSD, or combat trauma. All ten women had utilized mental health services during active-duty military service, and post service, in VA community based-outpatient clinics. Several recurring themes in the women's experience were identified. For all of the women interviewed, a sentinel precipitating event led to seeking mental health services. These precipitating events included episodes of chronic sexual harassment and ridicule, traumatic sexual assaults, and difficult combat experiences. Efforts to report mistreatment were unsuccessful or met with punishment. All the women interviewed reported that they would not have sought services without the help of a supportive peer who encouraged seeking care. Barriers to seeking care included feeling like they weren't really a combat veteran (in spite of serving in a combat unit in Iraq); feeling stigmatized by providers and other military personnel, being treated as crazy; and a lack of interest from those providing care in hearing their stories. This study may generate positive social change by helping providers approach women veterans in a way that is sympathetic to their experiences.

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## E 16 - Teaching and Learning Strategies for Educating Nurses

### Transforming Assessment in Nursing Education: Virtual Simulations

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*Laura Marie Schwarz, DNP, RN, CNE, USA*

#### Purpose

The purpose of this presentation is to disseminate research findings from a study of learner perceptions of the use of a conflict management virtual simulation as an assessment method in a nursing leadership and management course.

#### Target Audience

The target audience of this presentation is anyone in nursing who has an interest in the use of virtual simulations as an assessment method in nursing education.

#### Abstract

**Introduction and Purpose of Study:** Virtual simulations in nursing are online scenarios that include one or more learners who participate in a teaching/learning activity in a safe, convenient, online environment. Virtual simulations provide opportunities for learner engagement to build knowledge base. Virtual simulations are also an assessment strategy. The purpose of this research study is to determine the nursing students' perceptions of the conflict management in nursing virtual simulation, and their specific perceptions of the effectiveness of virtual simulation as a teaching/learning/assessment strategy in nursing education. This study includes an examination of technical/ease of use related to virtual simulation, as the authors value a smooth assessment experience.

#### Research Questions

1. What are the strengths of using a virtual simulation about conflict management in nursing for a teaching/learning/assessment activity from the learner's point of view?
2. What are facilitation successes and areas for improvement with using the virtual simulation about conflict management in nursing for a teaching/learning/assessment activity from the learner's point of view?
3. What are factors that relate to technological ease with using the virtual simulation about conflict management in nursing for a teaching/learning/assessment from the learner's point of view?

**Methods:** The study used a mixed-methods design to describe and document aspects of the conflict management for nurses' virtual simulation as a teaching/learning/assessment technique in undergraduate Nursing Leadership and Management courses. The mixed methods approach gives participants an opportunity to provide comments so researchers can better understand their perception of the virtual simulation experience. A 43-item qualitative and quantitative online survey developed by the researchers, called the Learner Perceptions of the Conflict Management in Nursing Virtual Simulation Survey was used for the study measures. The survey includes demographics questions as well as items about the use of the virtual simulation over other assessments, such as papers or examinations. Quantitative data analysis was done with the Statistical Package for Social Sciences (SPSS) (version 22.0, SPSS Inc., Chicago, IL). Descriptive statistics were used to analyze demographic and Likert-type quantitative items. Content analysis was utilized to examine qualitative data.

**Results:** Results presented in this session include the 1) use of ease; 2) effectiveness and connection to learning outcomes; 3) the virtual simulation as an assessment strategy; 4) learning and active participation within the virtual simulation; and 5) facilitation of the virtual simulation. A majority of participants reported the virtual simulation was user friendly and convenient. Participants reported a strong connection between the learning outcomes and the virtual simulation. All participants reported the virtual simulation was a more effective assessment of learning than a paper or quiz on the topic of Conflict Management for Nurses. A majority of participants reported they were actively engaged in the virtual simulation activity. Additionally, participants reported the instructions were clear and the pre-simulation

briefing was helpful. Qualitative themes that emerged were the virtual simulation 1) provided a safe environment; 2) broke conflict management into easy to apply steps; 3) provided a user-friendly assessment; and 4) was convenient and could be completed at an individual pace.

Conclusion: The results of this study indicate nursing learners received the Conflict Management for Nurses virtual simulation favorably. The nature of the topic of Conflict Management is a blend of skill, evidence, and knowledge that fits well with the virtual simulation activity. The authors recommend further study of the virtual simulation use in nursing to examine the effectiveness.

#### References

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## E 16 - Teaching and Learning Strategies for Educating Nurses

### Are Your Multiple-Choice Tests "FIT"? Using the Fairness of Items Tool (FIT) as a Component of the Test Development Process

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#### Purpose

The purpose of this presentation is to discuss the development, validation, and implementation of the Fairness of Items Tool (FIT) for its use by nurse educators as a component of the test development process to improve the quality of multiple-choice examinations.

#### Target Audience

The target audience of this presentation is nurses in academic education, staff development, faculty development, and academic administration.

#### Abstract

**Purpose:** This presentation will discuss the development, validation, and implementation of the Fairness of Items Tool (FIT) for its use by nurse educators as a component of the test development process to improve the quality of multiple-choice examinations. The FIT provides clear and concise guidelines for nursing faculty to use in developing unbiased test items.

**Background:** Multiple-choice examinations are a common assessment method used in nursing programs, and conclusions based on these assessments have high stakes consequences. Faculty members therefore have an obligation to ensure that tests are valid and reliable assessments of student learning. For a test to be fair, valid, and reliable, it must contain well-written items. Constructing and revising test items is difficult and time consuming, and nursing faculty members lack adequate preparation and sufficient time for examination construction and analysis. Published guidelines are available to assist faculty in creating examination items; however, assessments and textbook item banks contain violations of these guidelines, resulting in the administration of assessments containing flawed test items. Developing clear and concise guidelines for nursing faculty to use in developing unbiased test items is one strategy that may improve the quality of nursing assessments, thereby improving the quality of the decisions made based on these assessments.

**Methodology:** Development and validation of the FIT was a three-phase process grounded in two theoretical frameworks adapted for this research study: the Revised Framework for Quality Assessment and the Conceptual Model for Test Development. In the first phase, the tool was developed by the primary investigator through an extensive review of published higher education and nursing literature related to item-writing rules, examination bias, and cultural bias. Phases two and three used systematic methods to establish the validity and reliability of the FIT. In phase two, content validity and face validity were established through review by a panel of item-writing experts. In phase three, multiple measures were used to establish reliability and construct validity through testing of the FIT by nursing faculty (N = 488) to evaluate sample MCQs.

The sample for this research study was drawn from a list of 5,786 names and email addresses systematically sampled from AACN member school websites. Inclusion criteria included active teaching in a nursing program and utilization of faculty-generated MC examinations for student assessment. Faculty-generated MC examinations include those that are developed by faculty through writing new test items, using test bank items, revising test items from any source, or any combination of these activities. Overall, the demographic characteristics of the sample population were fairly representative of the general nursing faculty population, consisting primarily of educated white females over age 45. The sample population was more likely to have doctoral preparation, full-time and tenured or tenure track status, certification in academic nursing education, and hold higher academic rank than the general nursing faculty population. Males were slightly overrepresented in the sample, while African Americans were underrepresented. The



sample represented all regions in the United States, over 162 programs of nursing, and diverse clinical specialties.

**Results:** The results of this research study support the hypothesis that the FIT is a valid and reliable tool for identifying bias in MCQs as a component of a systematic process for test development. The known groups comparison supported the validity of the FIT as a measure of item bias. Tests for independence demonstrated that FIT scores are not affected by demographic variables. Analysis of agreements provided strong support for equivalence, and the KR20 supported the stability of the FIT. Cronbach alpha correlation coefficients demonstrated adequate reliability for a newly developed tool. This research study also demonstrated that participants made similar decisions when using the FIT to evaluate MCQs.

**Conclusion/Recommendations:** Nurse educators can use the FIT as a component of the test development process to improve the quality of multiple-choice examinations. The FIT provides clear and concise guidelines for writing MCQs and revising textbook test bank items. The FIT provides a means to facilitate systematic research to validate guidelines and testing procedures and to improve the quality of MC test items. Improving the quality of examinations has the potential to improve student success and better prepare graduates for licensure and certification examinations, indirectly increasing the quality, quantity, and diversity of nurses joining the workforce.

**Note:** This research study used Research Electronic Database Capture (REDCap), a secure, web-based survey tool and database, supported by Center for Clinical and Translational Science and Training grant UL1-RR026314.

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## E 17 - Interprofessional Issues in Nursing Education

### Promoting Student Resiliency through Interprofessional Education Collaboration

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#### Purpose

The purpose of this presentation is to discuss two universities' experiences with Interprofessional Education involving: Nursing, Speech-Language Pathology and Pharmacy. Health professional students must learn to be resilient. Today's global society is increasingly diverse and complex requiring resiliency to successfully navigate challenges in the workplace.

#### Target Audience

The target audience for this presentation are clinical and academic educators from across health care disciplines.

#### Abstract

Health professional students must learn how to be resilient. Today's global society is increasingly diverse and complex requiring resiliency to successfully navigate challenges in the workplace. Healthcare students learn core knowledge, skills, attitudes and values and are asked to quickly apply learning to a clinical or functional setting. Their ability to move from receiving direct instruction to clinical practice is facilitated through supervised interprofessional training in simulation, experiential opportunities, and co-curricular settings that develop practitioner resilience which predicts long term success better than GPA or IQ. This presentation will present two universities' experiences and outcomes with Interprofessional Education (IPE) that involved three healthcare disciplines: Nursing, Speech-Language Pathology and Pharmacy.

**BACKGROUND AND SIGNIFICANCE:** Traditionally, students in health professions are educated and trained in silos, isolated from other disciplines. After graduation, however, students are expected to collaborate successfully on a team that represents many disciplines and perspectives. Given this education model, it is not surprising that communication problems among health care personnel have been implicated as a cause of most patient errors (IOM, 2001, 2003; American Association of Critical Care Nurses [AACN], 2005; Joint Commission, 2005, 2007, 2008; Wachter, 2004). In addition, the Joint Commission reported that breakdowns in communication were the leading root cause of sentinel events between 1995 and 2006 (World Health Organization, 2007).

In an effort to improve healthcare delivery and patient outcomes, the Institute of Medicine (IOM) strongly advocates that "health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team" (IOM, 2003, p. 20). The IOM (2003) reports that "health professionals are asked to work in interdisciplinary teams, often to support those with chronic conditions, yet they are not educated together or trained in team-based skills" (p. 19).

After fifty years of gathering data, there is sufficient evidence indicating the efficacy of interprofessional education as a means to support interprofessional practice (WHO, 2010). Interprofessional education (IPE) exists when students from two or more healthcare disciplines have the opportunity to "learn about, from and with each other to enable effective collaboration and improve health outcomes" (WHO, 2010, pg. 7). Therefore, the purpose of IPE is to prepare healthcare professionals who are ready to collaborate in multidisciplinary teams and provide improved services to patients that result in stronger health outcomes and improved patient safety (WHO, 2010).

The concept has only recently emerged in studies focusing on students' learning contexts and experiences in higher education. Walker et al. (2006) defines resiliency as the "...ability to recover rapidly

from difficult situations” and the “...capacity to endure ongoing hardship in every conceivable way” (p. 251). Resiliency (also known as grit) is a learned trait that educators in the United States’ educational system are beginning to advocate for its incorporation into the curriculum.

Grit can be defined as the “perseverance and passion for long-term goals,” and is an emerging noncognitive characteristic strongly linked to success across education, professional, and personal achievement domains (Duckworth, et al., 2007; Eskreis-Winkler, et al., 2014). Duckworth and Quinn (2009) have proposed and validated a short survey to assess grit, the Short Grit Scale (GRIT–S). Grit outperforms intelligence and GPA in predicting success, and educators see grit as a game changer in education and healthcare (Raehl et al., 2012-2013). Finding meaningful ways to cultivate resiliency is central to student development and a predictor for achieving mastery. The US Department of Education looked at 50 programs targeting the development of perseverance and grit and have drafted a number of recommendations for educators to promote grit by educators. Two key research-based recommendations include [Recommendation 2a]:

“students need to have the opportunity to take on long-term or high-order goals that, to the student, are “worthy” of pursuit”

“provide a rigorous and supportive environment for accomplishing their goals”

Interprofessional education set in co-curricular, simulation, and active learning experiences create opportunities for students see their didactic knowledge, skills, attitudes, and values put into practice with teams and scenarios reflecting real practice settings. Students report these experiences to be highly engaging across the interprofessional literature. These experiences are rigorous but supportive and include reflection and feedback that is inquiry driven rather than evaluative. Interprofessional education for healthcare students may be an ideal pedagogy to develop grit and is a key focus of this research group.

**PURPOSE:** The purpose of the IPE curriculum developed by the authors is to prepare collaborative practice-ready resilient health care professionals that have applied the essential skills of working in teams across a variety of clinical and educational settings and environments.

**METHOD:** By design, a variety of required and voluntary IPE opportunities were integrated into each discipline’s curriculum. To enhance student learning, multiple pedagogies and teaching strategies were used to train the nursing, pharmacy, and speech-language pathology students. These approaches included experiential, transformation and resiliency:

- Cross-discipline didactic education and training
  - Team-based learning – Pharmacy & Nursing; SLP & Nursing
  - Case-based learning – Pharmacy & Nursing; SLP & Nursing
  - Integrated Simulation Experience
    - Simulation Lab – Pharmacy & Nursing; SLP & Nursing
    - Community Engagement – Pharmacy, Nursing & SLP volunteers
    - Saha Health Center
    - CSUS Shot Clinic
    - CSUS Communication Recovery Groups and Communicating Through Art, Life Participation Approach Programs for Persons with Aphasia
    - Interprofessional Cross University Research Team
    - Interprofessional Education Research Academy (IERA) – Pharmacy, Nursing & SLP student and faculty collaborators

**RESULTS:** The outcome data (qualitative and quantitative) from two integrated simulation experiences involving pharmacy, nursing, and speech-language pathology students will be presented demonstrating positive learning outcomes related to IPE goals. Development of grit will be measured using the Short Grit Scale (GRIT–S). In addition, learning outcomes from community engagement activities will be presented.

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## E 17 - Interprofessional Issues in Nursing Education

### Interprofessional Education in Nursing Education: A New Way of Knowing

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#### Purpose

The purpose of this presentation is to disseminate research about how nurse educators teach interprofessional education in undergraduate nursing program and identify a new way of knowing in nursing education.

#### Target Audience

The target audience of this presentation is nurse educators in education and practice that are interested in developing knowledge about interprofessional education and practice.

#### Abstract

Background: Teaching and learning in nursing is changing in response to increased complexity and societal issues in client care. A call for innovation in nursing education is imminent and IPE may be the innovative teaching process needed to address this change. However, change may be difficult in a bound profession such as nursing. The intent of completing this research was to identify the perspectives and meanings of IPE as seen through the eyes of nurse educators.

Purpose: To explore how nurse educators understand interprofessional education (IPE) in the context of nursing education, and explore how nurse educators use interprofessional education when teaching in an undergraduate nursing program in a western Canada.

Methods: Grounded in constructivism, qualitative methodology was used. A single exploratory case study provided opportunity to explore a real-life complex phenomenon in the natural setting of nursing education (n=15). Data analysis was framed in social constructivism and transformative learning theory, underpinned by adult learning theory.

Results: A knowledge gap about IPE in nurses' ways of knowing exists; it may be time to add to the established culture of nursing and explore a way of knowing about IPE in nursing, adding to the characteristics and ways of knowing of the profession. As the nurse educators suggested, this new way of knowing may require risk taking and motivation but it may be time for nurse educators to move beyond the insular knowledge of the traditional profession in order to teach in the 21<sup>st</sup> century

Implications: Faculty development in ways of knowing about interprofessional education is needed. Future research to illuminate how language guides nursing education, policy development, and a new way of knowing about IPE.

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## E 17 - Interprofessional Issues in Nursing Education

### Breaking Down Silos: Impact of an Interprofessional Curriculum to Teach Health Professions Students Oncology Palliative Care

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#### Purpose

to examine the effect of a mandatory, interdisciplinary oncology palliative care curriculum on nursing, medical, social work and chaplaincy students' self-perceived comfort with palliative care skills, self-efficacy related to interprofessional learning, and interprofessional palliative care knowledge.

#### Target Audience

educators of nursing and other health professions students.

#### Abstract

Nursing students must be prepared for collaborative interdisciplinary practice if they are to succeed in today's healthcare environment. Preparing baccalaureate nursing students to be effective members of interprofessional teams is a challenge facing undergraduate nursing programs. The need to meet this challenge is evident. Interprofessional communication and collaboration for improving health outcomes is an essential component of baccalaureate education (American Association of Colleges of Nursing, 2008). Team work and collaboration is a core pre-licensure competency according to the Quality and Safety Education for Nurses (QSEN) initiative (Cronenwett, et al, 2007). The key to preparing nursing students for interprofessional communication, collaboration, and team work may lie in interdisciplinary educational experiences in the undergraduate program. Although the need for interprofessional education (IPE) is apparent, there are few published models and fewer still that have been examined for their effectiveness. The purpose of this study was to examine the effect of a mandatory, interdisciplinary oncology palliative care curriculum on nursing, medical, social work and chaplaincy students' self-perceived comfort with palliative care skills, self-efficacy related to interprofessional learning, and interprofessional palliative care knowledge. The Interdisciplinary Curriculum for Oncology Palliative Care Education (ICOPE) consisted of four components: on-line case-based didactics, an interprofessional case management exercise, clinical rotations, and critical reflection writing exercises. Nursing students in the final semester of a BSN program, fourth year medical students, masters-level social work students specializing in healthcare, and chaplain residents completing Clinical Pastoral Education were required to complete all components of the curriculum. A pre-post mixed-methods design was used to examine the impact of the ICOPE curriculum. Pre-post measures included the End-of-Life Professional Caregiver Survey to measure palliative care specific educational needs and the Self-Efficacy for Interprofessional Experiential Learning Scale to measure student self-efficacy perceptions related to learning collaboratively in interprofessional teams. A survey developed by the research team measured interdisciplinary palliative care knowledge. All data were collected via on-line surveys. Although all students were required to complete the ICOPE curriculum as part of their educational experience, participation in the study was optional. Only data from students providing informed consent were analyzed. A total of 527 students completed the curriculum. Pre and post measures were completed by 373 students, the majority of whom were female (75%) nursing (64%) students. Following completion of the curriculum, students across all disciplines demonstrated significant increases in comfort with palliative care skills. All disciplines, except chaplaincy residents, demonstrated significant increases in self-perceived efficacy related to learning collaboratively in interprofessional teams and palliative care knowledge. The lack of significant changes in the chaplain group was possibly due to the small sample size of chaplains as the effect size on all scales were notable (Cohen's  $d = > 0.60$ ). All students rated the ICOPE curriculum highly with 11 of 14 items on the evaluation at 4.0 or greater on a 5 point scale. Themes identified in the open-ended responses on student evaluations included: students most valued the opportunity to observe palliative teams at work and practice team-based skills with other learners; the clinical experience positively affected them professionally and personally; they increased their understanding of and respect for other disciplines; and, they perceived improved ability to function on a team. This mandatory, multimodal, experiential, interdisciplinary oncology palliative care curriculum increased students' comfort with palliative care skills,

self-efficacy in interprofessional learning, and palliative care knowledge. Success will ultimately be determined by long term outcomes, an area for future research. While many obstacles to IPE exist, the value of such experiences to the learners justifies efforts to initiate and continue similar programs. Interprofessional practice plays a key role in the success of health care reform (National Academies of Practice, 2012). No longer can nursing and other health professional students be educated in silos and be expected to function as effective interdisciplinary team members in today's complex health care environment. Nurse educators are ideally suited to develop and lead IPE initiatives.

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## E 18 - Emotional Distress for those Afflicted with Cardiovascular Issues

### Associations between Emotional Distress and Coronary Heart Disease: Analysis of National Health Interview Survey 2008-2009

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#### Purpose

The purpose of this study was to elucidate the independent associations between emotional distress and coronary heart disease, beyond known effects of sociodemographic and behavioural risk factors.

#### Target Audience

The target audience of this presentation is staff nurses, advanced practice nurses, student nurses, nurse researchers, and case managers.

#### Abstract

**Background:** Studies investigating psychological factors have shown that negative emotions independently influence coronary heart disease (CHD) outcomes, contribute to decreased quality of life, poor prognosis, and decreased medication adherence. Extant comorbidities, such as diabetes, obesity, hypertension and inadequate sleep are significant correlates of CHD. Yet, the research that has been conducted to distinguish what proportion is independently attributable to these factors lacks consensus.

**Methods:** In a cross-sectional study using a nationally representative sample, we examined the independent associations between emotional distress and CHD among 25,352 adults from the National Health Interview Survey (2008-2009). Relationships were examined using a multivariate hierarchical logistic regression model controlling for sociodemographic variables, self-reported physician diagnosed medical history, sleep duration, emotional distress, and health behaviors.

**Results:** The overall prevalence of participants reporting CHD from the NHIS data was 5.1%, of which 75.2% self-reported hypertension, 30.5% diabetes, 26.6% <6 or >9 hrs of sleep and 16.4% emotional distress. While the least prevalent self-reported condition at baseline, analysis revealed individuals reporting emotional distress had an estimated two-fold increased risk for CHD [OR = 2.00 95% CI: 2.00-2.01; p<0.0001]. The estimated risk of CHD for participants reporting diabetes and inadequate sleep were increased by 84% and 14%, respectively.

**Conclusion:** In this study, emotional distress confers significant risk for CHD beyond traditional risk factors, such as diabetes and obesity. Our findings suggest that clinicians should work with their patients to promote emotional vitality and wellness to blunt the negative impact emotional distress has on cardiovascular health and refer for mental health services when appropriate.

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## E 18 - Emotional Distress for those Afflicted with Cardiovascular Issues

### Family in the Resuscitation Room: Polish and Finnish Nurses' Experience and Attitudes towards Family-Witnessed Cardiopulmonary Resuscitation in a Hospital Setting

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#### Purpose

The purpose of this presentation is to inform the audience about family-witnessed cardiopulmonary resuscitation (CPR) practice, continue professional debate on its aspects, inspire listeners to seek for more knowledge, specify and possibly reconsider their views on this phenomenon, and thus enhance clinical outcomes of the family-centered care.

#### Target Audience

The target audience of this presentation are health care professionals and leaders who experience CPR situations in their work environments, as well as educators and policy-makers, willing to increase their knowledge on this ethical phenomenon and get familiar with the way family-witnessed CPR is perceived in different cultural settings.

#### Abstract

Background: Family-witnessed resuscitation offers an option for patients' families to be present during in-hospital cardiopulmonary resuscitation (CPR). It represents principles of the Family-Centered Care Theory which recognizes needs of family members and emphasizes their important role in patients' health and sickness. Due to the research suggesting possible benefits of family-witnessed resuscitation (Clark et al. 2013), many nursing and medical organizations, such as Emergency Nurses Association, European Resuscitation Council and American Heart Association, have officially recommended this practice. There is evidence that while in some countries family-witnessed resuscitation is accepted and implemented, there are many places in which it is not respected and still remains highly controversial (Sak-Dankosky et al. 2014).

Purpose: The purpose of this study is to describe Finnish and Polish emergency (ER) and intensive care (ICU) nurses' experience in family-witnessed resuscitation, and to determine whether there are a differences between their experiences and attitudes towards this practice.

Methods: A total of 270 ICU and ER registered nurses from three university hospitals in Poland and three in Finland took part in the study. A structured questionnaire, developed by Fulbrook P., Albarran J. W. and Latour J. M., was used to collect data. For the purpose of the study the questionnaire was translated into Polish and Finnish, using standard forward-back translation method, and then pilot-tested in order to check the accuracy of the translation. Questionnaire was divided into three parts: first asked about socio-demographic characteristics of the participants, second asked six questions with dichotomous answer alternatives about nurses' experience on family-witnessed resuscitation, and third consisted of thirty 5-point Likert scale questions about nurses' attitudes towards this phenomenon. Attitude questions were divided into three areas of inquiry: (1) decision-making, (2) process, and (3) outcomes. Data, collected between July and December 2013, were analyzed using SPSS 19.0 for Windows. Descriptive statistics such as frequencies, percentage distributions, means and standard deviations were used to characterize the sample. Chi-square test was used to analyze whether there are country differences in previous family-witnessed resuscitation experience. Mann-Whitney U-test was used to order to determine differences in attitudes between countries. The study is a part of a larger project exploring experiences and attitudes of

Finnish and Polish health care professionals and family members towards family-witnessed resuscitation, and was approved by University Committee on Research Ethics.

Results: Most respondents were women (83%). Finland was represented by 153 (57%) registered nurses and Poland by 117 (43%). Mean age was 40 ( $\pm$ SD 10.01) and was approximately the same in both countries. Out of 265 nurses who reported their specialty area, 85 (32%) worked in emergency departments and 180 (68%) in intensive care units. Average working experience was 15 years ( $\pm$ SD 9.88), and was higher in Poland (18 years), than in Finland (13 years). Twelve percent of participants reported obtaining Master's degree in Nursing. The greater number of nurses worked as clinical practitioners (94%). Only 6% worked as educators, managers and researchers. The majority of nurses (72%) have never experienced family-witnessed resuscitation, however among those who have, Polish nurses had significantly more experience than Finnish nurses ( $p=0.003$ ). A total of 76.2% nurses disagreed that family-witnessed resuscitation should be a normal practice. Only 14.5% claimed that it would be a good idea, while 9.3% were not sure. There was no significant difference between Polish and Finnish nurses regarding this statement ( $p=0.375$ ). There was, however, a significant difference between the way Finnish and Polish nurses view the process of family-witnessed resuscitation ( $p=0.031$ ). Polish respondents represented slightly more agreement with the negative process-related consequences of this practice than those from Finland. Level of agreement on aspects regarding attitudes towards decision-making process ( $p=0.133$ ), and the outcomes of family-witnessed resuscitation ( $p=0.111$ ) were not found to be significantly different between these two countries.

Conclusions: Exploring experiences and attitudes towards family-witnessed resuscitation is important in determining why, even though this option is widely recommended, in some countries it is not implemented into practice. Inviting family to be present at the bedside during CPR performed in a hospital setting, is not common in Poland and Finland. It might be explained by rather negative attitude towards this practice in both countries. Despite agreement on the aspects related to decision-making process and outcomes of family-witnessed resuscitation, there are differences regarding process-related attitudes towards this practice. This might be explained by the differences in health care systems and work organization in Poland and Finland. Negative attitudes towards family-witnessed resuscitation have been previously linked to the lack of experience and education regarding this problem (Edwards et al. 2013). It would be beneficial to develop training plans which would improve nurses' understanding of the benefits of family-centered care. Results of this study can help to create a global picture of the extent of the phenomenon and guide further decision-making process. Better understanding of health care professionals' experiences and attitudes will help develop proper strategies, policies and guidelines regarding family-witnessed resuscitation practice, and thus improve the quality of nursing care.

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## E 18 - Emotional Distress for those Afflicted with Cardiovascular Issues

### The Role of Stress and Inflammation in Depression in Hispanics with Chronic Heart Failure

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Samira Moughrabi, PhD, RN, CNS, USA

#### Purpose

Understand the relationship between depression, stress, SES, and inflammation in patients with heart failure Identify the implications of depression to health outcomes and nursing practice and research

#### Target Audience

Nurses who are in practice, research, and academia

#### Abstract

**Introduction:** Depression is a common comorbidity in heart failure (HF) and is commonly associated with increased inflammation leading to poor outcomes. Low socioeconomic status (SES) and stress are common in Hispanics but have not adequately been described in those with HF. The purpose of this exploratory study was to examine depression and its relationship with socioeconomic status, stress, and inflammation in Hispanics with HF.

**Methods:** 55 patients (71.62±11.33; 74.5% male; 31% Hispanic) with HF were assessed for their perceived stress (PS) using PSS, CRP serum levels, and education level and yearly income as indices of SES. Descriptive data and t-test and chi-square were used to compare Hispanics and non-Hispanic Whites (NHW) on sociodemographic and clinical characteristics and linear multiple regression to assess the relationship between depression, ethnicity, PS, CRP, and SES.

**Results:** Hispanics were younger and had lower education and income levels than NHW. No significant difference was found between both groups in depression and stress scores, and CRP levels. Independent of age, gender, NYHA class, BMI, education levels, and perceived stress (B=0.39, p=0.009) and marital status (B=0.37, p=0.049) predicted depression scores. When yearly income replaced education level in the multiple regression model, only PS (B=0.43, p=0.003) predicted depression. Hispanic ethnicity and CRP did not contribute to the variation of depression in both models.

**Conclusion:** This study shows the importance of stress in depression. Sources of stress in HF should be further explored to develop interventions that effectively reduce stress regardless of patient's et

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## E 19 - Putting Community Health Research into Practice

### Promoting Health Promotion Practices in the Low Income Population

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#### Purpose

demonstrate the impact of applying findings from research on health promotion into every day practice. Research findings in a variety of populations, including the low income population, have indicated that strong interpersonal relationships play a vital role in the adoption of health promoting behaviors.

#### Target Audience

all researchers and clinicians interested in health promotion and population health for the 21st century. As health care delivery focuses more on quality of outcomes, every health care practitioner needs to focus on building stronger interpersonal relationships with their patients and the families.

#### Abstract

The increasing proportion of the low income, uninsured population has become the focus of the United States health care reform. The importance of health promotion is emphasized in the literature and the Affordable Care Act. The literature has focused on perceived health status, perceived health competence and health-promoting behaviors of some populations but revealed that little is known about the health promotion behaviors of the low income population. In 2013, an exploratory, descriptive study using a structured interview method was used to explore the perceived health status, perceived health competence and health-promoting behaviors of this population with a sample of 44 uninsured adults, whose income was at 200% of federal poverty or lower, and who spoke and understood English. Using Pender's Health Promotion Model as a framework, the pilot project also explored the relationships among the variables. A questionnaire consisting of four questions exploring health status, the Perceived Health Competence Scale (PHCS), the Health-Promoting Lifestyle Profile II (HPLP II) and a demographic survey was used during a face-to-face structured interview with each informant once a written consent had been obtained. Data from 41 questionnaires were analyzed using descriptive statistics, two-tailed t-tests, ANOVA and Pearson correlation statistics. The results indicated that the informants rated their health as good to fair, reported a moderate degree of health competence, and engaged primarily in interpersonal relations and spiritual growth behaviors. The project contributed to the understanding the low income population's perceptions of their health, their health competence and health promotion behaviors, and provided a direction for future research and clinical care. The results from this study have guided the beginning of the transformation of clinical practice at a non-profit health clinic in Denton, Texas. The change strategies included team meetings and refocusing on the mission of the clinic. The challenges were varies and will be described in the presentation. The outcomes of the adoption of a new care delivery model that focused on fostering health promotion behaviors include increased adherence to treatment plans, decreased rate of not showing up for appointments, and patient satisfaction.

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## E 19 - Putting Community Health Research into Practice

### How Self-Efficacy and Self-Regulation Influence Nutrition and Exercise Behaviors of a Community Sample of Adults

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#### Purpose

The purpose of this presentation is to report findings of a study that exams two health behavior change determinants (self-efficacy and self-regulation) and their relationships to nutrition and exercise behaviors.

#### Target Audience

The target audience of this presentation is nurses who provide health education or health promotion services to adults.

#### Abstract

Fruit/vegetable consumption and physical activity are beneficial for disease prevention and health promotion; however, one-third of the U.S. adults do not eat fruits and vegetables even one time a day and nearly a quarter of adults do not participate in any physical activities. Self-efficacy and self-regulation are two theory-based determinants of health promotion. Self-efficacy is perceived confidence to perform a health behavior. Self-regulation includes a spectrum of effortful activities such as goal setting, affect regulation, coping strategy development, problem solving, self-monitoring, self-reinforcement, self-evaluation, cognitive restructuring, and stimulus control. Understanding how self-efficacy and self-regulation influence nutrition and exercise behaviors will help nurses develop determinant-behavior specific intervention. This study examined (1) the association of self-efficacy and self-regulation with three nutrition behaviors and exercise and (2) how men and women differ on these determinants and health behaviors. Methods: A cross-sectional design was used and 108 adults (54 men, 54 women) were recruited from a community event in a Midwestern county. This county, as compared to the U.S. top performing counties in the 90<sup>th</sup> percentile, has more premature deaths (6,992 vs. 5,317), adult obesity (31% vs. 25%) and physical inactivity (26% vs. 21%), and lower rates of access to exercise opportunities (48% vs. 85%) and diabetic screening (85% vs. 90%). Nutrition behaviors (fruit/vegetable consumption, dinner cooking, and restaurant eating) and exercise were measured using total days in last week a behavior was reported. Instruments measuring self-efficacy and self-regulation demonstrated excellent Cronbach's alphas (.93 - .95). Path analysis and t-test were used for data analysis. Findings: Most of the 108 participants were Caucasian (80%) and aged 20 to 49 years old (68%). About 31% had not engaged in any physical activity and 4% had not eaten any fruits and vegetables during the week before data collection. Self-efficacy and self-regulation were associated with exercise and fruit/vegetable consumption but not with dinner cooking or restaurant eating. Path model analysis indicated that self-efficacy had an indirect effect on fruit/vegetable consumption (IE = 0.088; SE = 0.025; 95% CI = 0.042 - 0.141), and both direct ( $\gamma_{21}$  = 0.114; 95% CI = 0.056 - 0.171) and indirect (IE = 0.082; SE = 0.022; 95% CI = 0.043 - 0.128) effects on exercise. Self-regulation directly influenced fruit/vegetable consumption ( $\beta_{21}$  = 0.619; 95% CI = 0.306 - 0.930) and exercise ( $\beta_{21}$  = 0.564; 95% CI = 0.303 - 0.825). Compared to men, women had higher fruit/vegetable consumption and more dinner cooking but no difference in self-efficacy or self-regulation. Conclusions: self-efficacy and self-regulation are associated with exercise and fruit/vegetable consumption. For fruit/vegetable consumption, self-efficacy plays an indirect role, but self-regulation exerts direct influence. Intervention that enhancing self-regulation than self-efficacy may have a better likelihood of increasing fruit/vegetable consumption in an individual or a population. For exercise, both self-efficacy and self-regulation play a direct role in influencing exercise frequency. Due to their unique contributions to health promotion behaviors, self-efficacy and self-regulation should be strategically incorporated in interventions to improve specific health behavior.

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## E 19 - Putting Community Health Research into Practice

### Determinants of Access to Specialty Care for Community Health Clinic Patients

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#### Purpose

To explore the factors that determine access to off-site specialty care services for community health clinic/center (CHC) patients.

#### Target Audience

Policy makers, hospital administrators, specialty care providers at hospitals, nurse executives at hospitals and community health clinics, and nurse educators.

#### Abstract

**Purpose:** To explore the factors that determine access to off-site specialty care services for community health clinic/center (CHC) patients.

**Background:** Community health centers and clinics (CHC) constitute a critical part of the United States health care system. In Washington State for example, 10.1% of its population were served by CHCs in 2008 (Adashi, Geiger & Fine, 2010). CHCs provide primary care to anyone that walks through their doors. Individuals served by the clinics on average have poor health status (Schauffler & Wolin, 1996) and higher prevalence of chronic disease conditions than the general population (Ferrer, 2007). The patients often need follow-up care with specialists for continued and consistent recovery or health maintenance. CHCs however are limited in their abilities to provide diagnostic and specialty services, and other important aspects of care that go beyond primary care (Gusmano, Fairbrother & Park, 2002; Weissman et al, 2003). Studies suggest that CHC patients have difficulty accessing specialty and diagnostic services that are not provided directly by the CHCs (Cook, et al, 2007; Cook, Ayanian, Orav & Hicks, 2009; & Adashi, Geiger & Fine, 2010). This study aims to explore the factors that restrict or facilitate access to specialty care for CHC patients.

Majority of CHC patients are from vulnerable populations. Seven out of ten community health center patients live in poverty, and well over half are minorities (Adashi et al., 2010). Specialty care referral and follow-up for these patients are not well studied and documented. Cook et al. (2007) evaluated access to specialty care by CHC patients from the point of view of medical directors. No study has examined the perspectives of frontline personnel that take on the day-to-day responsibilities of coordinating specialty care referrals and therefore understands the nuts and bolts of the process. This study fills this gap by examining the views of community health clinic Nurse Managers, Directors, and Referral Coordinators on factors that determine access to specialty care for CHC patients.

**Method:** For this qualitative descriptive study, face-to-face and phone interviews were conducted with personnel who oversee and conduct specialty care coordination and referrals at community health clinics/centers in Washington State. Thirty five community health clinics were represented in the study. Qualitative content analysis was used to analyze the data.

#### **Findings:**

- The key patient factors that determine access to specialty care include: Type of insurance coverage, language, access to transportation services, socio-economic status and education/literacy level. Among these factors, insurance is by far the most impactful. The study shows that there is significant gap or disparity in access between private insurance carriers and those on Medicaid/Medicare, and those with no insurance. CHC personnel spend the greatest part of their work time searching for specialists that could accept the patients' insurance and those willing to provide charity care for the uninsured.
- Several clinic or systems factors that delay the process include: Shortage of CHC personnel who actively participate in care coordination and referral, high patient volumes, location, and shortage

of specialists. The shortage of personnel, particularly specialists, has a direct negative effect on health outcomes due to unnecessary delays in specialty care access.

- Centralized electronic health records, clinic-hospital affiliations, centralized pool of available specialists, and availability of interpreters are major clinic/systems' level factors that enhance specialty care coordination, referral and access.
- There is a high demand for all specialty services in Washington State. The most frequently requested specialty is orthopedics followed by cardiology, neurology, rheumatology, ophthalmology, and gastroenterology and pain management.

**Conclusion/Policy Implications:** Continuity of care is essential for improved patient outcomes. Both primary care and specialist care providers have important roles to play in ensuring the best possible outcomes for underserved populations globally. As more people obtain health insurance coverage through the Affordable Care Act (ACA) in the United States, CHCs will see increased number of patients. It is however still uncertain whether increased access to primary care translates into easier, faster and increased access to specialty care. Although the ACA addresses issues related to insurance coverage, other policy approaches should support clinic-hospital affiliations, improving workforce shortages, and promoting an expanded use of the electronic health records in all CHCs. An integrative model of care is essential in all policy agenda to ensure timely and unrestricted access to specialty care.

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## E 24 - Engaging Students in Research and Practice

### Ebola 101 Module: An Opportunity for Students to Think Globally, Act Locally

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*Elizabeth A. Tinnon, PhD, MSN, BSN, RN, CNE, USA*

#### Purpose

The purpose of this presentation was to increase student knowledge in the nursing care required for patients with Ebola Virus Disease (EVD) using inquiry-based learning.

#### Target Audience

The primary target audience for this presentation is nursing faculty. However, this teaching learning strategy could be used within any healthcare discipline curriculum.

#### Abstract

Purpose: The purpose of this project was to increase student knowledge in the nursing care required for patients with Ebola Virus Disease (EVD) using inquiry-based learning.

Background: On September 30, 2014, United States (US) health care providers experienced firsthand, Ebola, a disease that had always "been over there". It was evident that health care facilities and health care providers were not prepared to provide care to patients with EVD or patients who may have been exposed. Prior to the United States EVD outbreak nursing education had relegated EVD to a brief mention in the community health course. Nurses as frontline healthcare providers must be knowledgeable in all aspects of caring for the patient with EVD. With the access and ability for worldwide travel, our global borders are shrinking and it is probable that the United States will see additional incidences of EVD. Normally EVD is not taught in the Chronic Conditions course (students completed their population health course the previous semester) but the faculty wanted to take advantage of this unique moment in time to prepare our students to properly care for patients with EVD.

Teaching/Learning Methodology: Utilizing the framework of inquiry based learning (Levy, Aiyegbayot, & Little 2009) the faculty developed a learning activity to increase the nursing students' knowledge of EVD and the care of patients with EVD. The opportunity for students to create a learning module would stimulate their interest, increase their curiosity and enable them to think creatively and independently. Students were placed into 5 groups. Each group was assigned a different aspect to investigate regarding the EVD outbreak. The assignments were:

- Group 1: What is EVD? Pathophysiology, epidemiology, signs and symptoms
- Group 2: How is EVD transmitted? Transmission routes, risk factors
- Group 3: What infection control measures are needed to protect health care provider and patients?
- Group 4: How do we treat Ebola? Current treatments and vaccines
- Group 5: Tracking EVD: Outbreak map to track EVD from its beginning, discuss how it has "traveled and why"

Each group was instructed to produce both written work and an oral presentation on their assigned content. Students were informed that the collected information would be compiled into a notebook entitled, "Ebola 101: What every nursing student needs to know". Students were allowed to determine their own methods of obtaining, synthesizing and presenting information.

Results : For faculty this project exceeded all our expectations, we were amazed at the depth and breadth of information the students brought forward. On the day of the presentation the community faculty was also invited to hear the presentations and participate in the dialogue, they too voiced an appreciation for the broad scope of knowledge the students had gained.

The students' response to the EVD project was overwhelmingly positive. Students were enthusiastic about the opportunity to structure their own learning experience. As the project progressed students were constantly sharing websites, new and changing information with faculty and peers.

Students saw the importance of infection control policies and procedures for the safety of health care providers and their patients. Though faculty reiterates this ad nauseum, the EVD outbreak in the United States really brought that home for our students. Students also expressed amazement at how rapidly these policies and procedures changed over the course of the outbreak.

The positive and negative aspects of media coverage were examined. In particular, students were outraged a nurse was the first blamed during the EVD outbreak. Discussion ensued about whether some journalist or scientist were fanning the flames of hysteria or presenting another valid side to the issue.

For the first time our students associated EVD with real individuals with faces and names rather than as a statistical table with no relevance to the human condition. As student shared about the earlier outbreaks and the number of people affected the students began to realize the cost in terms of lost lives.

They discovered the other side of the world in their own backyard. One group of students purchased a map and used pins to keep their colleagues up to date regarding the spread of EVD from the first identified case until the current cases in the fall of 2014.

The student created learning module was a success for both faculty and students. This teaching learning strategy could be used effectively within any nursing course, and with any content.

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## E 24 - Engaging Students in Research and Practice

### Engaging Nursing Students in Health Promotion Research and Practice

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*Donna M. Callaghan, PhD, RN-C, GCNS-BC, CNE, USA*

#### Purpose

to highlight nursing student engagement in a nursing faculty member's program of research. This program of research investigated the effects of three faith community nurse-led educational programs in promoting healthy behaviors in adults. Pre-licensure and graduate nursing students participated in the development, implementation, and evaluation of the research studies.

#### Target Audience

nurses from practice (specifically faith community, community health, public health), education (academic and clinical), and research environments.

#### Abstract

**Purpose:** The purpose of this presentation is to highlight nursing student engagement in a nursing faculty member's program of research. This program of research investigated the effects of three faith community nurse-led educational programs in promoting healthy behaviors in adults. Three pre-licensure nursing honors students participated in the implementation and evaluation of two of the health promotion programs. The development of the health promotion programs was based on the relationships identified by Callaghan (2003, 2005, 2006) among the variables of health-promoting self-care behaviors (Pender, Murdaugh, & Parsons, 2002), self-care self-efficacy (Bandura, 1997), and self-care agency (Orem, 2001). Two graduate nursing students assisted in the development of the program based on these identified relationships. The purpose of the program of research was to identify if attending the educational programs, which focused on spiritual growth as the foundation of health, would lead to an increase in the practice of healthy behaviors in adults.

**Theory:** The educational program reflects the use of a supportive-educative nursing system, as defined in Orem's Self-Care Model (2001), to promote the healthy behaviors of spiritual growth, nutrition, physical activity, stress management, interpersonal relations, and health responsibility, as defined in Pender's Health Promotion Model (2002). Bandura's Theory of Self-Efficacy (1997) directed the development of program activities that increase self-efficacy of these healthy behaviors.

**Methodology:** A family-focused program, held within a faith community, consisted of six two-hour presentations on the healthy behavior topics. Each two-hour presentation included one hour of Power Point information and one hour of selected activities to increase self-efficacy. A student-focused program, held within a university community, and an older adult-focused program, held within an urban community senior center, consisted of six one-hour presentations, 30 minutes each for the presentations and activities. A pre-test post-test quasi-experimental design was used to investigate the effect of the program on healthy behaviors. IRB approval was obtained through the researcher's university and letters of support were obtained from each of the three intervention settings. The program participants completed a consent form and the study instruments, which included the Health-Promoting Lifestyle Profile II Scale and a demographic questionnaire, one week before and one week after completion of the program. A paired t-test using SPSS 20 was performed to measure the effect of the program on the participants' healthy behaviors.

**Findings:** Four participants (two couples) completed the family-focused program with mean scores on the HPLPII increasing an average of 10 points but with a significance level of  $p = .075$  due to the small sample size. Twenty-three participants completed the student nurse-focused program with mean scores increasing an average of 18 points with a significance level of  $p < .001$ . Five participants completed the older adult-focused program with mean scores increasing an average of 16 points with a significance level of  $p = .002$ .

**Implications for Nursing Practice and Nursing Education:** The research results in this study indicated that the health promotion programs did have an effect on the practice of healthy behaviors in the participants. This program also introduced the faith, university, and senior communities to the practice of Faith Community Nursing as well as introduced nursing students to the importance of spirituality and self-care in their practices. The students directly involved in the research were engaged in the research process, program development, implementation, and evaluation, as well as service to the community. Opportunities for all nursing students to be engaged in scholarly activities such as these are essential for their personal professional growth as well as the growth of the profession of nursing.

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## E 24 - Engaging Students in Research and Practice

### Enhancing the Patient Safety Culture of ABSN Students through Instruction on Medical Error Recovery

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#### Purpose

To inform the audience about research study implications.

#### Target Audience

A nurse/nurse educator passionate about patient safety.

#### Abstract

Attitudes toward patient safety are the foundation of patient safety culture. Nursing students begin to formulate their patient safety attitudes while in educational programs. Nursing faculty have been challenged in their efforts to enhance the patient safety culture of students because there is a lack of empirical evidence as to which teaching strategies positively affect student attitudes toward patient safety. The purpose of this study was to examine the relationship between a 50-minute teaching module based upon the concept of medical error recovery and 9 dimensions of patient safety culture as measured by the Attitudes to Patient Safety Questionnaire (APSQ III). The guiding framework for the study was the reciprocal interactive theory of patient safety culture in nursing. The conceptual model used to illuminate the role of nurses in recovering medical errors in the educational intervention was the modified Eindhoven model of near-miss events. The sample comprised 4 student cohorts (N = 142) enrolled in an accelerated bachelor of science in nursing (ABSN) program at one university, with 4 participants lost to follow-up (n = 138). A quasi-experimental, nonequivalent control group, pretest/posttest design was used to compare mean attitude scores between the control (n = 75) group and the intervention group (n = 63) after statistically controlling for the pretest. ANCOVA revealed statistically higher mean attitude scores for the intervention group in 5 of 9 dimensions of patient safety culture with a small-medium effect size associated with the intervention: patient safety training, error inevitability, professional incompetence as error cause, patient's role in error, and importance of patient safety culture in curriculum. The results supported the use of a short-duration educational session on medical error recovery to enhance a subset of patient safety culture dimensions among ABSN students.

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## E 25 - The Psychological Welfare of Nursing Students

### Factors Influencing Australian Nursing Students' Psychological Well-Being and Suicidal Ideation

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#### Purpose

The purpose of this study was to examine the state of psychological well-being and suicidal ideation of Australian nursing students. The study also examined levels of anxiety and depression, and features of personality and family interaction as well as the relationship of these to students' psychological well-being and suicidal ideation.

#### Target Audience

The target audience of this presentation is nursing educators, nursing students, nurses, and nursing staffs.

#### Abstract

**Purpose:** The purpose of this study was to examine the state of psychological well-being and suicidal ideation of Australian nursing students. The study also examined levels of anxiety and depression, and features of personality and family interaction as well as the relationship of these to students' psychological well-being and suicidal ideation.

**Methods:** Participants were Bachelor of nursing students from a University in the Australia. This study utilized a cross sectional descriptive research design, with data collected by structured questionnaires. Data was analyzed using SPSS version 20 with descriptive data analysis, Pearson Correlation, and Stepwise Multiple Regression.

**Results:** A total of 201 nursing students (20 male, 181 female) participated in this study; 157 (78.1%) participants were Australian. The mean age of nursing students was 25.80 (SD = 8.43) and 96 (47.8%) identified as Christian. The statistical significant factors related to psychological well-being include anxiety ( $r = -.540, p \leq 0.001$ ), depression ( $r = -.647, p \leq 0.001$ ), personality ( $r = .642, p \leq 0.001$ ), positive family interaction ( $r = .362, p \leq 0.001$ ), and negative family interaction ( $r = -.239, p \leq 0.001$ ).

The statistical significant factors related to suicidal ideation include psychological well-being ( $r = -.480, p \leq 0.001$ ), anxiety ( $r = .590, p \leq 0.001$ ), depression ( $r = .684, p \leq 0.001$ ), personality ( $r = -.372, p \leq 0.001$ ), and positive family interaction ( $r = -.182, p \leq 0.01$ ).

Results indicate a relationship between anxiety and depression and states of psychological well-being and suicidal ideation. Students' with lower ratings of anxiety and depression have increased ratings of psychological well-being and decreased ratings of suicidal ideation. Additionally, increased ratings of positive personality and positive family were related to increased ratings of psychological well-being and decreased ratings of suicidal ideation. Negative family interaction decreases the nursing students' psychological well-being.

**Conclusion:** Depression, personality, and family interaction impact Australian nursing students' psychological well-being. Anxiety, depression, and negative family interaction are influencing factors of the suicidal ideation of Australian nursing students.

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## E 25 - The Psychological Welfare of Nursing Students

### Influence of Rape Myth Acceptance on Responsibility to Rape Action, and Degree of Rape Trauma: Student Nurses' Perception

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#### Purpose

The purpose of this presentation is to discuss the how rape myth acceptance of student nurses influences their perception of responsibilities of rape victim and perpetrators, and the degree of trauma experienced by rape victim

#### Target Audience

The target audiences of this presentation are clinical nurses, student nurses, researchers, nurse educators and members of organizations that work with rape victims and perpetrators

#### Abstract

The study employed a descriptive-explorative design and was conducted among part-time student nurses of Obafemi Awolowo University, Ile-Ife, Nigeria. One hundred and sixteen students participated in the study. The study was aimed at exploring the Rape Myth Acceptance (RMA) of the students. It also determined the influence of the students' RMA and gender on their perception of victims' and perpetrators' responsibilities in cases of acquaintance, stranger, marital and date rape; and degree of trauma experienced by rape victim. An adapted structured questionnaire containing Rape Myth Acceptance Scale with four rape vignettes was used to collect data. Data generated was analyzed using Statistical Package for Social Sciences (SPSS) version 16. Results showed that 46% of the students had Low Rape Myth Acceptance (LRMA) while 54% had High Rape Myth Acceptance (HRMA). Less than 50% of the students with HRMA and LRMA assigned 'lots of responsibility' to the perpetrator in marital rape while fewer numbers of males (32%) and females (33%) assigned 'lots of responsibility' to perpetrators in acquaintance rape. No statistically significant difference existed between those that had LRMA and HRMA in their rating of perpetrator's responsibility ( $p = 0.7$ ) but, a statistically significant difference existed in their rating of victim's responsibility ( $p = 0.02$ ). However, RMA of the students influenced their perception of degree of trauma when the victim is a prostitute ( $p = 0.12$ ); a married woman ( $p = 0.21$ ); and a divorced woman ( $p = 0.05$ ). Also, a smaller percentage of males and females assigned 'definitely traumatic' to a prostitute (7.1%, 4.5%), and a divorced woman (17.9%, 26.1%) in perceiving the degree of rape trauma. It is concluded that acceptance of rape myth is still high among student nurses who have the opportunity to manage rape victims and perpetrators in their clinical practice.

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## E 25 - The Psychological Welfare of Nursing Students

### Mindfulness Interventions for Nursing Students

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#### Purpose

The purpose of this presentation is to increase the awareness of mindfulness interventions that can be implemented for nursing students.

#### Target Audience

The target audience for this presentation is nursing administrators, nursing faculty and nursing students.

#### Abstract

Overview: Nursing students report higher levels of stress, anxiety and depression than university students in general or working adults in the same age category (Chernomas & Shapiro, 2013). Mindfulness exercises are one method for coping with stress. Mindfulness increases awareness of the present moment by blocking past and future thoughts (Moscaritolo, 2009). An integrative literature review found the most effective evidence-based intervention to increase productivity and well-being of health care providers was mindfulness training (Koren & Purohit, 2014). Studies suggest mindfulness training maybe an effective intervention for nursing students as well (Beddoe & Murphy, 2004; Kang, Choi, & Ryu, 2009). Most mindfulness classes are conducted during one hour practice sessions during a four to eight week period of time. Lack of sufficient time for training and practice however, commonly leads to attrition in mindfulness (Koren & Purohit, 2014). Shorter mindfulness training and practice sessions may reduce attrition.

Purpose: The purpose of this quasi-experimental pilot study was to evaluate differences in reported perceived mindfulness, stress levels, and self-compassion scores between nursing students who participated in 10-minute instructional sessions of mindfulness exercises compared with those with no intervention.

Methods: After IRB approval from the affiliated university, a convenience sample of nursing students from section one of a nursing research class (n=8) were assigned to the experimental group and students from section two of the research class (n=5) served as the control group. Both groups completed the Mindfulness Attention Awareness Scale (MAAS), a measure a measure of day-to-day attentiveness; the Perceived Stress Scale (PSS) a measure of thoughts and feelings; and the Self-Compassion Scale (SCS), a measure of how one acts towards self during stressful times, at the beginning and end of a six week period of time. The MAAS instrument is scored using the mean of the 15 items, and mean scores could range between 1.00 and 6.00 with higher scores indicating higher levels of mindfulness. The PSS instrument is scored using the mean of four items, and mean scores could range between 0 and 4.00 with higher scores indicating higher levels of stress. The MAAS instrument is scored using the mean of 12 items, and mean scores could range between 1.00 and 5.00 with higher scores indicating higher levels of self-compassion. The experimental group also participated in a 10-minute mindfulness training once a week. Participants in the experimental group learned four mindfulness exercises: deep breathing, progressive muscle relaxation, meditation, and mantra. Once a week for six weeks, the researcher met with students from the experimental group to practice one of the mindfulness interventions. Experimental participants were encouraged to use the learned mindfulness exercises throughout the week and were asked to record the frequency of their use and any comments regarding their mindfulness practice.

Results: All study participants were female with a mean age of 27 years and age range 20-52 years. All but one participant, who was in the control group, reported some type of previous mindfulness practice.

The experimental group mean MASS scores increased from pretest (u= 3.31) to posttest (u=3.81) to a greater extent than the control group pretest (u= 3.36) to posttest (u= 3.73), but the differences were not

significant. Likewise, the experimental group mean PSS scores decreased from pretest ( $u= 2.75$ ) to posttest ( $u= 2.31$ ) to a greater extent than the control group pretest ( $u= 2.58$ ) to posttest ( $u= 2.31$ ), but the differences were not significant. There was little change in SCS scores for either the experimental group pretest ( $u= 2.95$ ) to posttest ( $u= 3.01$ ) or control group pretest ( $u= 3.0$ ) to posttest ( $u= 2.96$ ), and none were significant.

Only four subjects in the experimental group recorded the frequency of their mindfulness practice. One of the four participants practiced mindfulness exercises four times during the six week period of time. Two participants practiced mindfulness for five minutes almost daily, and the fourth participant used mindfulness strategies during the hour long commute to school.

Discussion: It was no surprise that all that subjects were female since the majority of students enrolled in this nursing program are female; however, the students who participated in this study were older than the national average of pre-licensure students (NLN, 2012). It might be that older students are more interested in a mindfulness practice, and therefore more likely to volunteer to participate.

Study participants in the experimental group did increase their MAAS scores and decrease their PSS scores after only six weeks of 10 minutes of instruction to a great extent than the control group, although the changes did not reach significance. This is noteworthy on two accounts. One, the participants practiced these interventions on an average of five minutes per day, yet there was definite progress in mindfulness techniques as evidence by the higher MAAS scores and lower PSS scores. This is promising since most studies recommend longer periods of practice. Time is a precious commodity and in short supply. Nevertheless, the participants practiced the interventions an average of five minutes per day.

Study limitations include small sample size and the small number of practice sessions with the nursing students and non-random assignment. For future studies, larger group sizes and a larger number of practice sessions are recommended. Random assignment of participants to treatment and control groups would enhance generalizability of the findings. Results from this pilot suggest that as few as 10 minutes of a mindfulness instruction and short daily practice may have an impact on mindfulness practice sessions as a transformative nursing practice that may ultimately enhance clinical, patient and educational outcomes.

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## E 26 - Research and Evidence-Based Medication Administration

### Medication Reconciliation: It's in the Bag

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#### Purpose

The purpose of this presentation is to show evidence supporting the implementation of a bag medication intervention at hospital discharge can decrease medication discrepancies at the first follow-up visit

#### Target Audience

The target audience for this presentation is any clinical nurse who discharges patients to home. The initiative can be instituted in long-term care, skilled nursing facilities, and rehabilitation centers.

#### Abstract

Background: Medication discrepancies, defined as unexplained differences in documented medications between various sites of care, occur in 70% of patients at hospital admission or discharge. These discrepancies may result in serious harm to patients, prolonged hospitalizations, post-discharge emergency department visits, readmissions and use of other healthcare resources. Unplanned readmissions due to medication discrepancies alone cost \$17.4 million annually and represented 17% of total hospital payments. Approximately 15% of patients experience a medication error or discrepancy after hospital discharge. These medication errors cost organizations \$5.6 million annually. Literature identifies multiple reasons for the discrepancies including: miscommunication, financial disparities, personal preference, lack of understanding, physical abilities and health literacy. This prompted the practice question: In adult, in-patient, medical-surgical patients discharged to home with prescriptions, does the implementation of a bag medication reconciliation initiative compared to usual care, result in decreased medication discrepancies?

Evidence Synthesis: The Johns Hopkins Nursing Evidence-based Practice Model (Dearholt & Dang, 2012) was used to evaluate the literature. Databases searched included CINAHL, PubMed, AHRQ with key words: "brown bag," "discharge," "adverse drug events" and "medication discrepancies". A total of 41 articles were used for the synthesis. There were 34 quantitative articles, 3 qualitative articles, 1 expert opinion and 3 quality improvement articles deemed good or high quality that were used for the basis of the project.

Translation Model: The Ottawa model of Research Utilization by Logan and Graham was chosen for translation because of its non-linear approach to translating evidence as well as focusing on patient and family involvement in projects. This model has a holistic approach to research translation, it is meant to be a guide not a recipe for translation.

Methods: The setting was a 572-bed, teaching facility located in south central Pennsylvania. The project unit was general medical telemetry, consisting of 22 beds with a 1:5 nurse-to-patient ratio. Upon discharge, the nurses on the unit gave the medication bag to any patients from either the medical or family practice residency services. Most of the patients received follow-up care at one of two local clinics. The staff at the clinics were required to file a Safety Reporting System (SRS) report when medication discrepancies were noted. As part of usual care follow-up phone calls were made within 2 days of discharge as well as post-hospitalization follow-up appointments within 7 days of discharge. Providers continued to complete medication reconciliation at follow-up. Safety Reporting System events (SRS) were used to document and monitor medication discrepancies. A list was kept of all patients receiving a bag at d/c. The clinics were asked to keep a record of the patients who returned for their follow-up visit with the bag. The only change to the discharge/post-hospitalization care was the initiation of the bag with instructions to bring ALL medications back to the first post-hospitalization follow-up visit. The primary source for data collection was the SRS reports. Demographic data were obtained by chart review and utilized to identify correlations. Pre and post-intervention data were evaluated.

The medication bag had specific instructions for the patients and family which included: all prescription medications, all over-the-counter medications, all herbal alternative medications, any organizational medication boxes, a list of all doctors with phone numbers, a list of all allergies especially to foods or medications, a list of any questions or concerns related to medications, and a spouse or caregiver.

Results: A decrease in recorded SRS was noted after the implementation. Pre-implementation data revealed 22 SRS filed from a total of 236 patients discharged to home (9.3%). Post-implementation: 4 SRS filed from a total of 203 patients (2.0%). No specific demographic correlations were identified. According to hospital administrators patients readmitted to the hospital stay approximately three days at a cost of \$10,240.00 per patient. The cost of implementing the bag medication reconciliation intervention was \$1782.00. If the implementation of a medication bag prevented 1 readmission per quarter, there would be cost avoidance of 40,960.00 annually.

Implications: Evidence suggests bag medication reconciliation events decrease medication discrepancies and offer a complete picture of individual medication usage. This community-based bag medication reconciliation project demonstrated effectiveness in evaluating current medication use and identifying medication discrepancies. The bag medication reconciliation project was an overall success. Patients received an intervention which helped with medication reconciliation. Though limitations and potential future projects were identified, the benefit of the intervention was established.

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## E 26 - Research and Evidence-Based Medication Administration

### Door to Drug in Obstetrics

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#### Purpose

to determine the door to drug interval (DDI) for betamethasone administration for obstetrical patients at risk of a preterm delivery and what affect might the DDI in the obstetric triage department.

#### Target Audience

nurses who seek to streamline patient care in any arena of practice.

#### Abstract

Background: The concept of "door-to-drug" or "door-to-balloon" times as standard of care for care of acute STEMI are well known. We propose using the same concept to review opportunities for improvement in "door-to-drug" for obstetrical patients. A woman with a high risk of delivering prematurely should receive betamethasone (or appropriate alternative) at least 48 hours prior to delivery if she is between 24-34 weeks gestation in order to improve neonatal outcomes. Both the delivery and duration of drug administration of antenatal corticosteroids have been shown to positively improve neonatal outcomes. Currently at our facility, only 61% of women appropriately receive antenatal steroids prior to delivery. Women who are candidates for this therapy may have a delay in presentation, decision for treatment, and initiation of care based on a variety of variables. There can be critical time subinterval variations which affect timely care for these patients where there is potential for improvement. This warrants further investigation in order to improve door-to-drug time regardless of day or time of arrival. We sought to examine both maternal and system issues that may be associated with delayed delivery of antenatal corticosteroids.

Purpose: To examine both maternal and system issues that may be associated with delayed delivery (Door-to-Drug) of antenatal corticosteroids.

Methods: This was a retrospective cohort study of obstetric patients at a tertiary care level suburban teaching hospital with 6500 deliveries/year. Women were included who were evaluated in our OB Triage unit and ultimately delivered less than 34 0/7 weeks gestation in 2011. Our primary outcome was time of presentation to drug delivery (Door to Drug Interval [DDI]). The charts were reviewed for time of arrival, time of evaluation, time of admission, and time of medication administration. Other patient demographics/clinical characteristics were explored for confounding variables. Analysis was performed using Univariable analysis and cox proportional hazard. A second review and analysis was done of women in 2013 after relocation of the steroids to the OB Triage Dept.

Results: A total of 87 women were identified in 2011 and 70 were identified in 2013. Mean door-to-drug times were calculated and logistic regression was used to determine factors associated with longer times. The mean door-to-drug time for 2011 was 195.49 minutes and 180.73 minutes in 2013. There was no significant improvement in achieved time to delivery. Maternal demographics including ethnicity, gravidity, parity, admission diagnosis and gestational age did not alter DDI. Similarly, system factors such as time of day and day of week did not effect DDI. Moving the steroids to the OB Triage area did not significantly reduce the DDI.

Conclusions: There is no standard door-to-drug time for administration of antepartum steroids. We offer the above data as a starting point to stimulate discussion of an appropriate time frame in which steroids should be administered. Though door-to-drug delivery interval is an important outcome, it does not

appear to be affected by demographics or system factors. Future research should seek a larger sample and explore further variables. In both time periods 31% of women did not receive steroids in time to receive optimum benefit for the fetus. Consideration of an early warning system similar to heart- or stroke alert could improve compliance with drug delivery to eligible mothers and to shorten the DDI.

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## E 26 - Research and Evidence-Based Medication Administration

### The Literacy in Professional Nursing in Peripheral Venous Catheterization Procedures: A Systematic Review

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#### Purpose

The purpose of this poster is to enable learners to the importance of mobilizing specific/recent knowledge (based on scientific evidence) on the peripheral venous catheterization procedure for the provision of nursing care. Recognizing the results of The Literacy in Professional Nursing in Peripheral Venous Catheterization Procedures and prevention of nosocomial infections

#### Target Audience

The target audience of this presentation Nurses, Health Educators, Administratores, Studentes, Advance Practice Clinicians

#### Abstract

Introduction: Peripheral intravenous catheterization is a common practice in the hospital context and implies a set of nursing diagnoses and actions with clear therapeutic goals. As invasive procedure, manipulation of peripheral intravenous catheters (PIC) constitutes an increased risk for infection. Nursing care provided to users with PIC should be grounded in scientifically based practice, with a view to production trend of current knowledge. The guidelines presented by the Center for Disease Control and Prevention give clear indications for this procedure. Constant updates of knowledge are fundamental to the safety of the user, in order to optimize and standardize practices, increasing the quality and excellence with regard to the care to the patient with PIC. The concept of literacy translates the capacity to mobilize the skills (taught and learned) in reading, writing and calculation. It can also be defined as the information processing capabilities written in everyday life where the focus is assigned to the mobilization and use of expertise and not the formal level of education that the person may have. Thus, seeks to recognize and systematize the scientific evidence about reality and knowledge, attitudes and health practices (literacy) of nursing professionals on the peripheral intravenous catheterization procedure.

Methodology: The preparation of the systematic review based on Cochrane Handbook, taking as its starting point the research question: in nursing professionals, which is them literacy relative to the procedure peripheral intravenous catheterization with repercussions in the nursing care?

The research was limited by PICOD shape, taking into account predetermined inclusion and exclusion criteria. The survey was conducted in April 2014, in the electronic database EBSCOhost and online Portuguese and international institutional repositories, with a time limit acceded to scientific research results published between 2009 and 2014 were used in the English language, such as search keywords: \* guidelines \*, \* knowledge, nurs \* and peripheral intravenous catheter \*. Data collection was conducted in accordance with three research strategies, resulting 7 investigations included in the analysis.

Results: From the research carried out it appears that only a few empirical studies evaluate the quality of nursing care to clients with PIC's focusing on the relationship between knowledge of national and international recommendations and their applicability in providing nursing care. In fact there are few specific data on the literacy of nurses in relation to peripheral intravenous catheterization. With regard to knowledge of nursing professionals on the scientific evidence in this procedure and its membership in the provision of nursing care, the literature refers that nurses should not be confined to the formation of 'base' or take on a complicating role of applicability of evidence most up to date in the provision of nursing care. Thus, it is the responsibility of the nursing professional look, constantly in the literature, to update their knowledge and answer some questions. Of course nurses should guide their practice under protocols established by national or international studies, for guidelines. But, in this context, nurses should

recognize the importance of constant training, since both the guidelines and theoretical knowledge are undergoing changes. As the expertise of nurses in this procedure, it was found in the investigations that most of the knowledge, though revealed by nurses, were not according to their clinical practice and, although informed of the guidelines, nurses do not always adhere to them. On the other hand, it is also mentioned that the nursing understanding of current guidelines was limited, with some barriers to the provision of evidence-based in nursing care with some lack of knowledge, with some low skills and negative attitudes, with organizational and structural factors underlying, which shows the importance of peer group and professional user interaction in a more targeted and efficient way. Although not always check a practical adherence to guidelines in peripheral intravenous catheterization procedure, it is known that an adequate and effective adherence to recommendations an Guidelines are crucial issues related to the quality of health care, particularly in the art, which represents a important procedure nursing.

The procedure of cleaning hands is considered essential for the prevention of complications, however the investigations shows that the performance of nurses would often be more appropriate. In one study it was found that hand hygiene insertion occurred in 96.7% of PIC's, as opposed to 3.7% of the cases in which it was not documented. In another study, when established training interventions after a first observation and before a second point, there was a significant increase in adherence to hand hygiene, increasing to a rate of 46.3% in the endoscopy unit (82 observations) and 65.2% in the dermatology unit (23 observations). Other authors corroborate saying that, after observation, there was a low adherence to hand washing (non-adherence of 74.8%), and add non-adherence to the use of gloves (non-adherence of 69.4%) and use of antiseptic solution of alcohol-based service available (not 100% adherence). For example, when it is asked about the need of use gloves in the introduction / placement of PIC's, 89.7% of nurses said as needed, but only 30.5% of the observed nurses used gloves, and not always exchanged between users.

On the other hand, also the recommendations on disinfection of the puncture site, the concern of professionals is evident, for the preparation of the skin to puncture, even before the intervention at around 100% adherence to recommendations. In what concerns the non palpation of the puncture site after disinfection percentages, on the accession of health professionals, down to 25.7% and 62.5%, respectively in the endoscopy and dermatology units, before the intervention. After the training, the percentage rose to 63.4% and 69.6% in the respective services.

For the PIC call time, although it is found that most nurses had the knowledge, but 13.8% of PIC's were remained for more than 72 hours, that is, not mobilized for the recommendations for good practice in nursing care, and that most of the cases depended on making some wrong decision by nurses.

In an investigation they study the type of dressing/noun selection. It was analyzed the procedures by nurses before and after the implementation of protocols and it was observable behavior changes in the type of dressing selection recommended. After the adoption of a new protocol, the risk of inappropriate use fastening material decreased from 57.89% to 37.91%.

As regards the maintenance of the permeability of PIC during medication administration was observed that 89.4% of the PIC's were not salinized.

Thus, the realization and implementation, by a multidisciplinary team, of policies that standardize clinical practice and promote the adoption of a harmonious and coherent conduct of health professionals in the peripheral intravenous catheterization procedure, should be measures to take to improve better literacy in the nurses and so a better quality of care. In fact, educational programs should not only focus on learning contents, but should also focus on the importance of following the recommendations for user safety.

Conclusion: Responding to the research question formulated in this review 'in nursing professionals, which is them literacy relative to the procedure peripheral intravenous catheterization with repercussions in the nursing care?', It appears that the literature points out that the vast majority nurses have knowledge of the peripheral intravenous catheterization procedure, however, not always mobilize them knowledge for the provision of nursing care, and not shown to possess a good literacy in this procedure. There are authors who claim that knowledge of nurses is sometimes insufficient, such phenomena demonstrate an



impact on the quality of care because the nurse plays a key role in the prevention and reduction of complications associated with peripheral intravenous catheterization. In this sense, the mobilization of knowledge, based on evidence, for the provision of nursing care, is also crucial to the safety of the user, because only they can prevent complications and, consequently, changes in their behavior with desired impact in the nursing care of patients with PICs.

In order to overcome this barrier to quality of care, the investigations identifies as important the continuing and more focus education of nursing professionals on the national and international protocols, in particular, on the 2011 CDC guidelines and, above all, on ensure their implementation for the provision of quality nursing care. It is evident as soon as educational activities of nurses are done often, allowing reflective moments for your update, designing objective changes in some routine behaviors.

We therefore consider that the results of this review may contribute to the encouragement of debate for achieving future research on the relationship between the knowledge that nursing professionals have on the peripheral intravenous catheterization procedure and their effective mobilization in nursing care (Literacy), with good and natural consequences of that applicability in the quality of health care.

In a final appointment, we recognize that this is an important area of nursing knowledge and it is necessary more contributions sustained in new researches, because the scientific production in this area is still reduced.

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## E 27 - Innovative Knowledge in Graduate Studies

### A Phenomenological Exploration of International Nurse's Motivation and Experiences in Pursuing a Master's Degree in Nursing in the United States

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#### Purpose

The purpose of this presentation is to bring awareness and cultural competence to nursing faculty related to the international nursing students needs and motivation for degree attainment in the United States. Educational preparation of nurse educators is crucial to advancement of the profession of nursing globally.

#### Target Audience

The target audience for this presentation is nursing faculty and university administrators responsible for undergraduate and graduate nursing programs.

#### Abstract

Educational preparation of nurse educators is crucial to advancement of the profession of nursing globally. Most nurses seek to extend formal education in their country of origin, however an increasing number pursue advanced nursing degrees in the international community. Little is known about the experiences or motivation of nurses studying abroad. This phenomenological investigation will describe the lived experiences and motivation of international nurses enrolled in a Master's Degree in Nursing program at a south central University in the United States.

Using Giorgi's approach to phenomenological analysis, five themes were identified by the researchers: Setting Sail –student motivation and expectations, Innocents Abroad - early experiences in negotiating educational and community experience in English language , Forging Onward - barriers encountered in culture, entering into nursing (employment or observation), Running a Thousand Miles for Freedom - pedagogical differences in education in the US and higher education milieu, and The Land of Far Beyond - student visions of their global role in building a nursing community. An international education experience appears to have value for students in every aspect of their lives. Recognizing the need for improved collaboration between international students and faculty may lead to new and meaningful ways of approaching global education experiences.

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## E 27 - Innovative Knowledge in Graduate Studies

### The Short-Term Effects of a Wellness On-Boarding Program with Health Sciences Students on Depression, Anxiety, Healthy Lifestyle Beliefs and Healthy Lifestyle Behaviors

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#### Purpose

Purpose of this presentation is to disseminate information on this type of wellness on-boarding program

#### Target Audience

Target audience would be researchers interested in self-care for their students, faculty who have students who would benefit from this type of on-boarding program and administrators.

#### Abstract

Background: First year health sciences students are subject to high stress levels as they enter their professional programs. Although these academic programs prepare students to deliver excellent care to their patients, few incorporate wellness programs and self-care into their curricula.

Aim: The purpose of this pilot intervention study was to evaluate the feasibility, acceptability and preliminary short-term effects of a wellness on-boarding program for health sciences students, including dentistry, health and rehabilitation sciences, medicine, nursing, optometry, pharmacy, and veterinary medicine, on their healthy lifestyle beliefs and behaviors four months after the intervention.

Methods: A pre-experimental study was conducted with 91 health sciences students at a major public land grant University in the mid-west region of the United States. Within two to four weeks after commencing the first semester academic programs, students completed a personalized wellness assessment, a biometric screen that included height, weight, blood pressure, Hemoglobin A1c and lipid panel, and developed a personalized wellness plan. Valid and reliable measures included the Healthy Lifestyles Belief Scale, the Healthy Lifestyle Behaviors Scale, the Personalized Health Assessment-9 Scale for depression, and the Generalized Anxiety Scale-7. Demographic questions and single item questions regarding healthy lifestyle behaviors (e.g., activity and sleep) also were collected. At the end of the first semester, a follow-up assessment was completed.

Results: At baseline, 25.6% of the graduate students reported elevated symptoms of depression and 22.6% reported elevated symptoms of anxiety. At follow-up, 28.1% of students reported elevated depressive symptoms and 22.9% reported elevated symptoms of anxiety. Although there was no change in healthy lifestyle beliefs across time, there was a significant decrease in healthy lifestyle behaviors ( $p < .05$ ) as well as a drop in physical activity from a mean of 51 minutes per week to 32 minutes. Average hours of sleep across time stayed consistent at six hours. The most frequent barriers student reported that deterred them from engaging in healthy lifestyle behaviors and meeting their wellness goals were time constraints, school, and motivation.

Conclusions: There is a need for more intensive wellness interventions with health sciences students when entering their professional programs. Personalized wellness assessments and completion of a personalized wellness plan alone does not seem to be enough to increase their healthy lifestyle behaviors. Screening for depression and anxiety should occur with all health sciences students when

entering their programs and monitored regularly, with targeted evaluations and interventions provided to those with elevated symptomatology. Since the follow-up assessment, nurse practitioner students have been assigned to these health sciences students to serve as health coaches during their second academic semester along with the texting of healthy lifestyle messages. Another follow-up assessment will occur at the end of the second semester to determine the benefits of adding a health coach to the health sciences' students' wellness programming. Future intervention studies need to be conducted with this population to determine the best evidence-based interventions to enhance health and wellness outcomes.

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## E 27 - Innovative Knowledge in Graduate Studies

### Evaluation of the Efficacy of Peer Assisted Learning in a Scale Development Course

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#### Purpose

1. to propose a new teaching method to improve learning achievement of graduate nursing students 2. to evaluate the efficacy of peer assisted learning in a scale development course (Graduate course of nursing science)

#### Target Audience

nursing academic, researcher, and other nurses

#### Abstract

**Introduction:** Based on previous research found that Peer Assisted Learning (PAL) are well established with positive effects on examination scores of undergraduate students. In this regard, School of Nursing, Chulalongkorn University in Bangkok, Thailand, offering only graduate curriculums proceed to create new educational environments which can be delivered at a low cost but improve more level of knowledge for graduate nursing students.

**Purposes:** to compare knowledge scores of experimental group between before and after treating with PAL method, and to compare knowledge scores after experiment between students used PAL method and students used traditional learning method.

**Methods:** A quasi-experimental research with pre-test/post-test both control and experimental groups. The subjects were 45 graduate nursing students in the first semester of the 2014 academic year registered to study a scale development course. The simple random sampling was used to assign students from class section 1 and 2 into experimental or control groups. Thirty students from class section 1 were assigned to be an experimental group using PAL method and fifteen students from class section 2 were assigned to be a control group using traditional teaching method. Both sections were taught by the same faculty member, same number of lecture hours with same contents. After class, students of control group used self-study method for lesson review but students of experiment group used PAL method once weekly for at least 1 hour during 10-week-long academic semester.

Study instruments included knowledge test on a scale development contents (examination scores) at a confidence level of .90, teaching plans with PAL and traditional teaching methods, and a quality survey of PAL evaluation. Data were analyzed by using mean, standard deviation and t-test.

**Results:** the results showed as follows:

1. The post-test scores ( $26.17 \pm 3.61$ ) of the experimental students was significantly higher than the pre-test scores ( $15.77 \pm 3.06$ ) at confidence level of  $<.001$ .
2. The post-test scores ( $26.17 \pm 3.61$ ) of the experimental students was significantly higher than the post-test scores of control group ( $20.93 \pm 3.99$ ) at confidence level of  $<.001$ .
3. The results of the quality survey of the training course also indicated satisfaction of PAL method but students required to select their peer by themselves rather than assigned by a teacher.

**Conclusions:** The results of this study indicate that peer assisted learning is effective in the enhancement of the students' confidence and learning. Peer assisted learning also creates good learning environment.

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## F 16 - Research and Improvements in Clinical Care

### The Power of 3: Empowering Patients

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#### Purpose

The purpose of this presentation is to provide an overview of the Power of 3 concept. Suggestions and recommendations for implementing the concept into different settings will be provided as a means for addressing discharge planning options, increasing patient satisfaction, and decreasing 30 day readmission challenges.

#### Target Audience

The target audience of this presentation is clinical staff and hospital leadership.

#### Abstract

Providing effective patient education is a vital part of caring for a patient (Bastable, 2008). Effective patient education empowers patients and families to assume more responsibility for their health as well as improve their ability to manage their illness while decreasing costs to the health care system (Muma, 2012). Patient education strategies need to address the barriers to effective discharge education such as shorter patient stays, health literacy, patient's self-efficacy, and teaching style (Commodore-Mensah & Himmelfarb, 2012).

Health literacy is a national problem with more than 77 million people in the United States having low health literacy (U.S. Department of Health and Human Services, 2008). Health literacy is linked to more readmissions, higher mortality, and an increase in adverse effects (Mitchell, Sadikova, Jack, & Paasche-Orlow, 2012). Factors that contribute to a low health literacy are language barriers, age, education level, and culture (Osborne, 2006).

Learning styles or how a person receives and processes information also affects comprehension (Russell, 2006). There are three learning styles: auditory, visual, and kinesthetic. To address all three learning styles, Fredricks, Ibrahim, and Puri (2009) suggest presenting information in a multi media approach in multiple sessions.

A patient's self efficacy can be addressed utilizing the adult learning theory. Adult learning theory as described by Merriam (2001) combines andragogy and self directed learning. Adult learning theory describes the basic assumptions of an adult learner. The traits of an adult learner include having a life time of knowledge that directs their learning, is internally motivated to learn, expects the knowledge to be immediately applicable and to benefit them, as well as being in control of when the learning occurs.

This newly designed tool is a free standing, laminated patient educational tool provided in English and Spanish. This tool integrates adult learning theory, health literacy, and patient involvement and focuses on daily activity and discharge teaching for a hospitalized patient. This tool consists of a mnemonic alliteration, pictures, different colors, and clock faces. The mnemonic alliteration corresponds to the three most important discharge educational needs to prevent readmission for a specific patient population. For example, the most common reasons for readmission with a patient who has undergone open heart surgery are heart failure and wound infections (AlWaqfi, Khader, Ibrahim, & Eqab, 2012; Fox et al., 2013; Hannan et al., 2003; Hannan et al., 2011; Li et al., 2012). Therefore, the mnemonic alliteration would be weigh (to prevent heart failure), wash (to prevent infection), and walk (to strengthen the heart to aid in preventing heart failure).

Each discharge need has a corresponding picture and color to address the visual learners needs and those patients with low literacy as well as the color aiding in memory recall. In addition, the educational tool has clock faces that encourage goal setting and mobilization of the hospitalized patient. In

compliance with the adult learning theory, this educational tool permits the adult learner to review the information at his/her own pace, allows for repetition as well as provides information that is basic and necessary to know (Rigdon, 2010). This educational tool allows the healthcare professional to repeat and test acquired knowledge throughout the day in short sessions.

In addition to addressing the patient's learning style and educational needs, the tool focuses on movement and/or ambulation with hospitalized patients. This education tool provides a method to visualize the patient's mobility goals and expectations while at the same time communicating these goals between clinicians, caregivers, and patients. This visualization allows coordination in care among caregivers as well as promotes families and patients to be actively involved in achieving those goals. This tool promotes ownership in a patient's care, allows for a continuum of care between healthcare professionals, and helps to standardize common discharge teaching instructions while at the same time allowing for individualized teaching instructions.

This educational tool was implemented with open heart surgery patients in February 2014. This study is complete and data has been collected and analyzed. The hypothesis was by implementing this tool, a patient's self-care will improve thereby leading to an increase in the frequency of mobility/ambulation while hospitalized and a decrease in length of hospitalization and readmission. The educational tool addresses patient educational needs including: individuality, health literacy, adult learning theory, and learning styles.

This presentation will provide an overview of the concepts within the educational tool. Suggestions and recommendations for implementing the concept into different settings will be provided as a means for addressing discharge planning options, increasing patient satisfaction, and decreasing 30 day readmission challenges.

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## F 16 - Research and Improvements in Clinical Care

### Healthcare Injustice Experiences or Negative Pain Coping Strategies in Patients with Sickle Cell Disease: Which Comes First?

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#### Purpose

Educate the audience on the pain coping strategies of patients with sickle cell disease who reported experiencing healthcare injustice compared to those who did not report such experience.

#### Target Audience

Researchers, Clinicians, patients with sickle cell disease and their family.

#### Abstract

**Purpose/Theoretical Rationale:** Healthcare injustice is a psychological stressor that has been associated with adverse psychological (stress) and physiological (pain) consequences in patients with sickle cell disease (SCD).<sup>1</sup> Research evidence suggests that patients with SCD endorse different approaches to cope with sickle cell pain.<sup>2, 3</sup> Little is known about the pain coping strategies of patients with SCD who report experiencing healthcare injustice in their pain control. The purpose of this comparative study was to determine the pain coping strategies of patients with SCD who reported experiencing healthcare injustice compared to those who did not report such experience. We hypothesized that patients with SCD who perceived healthcare injustice from doctors or nurses would use more negative pain coping strategies than those who reported healthcare justice from doctors or nurses.

**Methods:** In a cross-sectional descriptive comparative study, patients (**N=52**, mean age 34 ±11 years [20-70], 92% African American, 79% female, 92% with a high school diploma or higher) completed the valid and reliable PAINReportIt<sup>®</sup>,<sup>4, 5</sup> a computerized version of the McGill Pain Questionnaire,<sup>6</sup> which includes questions to measure patients' demographics. Patients also completed the Healthcare Justice Questionnaire (HJQ)<sup>1</sup> twice, once for doctors and the second time for nurses; and the Coping Strategies Questionnaire-Revised (CSQ-R) for sickle cell disease.<sup>3</sup> We created healthcare justice and healthcare injustice groups using a median score of 3.5 as a cut-off. Patients who scored below 3.5 formed the healthcare injustice group while patients who scored above 3.5 made up the healthcare justice group. The CSQ-R has three major categories containing thirteen subscales (ranges 0-6): **cognitive strategies** (8 subscales), **behavioral strategies** (2 subscales), and **physiological strategies** (3 subscales); and one **effectiveness ratings** category with two subscales (ranges 0-6): control over pain (1-item subscale) and ability to decrease pain (1-item subscale). Patients' responses indicated how often they used the coping strategy to control pain. We analyzed the data using independent t-tests.

**Results:** We found the mean (SD) of the HJQ-doctors total score (ranges 1-5) to be 3.68 (.79) and of the HJQ-nurses total score (ranges 1-5) to be 3.52 (.86). The mean (SD) of the eight CSQ-R **cognitive strategies** subscales were: diverting attention, 2.9 (1.7); reinterpreting pain sensations, 1.4 (1.5); calming self-statements, 3.9 (1.6); ignoring pain sensations, 2.2 (1.5); praying and hoping, 4.3 (0.9); catastrophizing, 2.9 (1.5); fear self-statements, 3.2 (1.5); and anger self-statements, 3.0 (1.2). The mean (SD) of the two CSQ-R **behavioral strategies** subscales were: increasing behavioral activity, 2.9 (1.4) and isolation, 3.2 (1.7). We found the mean (SD) of the three **physiological strategies** subscales to be: taking fluids, 4.3 (1.5); resting, 4.5 (1.0), and heat/cold massage, 3.8 (1.2). For the **effectiveness ratings** subscales, the means (SD) were: control over pain, 3.8 (1.2) and ability to decrease pain, 3.5 (1.1).

Our comparative analysis results showed that there were statistically significant differences between patients who reported perception of healthcare justice from doctors and those who reported experiencing healthcare injustice from doctors on pain coping strategies. Patients who reported healthcare justice from **doctors** were more likely to use a **cognitive strategy**: praying and hoping ( $p=.046$ ); and **2**) trended toward using a **physiological strategy**: heat/cold massage ( $p=.069$ ) than patients who reported healthcare injustice from **doctors**. Patients who report healthcare injustice from doctors were more likely

to use: **1) cognitive strategies:** catastrophizing ( $p=.016$ ); and they trended toward using fear self-statements ( $p=.073$ ) and anger self-statements ( $p=.053$ ); and **2) behavioral strategy:** isolation ( $p=.028$ ) than patients who reported healthcare justice from doctors. For the **effectiveness ratings**, control over pain and ability to decrease pain, the healthcare justice and injustice groups did not differ significantly.

The results of our comparative analysis for the HJQ-nurses showed similar patterns as the HJQ-doctors. There were statistically significant differences between patients who reported experiences of healthcare justice from nurses and those who reported experiencing healthcare injustice from nurses on pain coping strategies. Patients who reported healthcare justice from **nurses** were more likely to use: **1) cognitive strategies:** diverting attention ( $p=.014$ ), calming self-statements ( $p=.005$ ), praying and hoping ( $p=.001$ ), and trended toward using ignoring pain sensations ( $p=.095$ ); and **2) behavioral strategies:** increasing behavioral activity ( $p=.028$ ) than patients who reported healthcare injustice from **nurses**. Patients who reported healthcare injustice from **nurses** were more likely to use: **1) behavioral strategy:** isolation ( $p=.028$ ); and **2) a trend toward using cognitive strategies:** catastrophizing ( $p=.093$ ) and fear self-statements ( $p=.059$ ) than patients who reported healthcare justice from **nurses**. We also found that for the **effectiveness ratings**, patients who reported healthcare justice from **nurses** were more likely to report that they had control over pain ( $p=.038$ ) and showed a trend toward having ability to decrease their pain ( $p=.093$ ) than patients who reported experiencing injustice from nurses.

**Conclusions:** The findings support our hypotheses. Patients reporting healthcare justice from doctors or nurses used **positive** cognitive or behavioral pain coping strategies compared to patient who reported healthcare injustice from doctors or nurses who used **negative** cognitive and behavioral pain coping strategies. Findings provide preliminary evidence of the pain coping strategies of patients with SCD who perceive either justice or injustice from healthcare providers in their attempt to manage their pain. If replicated in future studies, findings will provide evidence to better understand the relationship between healthcare injustice and pain coping strategies in patients with SCD, and likely inform future intervention studies on the topic. It's not clear whether patients with SCD who report experiencing healthcare injustice gravitate towards using negative pain coping strategies because of their personality type or that they use negative pain coping strategies because they appraise situations negatively due to constant exposure to healthcare injustice. Future studies that examine the relationship between personality type and pain coping strategies in patients with SCD who report experiencing healthcare justice or injustice will provide evidence to address this gap in knowledge.

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## F 16 - Research and Improvements in Clinical Care

### Sleep Disturbance and Fatigue in Renal Transplant Patients: A Pilot Study

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#### Purpose

The purpose of this presentation is to report the findings of this pilot study regarding sleep disturbance and fatigue in renal transplant patients since sleep problems have not been fully studied in renal transplant patients.

#### Target Audience

The target audience of this presentation is clinical nurses and nurse researchers who are interested in sleep studies and/or in research needs of transplant patients.

#### Abstract

**Background:** Renal disease is the ninth leading cause of death in the United States. An estimated 80,000 are diagnosed annually with chronic renal failure, and over 400,000 Americans are receiving renal replacement therapy, dialysis or renal transplantation, to sustain life. When a patient receives a renal transplant (RT), and no longer has renal failure, it has been assumed that any prior sleep problems are resolved. These patients had experienced uremia with symptoms that include fatigue and day/night reversal. Day/night reversal or circadian rhythm disturbances and sleep problems have been recognized as an important issue in dialysis patients. However, the extent to which sleep problems continue after RT remains unclear.

**Purpose:** The purpose of this pilot study was to categorize types of sleep problems in patients who have experienced renal transplantation, test recruitment procedures for a larger study, determine feasibility of questionnaires and actigraphy monitors, and gather preliminary data regarding valid and reliable measures for sleep disturbance and fatigue.

**Design and Methods:** A pilot study was conducted with the screening of 10 participants from a renal transplant clinic in a western U.S. state. Four participants met the criteria for a sleep disturbance and continued the study. In addition to actigraphy monitoring as a measure of sleep, biomarkers included hemoglobin for anemia and hemoglobin A<sub>1c</sub> as an indicator of glucose metabolism related to fatigue level along with relevant personal and treatment variables.

**Results:** Four of the 10 participants had sleep disturbance and continued in the study. Even though there were only 4 participants, self-report of sleep quality correlated with actigraphy in all 4 participants. The better the self-report, the better the sleep efficiency and the more minutes of sleep. The lab values (Creatinine/BUN/Hgb/Hct) and the sleep variables (fatigue, sleep quality, sleep efficiency) revealed that the better the sleep and the more minutes of sleep, the lower the creatinine and BUN.

**Conclusions:** The pilot study aims were achieved and the plan to do a larger study is appropriate. Sleep disturbance and fatigue has not been fully studied in renal transplant patients and further study is needed - in this population - for best and appropriate interventions.

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## F 17 - Ethical Issues in Nursing

### Conflict-Related Sexual Gender-Based Violence in DRC

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#### Purpose

This presentation will reflect the findings of research on conflict-related sexual and gender-based violence in eastern Democratic Republic of Congo (DRC). A total of 14 interviews of survivors of conflict-related rape were conducted in eastern DRC. The results included a narrative analysis as well as analysis of the narratives.

#### Target Audience

The target audience includes nursing researchers, educators, scholars, and practitioners that have an interest in sexual gender-based violence and a passion for social justice in nursing.

#### Abstract

Globally one in three women experience some form of sexual gender-based violence within their lifetime. In conflict-affected countries, women carry the added burden of becoming targets of sexual violence as a tactic of war. Though conflict-related sexual violence has been a media topic, there is limited research on the subject. The findings of this study describe the experience of women who have survived sexual gender-based violence in conflict-affected countries in an effort to bring awareness to the nursing profession about this health and justice issue.

A narrative research methodology was used to document the stories of women who have survived sexual gender-based violence in the conflict-affected country of the Democratic Republic of Congo where reports of sexual gender-based violence continue throughout the eastern part of the country. Interviews of 14 research participants were digitally recorded and transcribed for analysis. Five themes emerged from the analysis of the narrative data. In addition, narrative analysis was used to extract a common narrative of the combined stories.

Historically, pioneers in nursing have emphasized the need for nurses to play an active role in championing social justice to promote health. Nursing practice has a responsibility to balance the influence of healthcare treatment models with the nursing model that includes an emphasis on social justice issues. However, there has been no clear social justice theory or definition of social justice developed in the nursing literature. This study used a philosophical framework of social justice as a lens through which the stories were heard and analyzed.

Five themes and five subthemes were identified as representative of the research findings. The themes suggest that loss of attachment and respect were among the most difficult issues faced by the survivors. The application of Powers and Faden's Social Justice Theory and the six dimensions of well-being brought further understanding to the findings.

The implications from the study suggest that it is prudent for nursing research, education, and practice to expand the knowledge of how injustice impacts well-being. Nurses must use the knowledge to improve the well-being of individuals and populations and prevent the adverse effects of injustice on well-being. Future research is needed on the topic of conflict-related sexual gender-based violence in order to test and develop nursing strategies for prevention and care of survivors. Research originating from areas where violence is occurring and conducted by local researchers may be of even greater value to reaching a better understanding in order to develop the best response.

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## F 17 - Ethical Issues in Nursing

### Making the Hard Decisions: Ethical Issues Encountered By Military Nurses during Wartime

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#### Purpose

The purpose of this presentation is to share results of a recent study detailing the ethical issues encountered by military nurses during the recent conflicts in Afghanistan and Iraq.

#### Target Audience

The target audience of this presentation is inclusive of nurses and other health care professionals interested in ethical issues and their resolution.

#### Abstract

**Aims:** The purpose of this study was to address the research question: How do military nurses identify, assess, manage, and personally resolve ethical issues occurring in nursing practice during wartime deployments?

**Background:** Ethical issues emerging from the current conflicts in Iraq and Afghanistan have mainly considered those encountered by medical officers in triage and most recently with enemy prisoners of war. Aside from anecdotal accounts, less is known about the ethical issues encountered by military nurses in wartime. Studies prior to the current conflict have focused upon military nursing advocacy and moral distress. One study, conducted prior to the current conflicts detailed the frequency and distress associated with issues emerging from Operation Desert Storm/Desert Shield and humanitarian missions, is dated in light of the intensity and duration of the Iraq and Afghan wars. Little research documents ethical situations encountered primarily by nurses during a military wartime deployment. Many military members are returning from deployment suffering from compassion fatigue, burnout, and PTSD. Yet, the question is perhaps those conditions are as a result of, or compounded by, the lingering uncertainty or distress related to how one, multiple, or recurring ethical situations were resolved or handled. Consequently, this study represents an exploration of these particular issues with a planned direction to take the findings into follow on projects for further exploration and interventions that emerge from the results of this study.

**Methods:** Using grounded theory, 34 Army, Navy and Air Force nurses were interviewed to elicit their experiences with ethical issues while deployed in support of the recent wars. Using a focused interview guide, interviews were conducted until theoretical saturation was achieved. Data analysis was conducted using methods detailed by Strauss and Corbin (1998). Rigor was maintained in study methods and analysis using tenets from Lincoln and Guba (1985) and Morse et al's (2002) verification strategies.

**Results:** Participants represented primarily Army (55%) active duty (83%) female nurses (71%) who had deployed to Iraq (52%), Afghanistan (32%) or both (16%) for at least 3 months duration. The nurses shared stories regarding their experiences during deployment. Ethical issues occurred regarding respect for persons, justice, and beneficence. Many struggled to find internal resolution regarding care of detainees, cultural differences, end of life decision making, pain management, and care of civilian casualties. This presentation would discuss the predominant issues they faced during the deployment experiences.

**Conclusions:** The study provided a description of the ethical issues military nurses encounter during wartime and will contribute to an "ethical issues toolkit" and development of a military ethical issues

instrument. By better understanding how nurses defined, assessed, and managed the ethical situations they encountered, we can better prepare our deploying nurses for future conflicts.

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## F 18 - Understanding Challenges when Working with Older Adults

### Transforming Perspective on Older Adults: Conceptualizing the "Silver Tsunami" as a Cultural Paradigm Shift

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*Catherine Maurer Baack, MS, RN, BC, CNS, USA*

#### Purpose

to showcase older adults as their own diverse group. They are so unique, a "one size fits all" answer doesn't fit. To successfully transform nurses working with older adults, a shift to being inclusive in all things diverse needs to occur to meet the needs of this diverse "Silver Tsunami".

#### Target Audience

nurse educators in clinical and classroom settings for student nurses. Their future nurses will be caring for the "Silver Tsunami" and need to see and learn their diversity.

#### Abstract

Teaching a free standing gerontology course to senior nursing students requires unique and innovative ways to engage the students. From the literature and from life, this challenge requires a hard look at the 'culture' surrounding older adults; not only in society, but also in healthcare. Most importantly it requires a hard look at the classroom...at the students and faculty. Culture change, is a challenge and an opportunity. In this senior level course, there is a perfect opportunity to help the students, who are so immersed in acute care, lab values and crisis intervention to come 'full circle' in their nursing education and 'put it all together.' Older adults are the perfect population to do this with as they are, by definition, experiencing normal changes of aging and multiple co-morbid conditions that can be affected, but not cured. Challenges include "putting a face" on older adults so that they are not seen as a homogenous population. The faculty need to be agents of change and do what all agents of change do...shake things up! Faculty need to speak a new language and do new things that entice students to leave their comfort zones of predictable lectures, paperwork and clinical experiences in acute care facilities. The didactic information has to demonstrate to the students how to take what they know and apply it to this very special population. New concepts such as atypical presentation and geriatric syndromes must replace traditional applications of medical information. Subtle ageist beliefs need to be challenged and clinical sites must be a reflection where older adults live in communities.

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## F 18 - Understanding Challenges when Working with Older Adults

### Cultural Relevancy of Palliative and End-of-Life Care: Conversations with Indigenous Elders

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#### Purpose

The purpose of this presentation is to share findings from a collaborative study conducted with Indigenous elders and health educators regarding palliative and end-of-life care, and the preliminary framework of a culturally relevant palliative care program founded on the Clinical Practice Guidelines for Quality Palliative Care.

#### Target Audience

The target audience of this presentation is persons interested in conducting community-based participatory research with Indigenous populations, palliative and end-of-life care professionals, designers of healthcare policy, healthcare professionals with an interest in culturally congruent practices, and healthcare administrators.

#### Abstract

**Purpose:** Access to palliative and end-of-life (EOL) care is severely limited for South Dakota (SD) Native American/American Indians [NA/AI] (Isaacson et al., 2014), which is of significant concern given their high morbidity and mortality rates (SD Vital Statistics Report, 2012). Palliative care professionals and NA/AI healthcare providers identify funding, infrastructure, and misperceptions specific to the NA/AI population and palliative/EOL care as barriers to access (Isaacson et al., 2014). Addressing these barriers and feasibility concerns must occur by bringing together key individuals and include persons receptive to the voices and concerns of NA/AIs residing in reservation communities (Isaacson et al., 2014). The purpose of this presentation is to share findings from a collaborative study conducted with NA/AI elders and health educators regarding palliative/EOL care and the preliminary framework of a culturally relevant palliative care program founded on the Clinical Practice Guidelines for Quality Palliative Care (National Consensus Project, 2013) for this SD reservation community.

**Design:** This community-based participatory research (CBPR) design incorporates ecological systems theory's (EST) key ideas of relatedness and a person's ecological environment (Caballero et al., 2003). The ecological environment comprises numerous systems which intentionally and unintentionally impact individuals during their lifespan (Kumpfer, 1999). The microsystem is the individual and considers the interplay between family, friends, or community; the affiliations and bonds with these groups make up the mesosystem (Caballero et al., 2003; Bronfenbrenner, 1979). The exosystem's impact on the individual can either be ambiguous or straightforward, often tied to work or administrative decisions. Cultural values, beliefs, and traditions are the macrosystem, and shape the micro-, the meso-, and the exosystem (Bronfenbrenner, 1979). EST in combination with CBPR provides a solid framework toward discovering a tribal community's assets and vulnerabilities.

The principal investigator (PI), in conjunction with Tribal Health Administration, organized, convened, and facilitated six focus groups over five months. Members of the focus groups comprised one Community Advisory Group (CAG), which included NA/AI elders and NA/AI healthcare professionals from the tribal community. The research questions guiding this study were: What is palliative/EOL care?, and What are the advantages/disadvantages, including cultural considerations, needed to establish palliative/EOL care on the reservation?

Initial meetings centered on defining palliative/EOL care specific to this tribal community and included boisterous discussions related to the challenges of working with the Tribal Council. As the meetings progressed the CAG reviewed the clinical practice guidelines, adding culturally specific recommendations. The PI digitally recorded and transcribed verbatim each CAG meeting. Subsequent analyses of narratives were conducted using thematic content analysis per Sandelowski (2000). The

transcribed narratives were returned to CAG members prior to each meeting. The PI, following the tradition of tribal communities, orally reviewed the major themes identified; following the oral presentation, the CAG would negate or validate the themes.

**Findings:** Cultural applications to EOL clinical practice guidelines were made by the CAG. During this time identification occurred related to opportunities and challenges for growth in caring for NA/Als, not only in reservation communities, but beyond reservation borders within the state and Indian Health Service (IHS). Opportunities included: 1) Mandatory cultural awareness training for all IHS employees; 2) Exploration of tele-health capabilities; 3) Establishment of a homecare program; 4) Palliative/EOL training for IHS personnel; and 5) Advance directive education for elders. Challenges centered on the poor economic conditions and the many small, dispersed, and geographically isolated communities on the reservation.

**Discussion:** This study demonstrates the effectiveness of the CBPR/EST design. The PI, as facilitator, assisted the CAG by reviewing the philosophical underpinnings of palliative/EOL care. The CAG determined congruency of palliative/EOL care principles with their cultural lifeways, dispelling the misperceptions barrier. The CAG concurred that barriers specific to infrastructure and funding are present, and after assessing each reservation district's resources and needs, remained hopeful that delivery of palliative/EOL care could be feasible through ingenuity and collaboration. From the focus group dialogue and continued conversations, the CAG has applied for and received additional funding to begin an advance directive elder education program where elders will become trained advance directive coaches. These new advance directive coaches will provide education to other elders in 12 reservation communities. Additionally, meetings are planned with IHS to share the study results and to initiate discussion regarding the need for a culturally congruent palliative/EOL program in this community.

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## F 18 - Understanding Challenges when Working with Older Adults

### The Effect of Cognitive Stimulation on Cognition and Depressive Symptomatology in Elderly Community Dwellers

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*Maria Lurdes Almeida, PhD, MS, RN, RN, Portugal*

*Daniela Cardoso, RN, Portugal*

#### Purpose

The purpose of this presentation is to demonstrate that the implementation of the Cognitive Stimulation (CS) program "Making a Difference" (MD) improves cognition and depressive symptoms of community retired elders.

#### Target Audience

The target audience of this presentation is geriatric nurses

#### Abstract

Background: Population aging has led to an increase in the prevalence of chronic degenerative diseases. Cognitive impairment is increasingly recognized as an important public health issue associated with increased risk for developing dementia. Moreover, clinically relevant depression is one of the most prevalent psychiatric conditions in life at a later stage. Depressive symptoms in the elderly have been associated with cognitive and functional impairment, particularly on memory and executive functions, thus representing a prodrome or risk factor for dementia. Evidence suggests that cognitive stimulation has a positive effect on cognition and depressive symptomatology in elderly people.

Objective: This study aimed to measure the effectiveness of the Cognitive Stimulation program "Making a Difference" in improving cognition and depressive symptomatology in elderly retired community dwellers.

Method: A multicenter quasi-experimental study sampled 44 elderly community dwellers from four day-care centers (rural, semi-rural and urban) of the central region of Portugal. The Montreal Cognitive Assessment and the Geriatric Depression Scale were administered at the following two time points: baseline and post-test.

Results: From baseline to post-test, a statistically significant difference was observed in depressive symptoms ( $F=4.967$ ;  $p=0.031$ ), explaining 10.4% of the variance (Partial Eta Squared -  $\eta^2=0.104$ ), power=0.59, and cognition ( $F=6.368$ ;  $p=0.015$ ), explaining 12.9% of the variance (Partial Eta Squared -  $\eta^2=0.129$ ), power=0.69.

Conclusions: Our results showed an improvement in the cognition and depressive symptomatology of the elderly after a 7-week intervention program. Cognitive stimulation may be a useful tool to be included in the provision of care to older people. It may contribute to prevent depressive vulnerability in the elderly, thus contributing to a higher level of autonomy.

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## F 19 - Educational Research Affecting Undergraduate Students

### Motivation and Persistence among BSN Students in Northeast Ohio: A Correlational Study

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#### Purpose

To describe the relationship between academic motivation and persistence behaviors of nursing students as crucial to success in the nursing major. As the demand for nurses increases and the supply declines, nurse educators must improve student success in the nursing program to graduate more professional nurses to fill this gap.

#### Target Audience

Nurse educators, leaders, policymakers, and other interested in teaching strategies, organizational factors, and policies that may foster behaviors in students that may lead to success. Students, tutors, and advisors may discover the types of motivation and persistence behaviors exhibited by nursing students in order to contribute to nursing student success.

#### Abstract

Objectives: 1) The learner will be able to describe the types of motivation and persistence behaviors reported by BSN students. 2) The learner will be able to identify two key strategies that educators, leaders, or policymakers may use to foster behaviors that may lead to nursing student success.

Introduction/Background: As the demand for nurses increases and the supply declines, nurse educators must improve student success in the nursing program to graduate more professional nurses to fill this gap. Motivation toward nursing studies is crucial to persistence and success in the nursing major. The relationship between specific types of motivation (intrinsic, extrinsic, amotivation) and persistence behaviors have not been studied in BSN students. Understanding the motivation and persistence behaviors of BSN students may inform the student success strategies employed by programs of nursing.

Statement of the Problem: Nursing education issues, including recruitment and retention, have emerged in the nursing workforce and healthcare community. Despite academic, social, and political demands for additional professional nurses, nursing shortages hinder the profession and compromise the ability to meet the healthcare needs of the nation. Nevidjon and Erickson (2009) cited an increased need for nurses as contributory to the latest nursing shortage, placing demands on nursing education programs to graduate more nurses, faster. With a growing geriatric population and improved access to care, the demand for nurses has never been higher (Auerbach, Staiger, Muench, & Buerhaus, 2013). Insufficient new nurse graduates may contribute to this problem, due in part to high attrition rates and poor retention in nursing programs (Newton & Moore, 2009; Waters, 2006). The current study sought to investigate individual and organizational mediators of retention, specifically academic motivation and persistence behaviors of nursing students, using a non-experimental, quantitative method and descriptive, correlational design to better understand the role motivation and persistence played in nursing student success.

Theoretical Framework: Conceptually, the study was guided by three distinct influences from nursing and educational psychology to incorporate the key concepts of interest: motivation and persistence. Deci and Ryan's (1985) Self-Determination Theory (SDT) described motivation to learn and goal-directed behavior among undergraduate students. Motivation was viewed on a continuum of self-determination that formed the basis for the Academic Motivation Scale, which was used to measure motivation among BSN students in the current study. King's (1992) Theory of Goal Attainment provided a nursing theory perspective on student motivation as a secondary concept of goal attainment. King's (1981) Conceptual System described the phenomenon of nursing student motivation through the interpersonal, personal, and social systems of the student nurse and educator relationship. Student goals were described as learning about nursing, succeeding in nursing school, and becoming a nurse. Jeffreys' (2004) Nursing

Undergraduate Retention and Success model identified, supported, and addressed retention among nursing students, specifically distinguishing factors associated with persistence and success in nursing students. In the study, persistence behaviors among nursing students were incorporated into the discussion of goal commitment and attainment.

**Research Objectives:** The current study sought to investigate individual and organizational mediators of retention, specifically academic motivation and persistence behaviors of nursing students. The primary research question was: What is the relationship between student academic motivation and student persistence behaviors in a baccalaureate nursing program?

**Subjects:** One-hundred ninety-five participants from a mid-sized private university in northeast Ohio were selected using a purposive criterion sample that included all levels and tracks of the nursing program. The sample was predominately female (87%, n=161), Caucasian (92.4%, n=171), between the ages of 18-22 (80.43%, n=171), and enrolled in the traditional track of the nursing program (88.6%, n=164).

**Methods:** A non-experimental, quantitative method and descriptive, correlational design were used to better understand the role motivation and persistence played in nursing student success. Data were collected using the 28-item Academic Motivation Scale (AMS), the 69-item College Persistence Questionnaire (CPQ), and a 7-item demographic survey. Descriptive and correlational statistics using the Pearson product-moment coefficient  $r$  were used to describe the sample, variables, and test relationship between motivation and persistence behaviors.

**Results:** Cronbach's alpha was calculated for both questionnaires, indicating acceptable high reliability for the AMS ( $\alpha = 0.798$ ) and the CPQ ( $\alpha = 0.746$ ). The relationship between academic motivation and persistence behaviors was tested using the Pearson product-moment correlation coefficient  $r$ , revealing a statistically significant finding between the academic motivation self-determination index (SDI) and the persistence behavior of academic integration (AI),  $r = .491$ ,  $N = 189$ ,  $p < .001$ . Significant relationships were also found between SDI and the persistence behaviors of social integration, advising, institutional commitment, degree commitment, academic efficacy, and collegiate stress. Findings of this study reveal a significant relationship between all three types of academic motivation (intrinsic, extrinsic, amotivation) and several persistence behaviors in BSN students.

**Conclusion:** The more self-determined motivation leads to meaningful behaviors (Vallerand et al., 1992) and the persistence behaviors of institutional commitment, academic integration and degree commitment have been found to predict retention (Davidson et al., 2009). Autonomous motivations for nursing may include pursuing nursing as a means to care for others, make a difference, achieve in a meaningful way, gain job security, or as self-validation (Bernstein, Turrell, & Dana, 1965; Newton et al., 2009; Rognstad, 2002). These characteristics indicated that autonomous, intrinsically derived motivations for nursing were consistent with students who felt a sense of integration, commitment, and support with their academic endeavors – they could see the relationship between what they were learning and a career in nursing. Participants felt supported in their efforts and committed to their goal, therefore, they may have a greater chance of achieving success in the nursing program.

**Implications:** Nurse educators, leaders, and policymakers are encouraged to develop ways to facilitate behaviors that may lead to student nurse success. Assessment strategies for promoting student success and program improvement are highlighted with specific suggestions offered to enhance student success through the mediation of motivational and persistence behaviors are suggested based upon the current literature and research findings.

**Future Research:** Secondary analysis of study data is currently underway and preliminary findings will be reported.

**Keywords:** Academic Motivation; Persistence; Correlation; Bachelor of Science in Nursing; Higher Education; Ohio

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## F 19 - Educational Research Affecting Undergraduate Students

### Health Promoting Behaviors among RN to BSN Students at Two Public Universities

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*Cherie Rector, PhD, RN, PHN, USA*

#### Purpose

Assess the health promoting-behaviors of RN-BSN students from two public universities utilizing the Health-Promoting Lifestyle Profile II (HPLP II) based on Pender's model. Nurses' personal health behaviors may influence their effectiveness in teaching health promotion to clients.

#### Target Audience

The target audience of this presentation is nurse educators who teach in RN-BSN programs.

#### Abstract

**Background:** Healthcare reform has refocused attention on health promotion. Most research in this area has focused on clients. Nurses and nursing students, who are responsible for client health promotion education, are important to the success of this paradigm shift from a disease model to health promotion. With the pressure for RNs to complete the baccalaureate degree in nursing, more students are entering RN-BSN programs. Often, the majority of these RN-BSN students are nontraditional (e.g., older, working, have families) (Bryer, Cherkis, & Raman, 2013). Health promotion has been associated with maintaining enrollment in nursing school (Al-Kandari, & Vidal, 2007), and educational interventions with nursing students have shown promise (Belguzar, 2015).

The Health-Promoting Lifestyle Profile II (HPLP II) was used to assess health promotion in this study. Internal consistency (Cronbach's alpha) for the 52-item HPLP II is reported at .943 (Walker, Sechrist, & Pender, 1987). Answers to questions are formatted on a 4-point Likert scale (never, sometimes, often, routinely), and it takes approximately 15-20 minutes to complete. This tool is based on Nola Pender's mid-range theory of health promotion (Pender, 1996; Sakraida, 2010). Health promotion is different from simply prevention of disease, but is rather a proactive, goal-directed behavior that improves health and wellbeing. Constructs include the value others place on the outcome and if the person feels a sense of self-efficacy. The decision-making phase and the action phase are part of the conceptual framework of health promotion. They include individual perceptions, and modifying factors, along with barriers and cues that can trigger the motivation to act (Duffy, 1988; Sakraida, 2010). Health promoting actions can be influenced by: a) perceived barriers that can hinder commitment, b) environmental influences (peers, situations) that can either increase or decrease commitment, and c) competing and uncontrollable demands that may lead to loss of attention to commitment (McCullagh, 2004; Sakraida, 2010). In addition to the use of the HPLP II, minimal demographic data was requested (e.g., age, ethnicity, gender, family/marital status, highest level of education, years in nursing, shifts worked).

**Selected Literature Review:** The HPLP II has been used in numerous research studies with a variety of populations. However, health promotion research with working nurses is sparse. A study examining health-promoting behaviors in an acute care hospital, nurses revealed differences between nurses working on medical-surgical units and critical care units, with the former exhibiting greater overall scores (McElligott, Siemers, Thomas, & Kohn, 2009). A more recent study found no significant differences between public health nurses and critical care nurses (Rector, & Gilchrist, 2014).

Nursing students have more often been participants in health promotion studies. College nursing students in the US and Kuwait had results on health promotion similar to an earlier study of nursing students in this country (Jackson, Tucker, & Herman, 2007; Al-Kandari, & Vidal, 2007; Stark, Manning-Walsh, & Vliem, 2005). Canadian and Jordanian nursing students' health-promoting behaviors were compared in a 2004 study, with Jordanian students scoring lower on the total HPLP II and on all subscales except Interpersonal Relations. Cultural differences in the definition of health as "absence of

disease,” among other things, were thought to be contributory to the differences in scores (Haddad, Kane, Rajacich, Cameron, & Al-Ma’aitah, p. 88). Bryer, Cherkis, and Raman (2013) examined health-promoting behaviors of traditional with more nontraditional (e.g., older, ethnically diverse, previous education, employed, families) nursing students at a US associate degree program. They noted significant differences on the total HPLP II scores and all subscales, with the exception of Nutrition. A second tool, Barriers to Health Promoting Activities (BHPA), was administered and statistically overall higher scores were found. There were noted differences with traditional students regarding lack of help, time, transportation, and support from family and friends. This is important information, as more nontraditional students are entering nursing education, especially at the ADN and the RN-BSN levels. In a correlational study of Kuwaiti nursing students, a significant relationship was found between those with higher body mass index (BMI) and the total HPLP II scores as well as the Nutrition subscale scores.

A longitudinal study being conducted by Wills in England found that a good number of nursing students are overweight and 40% never engage in physical activity (Gillen, 2014). Data gathering continues through 2016, but early evidence indicates that the health of individual nurses can affect their ability to promote health among their patients and ultimately provide better nursing care. The researcher posits that obese nurses and nurses who smoke are more reluctant to broach these subjects with their patients. A wellness website is being utilized for nursing students to track their progress with weight and exercise. She advocates the need for health promotion at universities in order to achieve better health behaviors among students (Dooris, Wills, & Newton, 2014). A three-year study of 108 female Turkish nursing students found that an educational intervention to promote health behaviors was effective (Kara, 2015). At the end of each year, the HPLP II was administered and significant positive differences were noted on the total score and subscales of exercise, nutrition, stress management, health responsibility and self-actualization.

**Design:** A descriptive, cross-sectional quantitative research methodology was used. A non-randomized, convenience sample from two public universities’ RN-BSN programs was used. Permission was received from both university IRBs to conduct the study.

**Sample, Recruitment, & Consent:** Students in the first two semesters of a three semester online program at both universities were invited to participate through an email invitation from their respective faculty member. A link to SurveyMonkey © was provided, and they could choose to participate or not. Remainder emails were sent after several weeks. The consent form was the first screen available to participants and students could print it for their records. Further participation was deemed as consent, since they had to click on a button to begin the survey. Anonymity was ensured, and participation was voluntary.

**Results:** Forty RN-BSNs completed all or part of the survey. The mean age (n=33) was 33.26 (s d=7.25; range=224 to 49). The majority of respondents (n=40) were Hispanic/Latino (55%), with 20% Asian, 5% Black, and 12.5% White. Over 92% were female, and 51.28% were married or in a domestic partnership with dependents. Over 25% were single with no dependents. The majority had an associate degree in nursing (92.31%), with 15.38% having a bachelor’s degree in another area, and 5.13% reporting a master’s degree in another area. Participants reported a mean of 3.18 years working as an RN (n=39; s d=13.31; range= <1 to 16 years). The majority worked 12-hour shifts (70%), with 47.5% working during the day. When asked how often they left the unit for meals, 32.5% reported “never” and 35% reported “sometimes.” Out of 40 respondents, only two smoked cigarettes (1=10/month; 1=30/month). Most characterized themselves as “overweight” (47.5%), with 32.5% reporting they were at a “normal weight.” The mean height was 64.34 inches (s d=2.69; range=60 to 71) and mean weight was 160.51 lbs. (s d=40.08; range=105 to 280).

Cronbach’s alpha for the total HPLP II was .916 for this sample (n=33 surveys with no missing responses). The mean for the total HPLP II was 2.525 (s d=.35). Subscale means were: health responsibility 2.57 (s d .46); physical activity 2.07 (s d=.57); nutrition 2.57 (s d=.42); spiritual growth 3.08 (s d=.42); interpersonal relationships 2.895 (s d=.44); stress management 2.19 (s d=.39).



**Discussion & Implications:** No prior research on health promotion in RN-BSN students was found. Sadly, these RN-BSNs are not following the health guidelines that they educate their patients on each and every day. By not leaving their units for meals, RN-BSNs are impinging on their nutritional status and possibly affecting their cognitive ability to function as a nurse. In comparing the total mean score to other research with nursing students, this result is only slightly higher than the 2.47 mean among nontraditional ADN students in the Byer et al. (2013) study. The mean for traditional students in that study was 2.74. For junior level college nursing students in the Midwest, an HPLP II total mean score of 2.84 was reported (Stark, Manning-Walsh, & Vliem, 2005). This is somewhat higher than the present study. A Kuwaiti study of second semester college nursing students by Al-Kandari, Vidal, and Thomas (2008) reported overall HPLP II means between 2.5 (17-20 age group) and 3.0 (31-35 age group), with means increasing for each successive age group. Hensel (2012) reported a mean of 2.80 in a study of hospital nurses, and McElligott and colleagues (2009) in their study of hospital nurses reported a mean of 2.6.

Because the majority of RN-BSN students are employed RNs returning to college, they have stressors from both work and school, as their results indicate. They often have family responsibilities and juggle multiple roles. Would a stress management course help to increase their scores? Understanding their health-promoting behaviors and providing interventions to promote healthy behaviors may foster their educational goals and improve their nursing practice. More research is needed on methods that inspire RN-BSNs to be more health conscious and good role models for their patients.

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## F 19 - Educational Research Affecting Undergraduate Students

### Empathy Development through Case Study and Simulation

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#### Purpose

The purpose of this presentation is to provide results from a research study exploring whether or not consistent patient exposure during simulation and case studies can impact empathy development in nursing students. Discussion regarding results provide interesting conclusions for faculty members.

#### Target Audience

The target audience of this presentation is nursing faculty members or others interested in empathy development of nursing students.

#### Abstract

**BACKGROUND:** Empathy has been identified as a predictor of positive patient outcomes and is integral to the nurse-patient relationship. Since research indicates that empathy development does not occur through theory and arbitrary experiences, nurse educators are challenged to use evidence-based educational interventions to develop student empathy. The purpose of this study was twofold. The first purpose of the study was to determine whether consistent exposure to a single patient through case study and simulation impacted empathy levels in senior level baccalaureate nursing students. The second purpose of the study was to evaluate patient perceptions of nurse empathy.

**METHODS:** During spring and fall semesters in 2014, senior students in a psychiatric-mental health nursing course were asked to complete a demographic form and the Jefferson Scale of Empathy (JSE). The students were then randomly divided into two groups, a comparison group exposed to multiple, random patients and an experimental group exposed to one consistent, single patient during case studies and simulation. Throughout each semester, all students were exposed to two case studies completed during class time and a simulation completed during clinical time. The student learning outcomes for the case studies and simulations were identical for the two groups. The case studies and simulation completed by the comparison group featured random patients with different names, ages, and backgrounds. The case studies and simulations completed by the experimental group featured one consistent patient with a consistent background. At the end of each semester, students were asked to complete the JSE again. Additionally, the standardized patient used in the simulation completed a brief scale reflecting perceived empathy of and overall satisfaction with each student following the final simulation done at the end of the semester.

**RESULTS:** A total of 127 students participated. Pre-test and post-test results indicated that students in both groups felt they displayed empathetic behaviors. Using analysis of covariance, no significant differences were found between or within groups. Using a t-test for independent groups, no significant differences were found between the students who were exposed to a consistent, single patient and students who had random, multiple patients at pre-test ( $p= 0.760$ ) and at post-test ( $p= 0.575$ ). Additionally, there was no significant difference found between the two groups and the overall patient satisfaction indicated by the standardized patient survey ( $p= 0.964$ ).

**CONCLUSION:** The results provide several interesting conclusions for faculty members and offer a basis for ongoing discussion. First, findings from this study suggest that empathy levels are not affected by the use of a single, consistent patient in case studies and simulation, and, therefore, may impact how active learning experiences are designed by faculty members. Secondly, while findings indicate that faculty members may not be able to teach empathy through consistent patient exposure provided in case studies and simulation, additional strategies that may increase nurse empathy need to be explored. Lastly, this

research study provides a unique perspective of the patient regarding nurse empathy and patient satisfaction that should be further researched.

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## F 24 - Understanding Our Youth

### Teen Perceptions of Sexual Activity, Decision-Making, and the Promotion of Safe Sexual Practices: A Focus Group Study

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#### Purpose

to reveal teen perceptions about sexual activity, decision-making, and the promotion of safe sexual practices.

#### Target Audience

nurses and other health professionals interested in teen health, teen sexual health, and reproductive decision-making.

#### Abstract

**Purpose:** This study is designed to explore teens' perceptions of sexual activity, decision-making, and means to promote safe sexual practices in youth. Teens' thoughts on the supports and challenges associated with sexual decision-making and safe sexual behavior provide the framework for examining this critical area of teen health.

**Background:** Recent research revealed that teens in the state of study report some of the highest rates of sexual activity and pregnancy in the nation. Concerned advocates wonder about the factors behind these startling data and posit that youth-generated interventions are needed to ensure safe sexual practices. The thoughts of teens are unknown and validate the current study.

**Methods:** This qualitative, descriptive study uses focus groups to gather teens' perceptions. Students, ages 14-17 years, were recruited from school-based health centers (SBHCs) and participated in nine focus groups. SBHC staff recruited participants, obtained consents, signed students up for focus groups, and assisted with scheduling focus groups in private rooms at the SBHC. The Focus Group Interview Guide, based on the supports and challenges model and previous research, was used in the semi-structured interviews. Focus groups were audio recorded and transcribed verbatim. Observational notes recorded non-verbal aspects of the focus groups. Analysis included both template analysis, using the Focus Group Interview Guide and thematic analysis assessing for emergent and prominent themes.

**Results:** Iterative analysis yielded support and challenge themes that may be used to inform adult messages, programs, and policies designed to promote healthy teen sexual behavior.

**Conclusions and implications:** Nurses hold pivotal roles in fostering responsible and safe sexual practices in youth. Using teen perceptions to guide interventions related to safe sexual practices ensures meaningful, teen-focused, and developmentally appropriate strategies to enhance safe sexual practices.

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## F 24 - Understanding Our Youth

### Dynamics and Identity in Families of Gender Non-Conforming Children/Youth: A Longitudinal Phenomenological Exploration

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#### Purpose

The presentation disseminates information on the dynamics/evolution of families that include gender non-conforming children/youth. In-depth interviews with parents/guardians describe the experiences and identity among family members, the strengths and challenges in navigating society as a diverse family, and the impact upon a family when one member identifies as gender non-conforming.

#### Target Audience

The target audience of this presentation includes all nurses, as health care providers to individuals, families, and communities. Nurses who focus their care in mental health, pediatrics (including schools), and families (for example, family nurse practitioners) may especially benefit from this presentation.

#### Abstract

The present study explores the dynamics and evolution of families that include gender non-conforming children/youth (including transgender children/youth). Through in-depth interviews with parents/guardians, the researcher explores the lived experiences and evolution of identity among all family members, the strengths and challenges in navigating society as a diverse family, and the impact upon a family when one member identifies as gender non-conforming.

In a society that has little more than a superficial knowledge of gender non-conforming individuals, routine activities such as obtaining healthcare or going to school become substantial events with hurdles that the individuals and their families must overcome. Routine activities are no longer routine. Determining which restroom to use, deciding upon a gender-specific bathing suit, choosing extracurricular sports and activities – decisions that most individuals and families take for granted become salient and problematic for the family with a gender non-conforming child/youth.

The extant literature has demonstrated that from the level of the individual to the macrosystem level, gender non-conforming children/youth and their families experience many trials. Family discord, depression, and associated comorbidities and health disparities are rampant. For youth rejected by their families, homelessness, substance abuse, victimization are common. Harassment and victimization is common in schools; teachers and staff often lack knowledge on gender diversity (and may be unwilling to learn). Satisfactory medical care may be inaccessible.

In the knowledge base of healthcare, ground has been made, but there is need for more. There is little education on gender non-conforming issues in nursing, and nurses and other clinicians feel unprepared to care for these individuals and the issues their families face. Yet, healthcare providers, including school nurses, primary care providers, and psych-mental health clinicians, are being increasingly called upon to care for this population. Further, providers such as counselors, including school and family counselors, need to be cognizant of issues. Indeed, a multi-disciplinary approach to care is best.

Cognizant of these gaps in knowledge, influential national bodies have called for more research into the lesbian, gay, bisexual, transgender (LGBT) population. The Gay and Lesbian Medical Association (GMLA) has called for research into environmental factors that contribute to health disparities within the population, and the Institute of Medicine (IOM) has similarly called for increased research within the population. Moreover, the IOM lay out a research agenda, specifically stating, “An individual’s health is affected by community and social circumstances. LGBT health research should consider both the individual and various contexts, including interpersonal relationships, in which the individual lives” (IOM, 2011; p. 7).

Consistent with the gaps in knowledge that this researcher has identified, and with the assessed need as asserted by the GMLA and the IOM, the present study provides needed findings to help improve the environment and healthcare for gender non-conforming individuals and their families. The study takes a social ecological, phenomenological approach towards increasing this understanding. Therefore, to gain insight into the contextual environment of gender non-conforming children/youth, the first research question is:

RQ 1. What are the experiences of families of gender non-conforming children & youth, including in the following areas?

1. Family dynamics
2. Social networks (extended family, peers)
3. School
4. Healthcare (access and quality)

Continuing with the contextual perspective, previous studies have demonstrated that family members of gender non-conforming persons also frequently reexamine their own identity and worldviews, discovering new ways to assimilate reformed perspectives (e.g., through activism). This in turn can strengthen relationships. Hence, the following research question aims explore the psychology of identity that may underlie relational interactions:

RQ 2. How is the identity of family members of gender non-conforming children/youth affected, including the following?

1. Self-view of parent/guardian
2. Parent/guardian view of child

Through in-depth interviews, the present study gains in-depth knowledge on the experiences, including helpful strategies, of gender-diverse families navigating a marginalizing society.

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## F 24 - Understanding Our Youth

### Deconstructing Physical Activity Self-Efficacy: A Critical Review of the Literature

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#### Purpose

The purpose of the presentation is to summarize findings from a review of the literature related to the concept of physical activity self-efficacy among youth. Issues related to conceptual and operational definitions will be identified. Implications for future research to advance the science related to the concept will be provided.

#### Target Audience

The target audience of this presentation is focused on nurses involved in health promotion with children and adolescents and nurse scientists who use theory-based interventions to promote physical activity among youth.

#### Abstract

A global decline in physical activity from childhood to adolescence has resulted in an increased risk for obesity, cardiovascular disease, and diabetes. Physical inactivity among youth has generated increased research directed toward enhancing physical activity self-efficacy to reverse this disconcerting trend. While self-efficacy has been found to be a consistent correlate and determinant of physical activity, these findings are not consistent across studies. Multiple conceptual definitions for physical activity self-efficacy are evident in the literature and measurement of the concept is highly variable, indicating the need for clarification of the concept to ensure adequate translation of research findings into practice. A critical review of the literature was carried out to deconstruct the concept and identify research implications. The PubMed, Cumulative Index of Nursing and Allied Health Literature, PsychInfo, Educational Resources Information Center, and Sociological Abstracts databases were searched for publications from 1990-2013. Search terms included self-efficacy, physical activity, youth, children, adolescent, and teen. A total of 838 abstracts were reviewed including peer-reviewed articles, systematic reviews, and theoretical articles. Additional inclusion criteria were articles published in English, time frame of 1990-2013, and age up to 18 years. Conference abstracts, dissertations, editorials, articles involving adults, and self-efficacy literature related to other health behaviors were excluded. After a review of the abstracts and removal of duplicates, 276 articles were selected for further appraisal. A total of 55 articles meeting inclusion criteria were included in the review. The articles represented a range of disciplines with the majority from kinesiology, public health, and nursing ( $n = 37$ ). A strong international focus was evident in the sample with 23 (42 %) of the selected articles representing 14 countries. The sample included quantitative ( $n = 47$ ) and qualitative ( $n = 2$ ) research, systematic reviews ( $n = 4$ ), and theory-based articles ( $n = 2$ ). Four articles included youth with chronic conditions. Rodger's evolutionary method of analysis was used to collect and analyze the data and social cognitive theory guided the analysis. Data were analyzed with particular focus on the attributes, antecedents, and consequences of the concept. Defining attributes of physical activity self-efficacy were identified as personal cognition or perception, self-appraisal process, related action, power to choose physical activity, dynamic state, and bi-dimensional nature. Antecedents and consequences were consistent with social cognitive theory. Related concepts included competence and confidence. Youth physical activity self-efficacy was defined as a youth's belief in his/her capability to participate in physical activity and to choose physical activity despite existing barriers. Because physical activity self-efficacy is a key concept in many theories aimed at health promotion, consistent conceptual and operational definitions are important for advancing the science related to the concept. Theory-based interventions designed to increase both the antecedents of self-efficacy and the concept directly may have the potential to promote physical activity among youth. Research should be aimed at establishing consistency in conceptual definitions and empirical measurement to further develop the concept across disciplines and ensure accurate translation of findings into practice. Given the heterogeneity of instruments in the literature, research should focus on refining measures to adequately reflect the defining attributes of the concept. Examination of the

development of physical activity self-efficacy as youth age is also warranted as the relationship between age and physical activity self-efficacy was not consistent across studies. Future research should assess gender differences related to self-efficacy, particularly because girls tend to report lower physical activity self-efficacy than boys. These efforts may lead to improvements in the tailoring of interventions for specific subgroups of youth. This comprehensive analysis has resulted in a refined conceptual definition of youth physical activity self-efficacy and has enhanced the clarity of the concept. Continued theory-building involving physical activity self-efficacy is suggested with the ultimate goal of increasing physical activity and promoting a healthy lifestyle among youth worldwide.

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## F 25 - Research and Innovations from Africa

### Evaluation of Memory Book Interventions with Orphaned Children in India, Kenya and South Africa

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#### Purpose

The purpose of this presentation is to share the results of a collaborative multi-site research study designed to explore and compare the lived experiences of orphaned children in India, Kenya and South Africa who have utilized the Memory Book intervention.

#### Target Audience

The target audience of this presentation is nurses and other healthcare providers, as well as, care providers of children may benefit from the results of the evaluation of this innovative Memory Book intervention for orphaned children from various global sites.

#### Abstract

Purpose: The purpose of this collaborative multi-site research study was to explore and compare the lived experiences of orphaned children in India, Kenya and South Africa who have utilized the Memory Book intervention.

Background: Circumstances leading to an orphaned state were related to HIV/AIDS or abandonment due to poverty, disease or war. Traditional models for surrogate parenting by extended families have been strained by the frequent loss of one or both parents of affected children resulting in the need for alternative care models such as orphanages. Orphaned children have sustained many threats to their holistic health, including the loss of precious family memories, severed family relationships, and potential significant paralysis in development due to loss and grief. The Memory Book was developed and implemented in 2005 by a nurse leader, with a supportive volunteer base, in a northwestern city in the United States. The books were implemented to facilitate orphaned children in "telling their story" and to foster their sense of well-being and resilience.

Methods: A qualitative phenomenological approach was implemented to evaluate the Memory Book intervention in six children's homes in these three countries. Following university institutional ethics review board approval in the United States, separate focus group interviews with children (n = 65) and their caregivers (n = 6) were conducted. Following data saturation with multiple focus groups at the identified international sites, data were analyzed based on a constant comparison method for narrative themes.

Results: Study findings offer evidence to support the ability of children to work through loss and grief when they are assisted in preserving and telling their story through the use of Memory Books. Common themes offered by orphans between the six sites as a result of the intervention included support for their identity, awareness of family or relationships, and emotional expressions.

Implications: The Memory Book intervention assisted children to chronicle their lives and demonstrated the potential to guide future interventions for orphaned children by care providers, nurses and other healthcare providers in this context.

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## F 25 - Research and Innovations from Africa

### Does a Bachelor of Nursing Programme in the Western Cape, South Africa, Adequately Prepare Graduates for Their Professional World of Work?

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#### Purpose

To present the views of graduates of a Bachelor of Nursing programme and their professional nurse supervisors on whether the graduates are adequately prepared for their job as new professionals and to establish the patient's satisfaction with the care they received from these graduates.

#### Target Audience

Nurse academics /faculty, nurse graduates, student nurses, professional nurses, nurse administrators, clinical facilitators / preceptors and researchers.

#### Abstract

**Introduction:** The success of a country's economy increasingly depends on the quality of its human resources which, in turn, is inextricably linked to the effectiveness and efficiency of programmes offered by its education and training institutions. Preparation of students for employment in the labour market is generally viewed as one of the major functions of higher education.

Current concerns however exist, nationally and internationally, about the quality of the programmes offered by higher education institutions, which seemingly produce less competent graduates which therefore questions their employability. Further concerns about the lack of alignment and relevance of the education programmes to the job market; the consequent gap between the competencies and level of competence expected by the employer and those which graduates possess and challenges with regards to the graduate's transition from higher education to practice has led to the need for evaluations of programmes through graduate tracer studies (Griesel & Parker, 2009).

Graduate nursing programmes are not spared the concern that the nurse's level of competence needs to be sharpened and nursing programmes made more relevant to nursing practice to ensure improved patient outcomes.

**Aim:** This study aimed to trace graduates from a Bachelor of Nursing programme offered at a university in the Western Cape, South Africa, to establish the adequacy and relevance of the programme to the graduate's world of work; and to identify potential gaps and measures to address these gaps towards improving the nursing programme.

**Methods:** The research method was quantitative, using a non-experimental survey design. The survey was conducted during 2014. All graduates who completed the Bachelor of Nursing programme in December 2013 at the identified university, their professional nurse supervisors at the clinical facilities during 2014 and patients who received direct care from the graduates were purposively selected to participate in the survey. The survey for graduates focused on the graduate's biographical and education background; and the relevance of the Bachelor of Nursing degree to their current job. The professional nurses completed a survey which established the discipline / type of health care facility in which the graduate was being assessed; the skills required for the graduate to perform competently in that facility; and the skills which the graduate lacked to perform competently in the facility. The questions were a combination of single-item and multiple-item closed-ended questions, filter and follow up questions as well as ranking questions. The patient survey was developed from Larrabee and Putman's (2006) Caring

behaviour Inventory and included sections on the patient's biographical and health information and a section on patient satisfaction rating.

Data was analysed quantitatively using SPSS version 21. Frequency distributions and measures of variability were established from the data. Correlation and covariance were done. Chi square test were used to test for associations. The confidence interval was set at 0.95.

**Results:** Graduates and their professional nurse supervisors provided insight into the adequacy, relevance and gaps in the programme with reference to the four disciplines for which graduates qualify at the end of the programme, namely, general nursing science, community nursing science, psychiatric nursing, midwifery and clinical nursing practice.

A total of 37% of the students reported that they fared best theoretically in discipline general nursing science while 28% reported that they did not fare well in the same discipline. The discipline that students reported enjoying the most was midwifery 40%, followed by community nursing science at 28%.

The discipline in which students reported faring best clinically was psychiatric nursing science while 19% of the students reported that they did not fare well clinically in the same discipline. Students reported that the clinical learning opportunities, during the 4<sup>th</sup> year of study, were excellent 30% while 44% reported that it was good. Only 2% reported it as being unsatisfactory.

Forty two percent (42%) of the 4<sup>th</sup> year students reported that they received excellent support from registered nurses at the clinical facilities. Cumulatively, 77% reported that the support they received was either excellent or good.

Forty two percent of the students reported that by the 4<sup>th</sup> year of study, the Bachelor of Nursing programme had adequately prepared them for their role as a registered nurse, while 44% reported that their preparation was good. Only 2% reported that their preparation was inadequate. Overall, their satisfaction with being a student in B Nursing Programme was reported by 26% of the students as being very happy 26%; 37% were happy 37% and only 2% were unhappy.

The finding of professional nurse confirmed the students rating of themselves as being adequately prepared. The patient's rating of the care they received from the graduates were both positive and negative.

**Conclusion:** It is hoped that the findings of this study will facilitate the alignment of Bachelor of Nursing programmes in the country to the needs of the job market and that graduates from this programme will in future be more employable and meet the patient's needs for care.

**Recommendations:** The alignment of the educational programme to the skills required to practice as a professional nurse is the main recommendation to strengthen the programme further and to ensure positive patient outcomes. While recommendations from the patient satisfaction survey highlighted the need to enhance the soft skills required for patient care.

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## F 25 - Research and Innovations from Africa

### Strengthening the Preparation of Student Nurses to Participate in the Provision of Nurse Initiated and Monitored Antiretroviral in South Africa

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Oluyinka Adejumo, DLittetPhil, MSc, BScN, RN, RPN, RNE, South Africa*

#### Purpose

The purpose of this presentation is to present how nurse initiated and monitored antiretroviral can be integrated in the four year pre-service nursing curriculum to prepare new nurse graduates as prepared in one university in South Africa.

#### Target Audience

The target audience for this presentation is nurse educators, those practising in the field of HIV and AIDS, those involved in curriculum development

#### Abstract

Background: As the worldwide fight against Human Immunodeficiency Virus (HIV) continues, incidence and mortality rates are being reduced, with an increase in the number of people living with HIV infection and needing care. This increase is partly attributed to advances that have been made with regard to the management of HIV and Acquired immunodeficiency syndrome (AIDS). The Joint United Nations Programme on HIV/AIDS (UNAIDS) has set the 90-90-90-target, striving to ensure that, by the year 2020, 90% of those who are infected with HIV know their HIV status; 90% of those with HIV diagnosis are receiving continued antiretroviral therapy (ART); and viral suppression is attained for 90% of those receiving ART (UNAIDS, 2014). The South African Government has made the fight against HIV one of its priorities, and developed strategies and policies targeting the HIV epidemic, with the aim of reducing infections and providing the best treatment as promptly as possible, all in line with global efforts to deal with the HIV epidemic (South African Department of Health, 2010; Johnson, 2012; Motsoaledi, 2014). In South Africa, the current policy related to the management of HIV and AIDS recommends ART initiation at a CD4 count of 500, providing opportunity to increase the number of people who are initiated and monitored on ART. Nurses' role in the initiation and management of ART is crucial, and has been documented to be effective. However, literature notes that in Sub-Saharan Africa, it's not clear how this aspect is covered in the pre-service training of nurses (Zuber et al 2014). Furthermore, Relf et al. (2011) stress that it is important to prepare new nurse graduates in a holistic manner so that they can acquire the essential competencies that relate to HIV and AIDS. In the 2013 South African's United Nations General Assembly Special Session on AIDS mid-term report, one of the programmatic actions that are reported to be necessary for achieving the target related to reaching 15 million people living with HIV on ART by the year 2015, is strengthening the capacity of nurses to initiate and monitor people living with HIV on ART. The report notes that the ability of new nurse graduates to manage adults and children living with HIV will be enhanced by inclusion of nurse initiated and monitored ART (NIMART) in the pre-service training (Republic of South Africa, 2013). This paper presents attempts to strengthen South African student nurses' preparation for NIMART, by integrating such aspect in the pre-service nursing curriculum at one university in South Africa.

Methods: Working within a constructivist paradigm and applying a qualitative approach, 8 group discussions using the nominal group technique and 7 individual interviews were conducted with 52 nurse educators in seven provinces in South Africa, and 2 members of the Nursing governing body. Using volunteer and purposeful sampling techniques, a total of 54 participants contributed to the study until data saturation was achieved. During the data collection, there was a discussion of competencies related to HIV and AIDS for nurses including NIMART and how NIMART can be integrated in the pre-service training for nurses in South Africa. Workshops were conducted to discuss how the competencies can be integrated into the four year nursing program, and a verification process provided the final list of competencies and how they can be integrated. The collected data were transcribed verbatim and analysed using the steps of multiple group data analysis for nominal group technique, and content

analysis. The study received ethical clearance and permissions from the institutions where participants were recruited. The study was conducted in English, all participants signed informed consent and ethical considerations were adhered to. Member checks, prolonged engagement and data audit are some of the strategies applied to ensure trustworthiness.

Results: Of the 52 participants in the group discussions and interviews, 59% were aged 50 years and less, with about 6% who were over 60 years of age, and 89% were female. Up to 69% of the participants reported being involved in the teaching of HIV in the pre-service program. 48% of the participants held a master's degree, while 20% were PhD holders. The participants agreed that NIMART is an important aspect in the fight against HIV, and literature supports that nurses' care in NIMART is on par with the care provided by doctors. However, there seemed to be two different views, with some nurse educators preferring to have NIMART in the post-graduate programme, while another group noted that it can be done at a pre-service level as the current legal framework is enabling. Participants raised concerns related to knowledge related to pharmacology, and gaining experience to be able to provide NIMART upon graduation. Aspects related to knowledge of ART, side effects and interpretation of results were noted as weaknesses in practicing nurses, and these will need special attention in the curriculum. This study developed outcomes that relate to participation in initiation and monitoring of ART, which will require the student nurse to have the opportunity to participate in ART initiation and monitoring during the training. This inclusion of NIMART in the pre-service training of nurses will facilitate the new nurse graduate to improve the competency after graduation. Furthermore, prior exposure to NIMART during pre-service training will enhance reduction of reliance on in-service training, while speeding up provision of ART to people living with HIV by nurses. Various outcomes were developed, and these outcomes can be integrated into the four year nursing undergraduate program. The outcomes related to the development of required competencies for NIMART include understanding the various medication used in the treatment of HIV, how they work and their side effects. The outcomes also include interpretation of results and enhancing adherence.

Conclusion: The study developed competencies that will enable student nurses to participate in the NIMART program during their training, facilitating quicker functioning upon graduation. Such competencies could be integrated vertically and horizontally throughout the four year programme, facilitating thorough preparation of nurses. Furthermore, the developed outcomes can be transferred in other pre-service nursing programs in various settings, as the fight against HIV continues worldwide. Considering the shortage of nurses in many countries, efforts such as this in other nursing programs will improve nurses' ability to participate in the provision of ART, hence the opportunity to reach 90-90-90 target set by the UNAIDS.

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## F 26 - Culturally Diverse Health Practices

### The Lived Experience of Nurses in Rural Uganda

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#### Purpose

To convey results of a recent qualitative research study that explored the lived experiences of nurses in rural Uganda

#### Target Audience

registered nurses and other interested health care givers.

#### Abstract

In order to investigate the lived experience of nurses in rural Uganda this qualitative study was conducted in the summer of 2014. The researcher traveled to three bush villages in rural Uganda and interviewed seven nurses working in community clinics until data saturation was achieved. The interviews were taped and transcribed, then analyzed for themes. Three major themes emerged. Nurses in rural Uganda maintain a positive outlook in spite of harsh realities, they persevere out of a desire to help others, and they perceive nursing to be a notable and respected career in their country. The results relating to overall work satisfaction are interesting in the context of third world conditions.

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## F 26 - Culturally Diverse Health Practices

### Secondary Analysis of Cultural Domains among Filipino Nursing Students

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#### Purpose

The purpose was to describe the cultural domains of communication, family, pregnancy & childbearing, spirituality, and death rituals according to cultural assessments completed by nursing students during a study-abroad program in the Philippines.

#### Target Audience

The target audience of this presentation is clinical or faculty nurses working with the Purnell Model for Cultural Competence.

#### Abstract

The purpose of this study was to describe the commonality and variability within cultural domains of communication, family roles & organization, pregnancy & childbearing, spirituality, death rituals, and health practices according to cultural assessments completed on Filipino nursing students during a study-abroad program in the Philippines.

During a study-abroad nursing program in the Philippines, nursing students from the United States were required to complete a cultural assessment of a Filipino based on questions from Purnell's Model of Cultural Competence. Being paired with Filipino nursing students, all American students completed their assignments interviewing their Filipino partners. Having reviewed these narrative cultural assessments from the past two years, the authors requested IRB permission from Truman State University to conduct a qualitative secondary analysis, using a template approach based on the cultural domains from Purnell's Model of Cultural Competence.

From cultural assessments of 25 Filipino nursing students representing the Visayan culture around Iloilo City, the authors mapped out commonalities and variations in cultural beliefs and practices according to categories constructed from Purnell's domains of communication, family roles & organization, pregnancy & childbearing practices, death rituals, spirituality, and health practices. Comparisons between informants' primary characteristics of culture for gender and religious affiliation were made of the variations in cultural beliefs and practices.

The authors concluded that variability of cultural beliefs and practices existed in these domains among a fairly homogeneous sampling of Filipinos (young, educated, nursing students, Visayan).

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## F 26 - Culturally Diverse Health Practices

### Transitions of South Sudanese Refugees: Reaching for a Better Life in America

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#### Purpose

describe the transition process of former refugees from South Sudan upon resettlement. Participants will learn how a grounded theory was developed to describe this process. Participants will have improved understanding of the challenges encountered by refugees.

#### Target Audience

nurses who work with refugees, community health nurses, and researchers. This presentation will provide insight for nurses who work with refugees. It will also be of interest to nurse researchers who seek to better understand the transition process and a grounded theory approach.

#### Abstract

A qualitative approach was used to develop grounded theory that describes the transition process of South Sudanese refugees who have resettled in the United States. Three focus groups, attended by a total of 18 participants, explored the transition process. The data was analyzed using constant comparative methods which included open, axial, selective, and theoretical coding. Results indicated that brought beliefs, expectations, and abilities conflicted with the reality of resettlement, including social and cultural aspects of the resettlement process. Former refugees identified reaching for a better life amidst the clash of being understood and understanding. Resources from others and losses and gains influenced the ability to navigate within the new environment. Results from this study help to understand the life transitions of former South Sudanese refugees as they resettle in the United States. These findings provide opportunities for further community participatory research and implications for health and social services program design to meet the needs of former South Sudanese refugees.

#### References

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## F 27 - Maternal Best Practices

### Continuing Professional Development in Maternal Health Care: Barriers to Applying New Knowledge and Skills in the Hospitals of Rwanda

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*Isaac Luginaah, PhD, MSc, MES, BSc (Hons), Canada*

#### Purpose

The purpose of this presentation is to present the results of a study conducted to explore the barriers that hospitals face in their efforts to get health professionals to apply the knowledge and skills learned from the maternal health in-service training into practice

#### Target Audience

The audience of this presentation is : maternal health researchers, clinical nurse educators, clinical maternal health educators, continuing professional development providers and administrators involved in in-service training

#### Abstract

Improving maternal health, the fifth United Nations' Millennium Development Goal, is one of the main health concerns of many developing countries, where 90 % of the world's maternal mortality occurs (World Health Organization [WHO], 2010). Very few countries will achieve the target of reducing maternal mortality by two thirds, as set to be achieved in the year 2015 (WHO, 2010). However, nations such as Rwanda rank among the countries that have made significant efforts to reduce maternal mortality. The United Nations Population Fund (2012) reports that the maternal mortality rate for Rwanda fell from 1071 deaths per 100,000 live births in the year 2000 to 750 deaths in 2005, then to 540 in 2008 and further decreased to 383 in 2010.

Strategies that were used to reduce maternal deaths in Rwanda include the training of maternal health professionals. The emphasis has been put on educating health professional students during their pre-service education. Such strategies appear to be making a significant impact in Rwanda. The WHO (2010) states that the proportion of births assisted by formally educated healthcare providers in Rwanda has increased from 26.7 percent in 2000 to 38.6 percent in 2005 and to 69 percent in 2010. Unlike pre-service training and its efforts of facilitating the empowerment of graduating health professionals in Rwanda, similar efforts are being enacted to strengthen in-service training for healthcare providers who focus on maternal, newborn, and child health. In 2009, the WHO indicated that health professionals need to acquire new skills to manage pregnancy-related complications, and that educational efforts should focus on continuing professional development programs (CPD).

In a number of African nations, CPD has been formalized and the oversight is directed by medical, nursing, and midwifery councils (Arunachalam, 2009; Gallagher, 2007). In South Africa, nurses believe that CPD needs to be embedded into professional practice at an organizational and personal level in order to address changing health issues within the country (Arunachalam, 2009). In Ghana, CPD has been cited as a factor in nurses' consideration of selecting staff positions in rural settings (Kwansah, et al., 2012). In this case, CPD could be seen as an intervention to support a more equal distribution of human resources in a nation and hence improve health care quality.

The Maternal, Newborn and Child Health in Rwanda (MNCHR) project was initiated in 2011 and continues until April, 2015. This project has been funded by the Canadian International Development Agency and one major aim was to provide CPD education programs to health professionals involved in the care of women and newborns. The Advanced Life Support in Obstetrics (ALSO) course is one of the education programs that was provided to health professionals (nurses, midwives, physicians) in nine hospitals of the Eastern Province in Rwanda. For each of the participating hospitals, nine health professionals were educated in a 'train the trainer mentorship approach. ALSO training aims to equip

health professionals with adequate knowledge and skills to effectively manage obstetrical emergencies. Given that the WHO (2009) reports that among countries with critical maternal health care; only 22% of them have near to sufficient number of midwives with adequate training to provide appropriate maternal health care and that only 18.5% maternal health providers are equipped to provide obstetrical emergencies, it was deemed imperative to facilitate education initiatives that could be sustainable through ongoing mentorship. It has been demonstrated that well-educated midwives working in a well-systematized health system can offer up to 90% of needed maternal health care, reducing maternal deaths by two-thirds (Campbell & Graham, 2006).

**Purpose of the study:** The research literature on CPD for health professionals in Africa in general, and particularly in sub-Saharan Africa is limited in nature, which might be attributed to factors such as limited resources to carry-out CPD related research. Little is known about the barriers to the success of CPD related activities. The purpose of this study was to explore the barriers that hospitals face in their efforts to get health professionals to apply the knowledge and skills learned from the ALSO CPD training into practice.

**Methods:** This research used a mixed methods approach with primary data collected by the researcher in the hospitals of the Eastern Province of Rwanda, where ALSO CPD was provided. This includes qualitative data involving sixteen purposive interviews with ALSO trainees (nurses, midwives and physicians). Descriptive quantitative data on turnover of ALSO trainees was obtained from hospital directors. The turnover of interest for this study was from the period of October 2012 to June 2014, corresponding to the period ALSO training have been running in the hospitals of the Eastern Province.

**Selection of study population:** To arrange interviews with ALSO trainees, information about the study was circulated through the hospital administrators, who then shared the study information with health professionals. Those who expressed an interest in participating in the study called or emailed the researcher, and a meeting time was set up for individual interviews. To arrange interviews with hospital directors, an information meeting was scheduled with each of them to explain the purpose of the study. Thereafter an interview date was scheduled for those who accepted to participate in the study.

**Study procedures:** Qualitative data were gained using semi-structured interview guides that included open-ended questions to elicit views from ALSO trainees about barriers to apply ALSO related knowledge and skills into practice. The interviews proceeded in a conversational manner to facilitate open dialogue. Interviewees were given the option to answer in English, Kinyarwanda or French, depending on which language they are more comfortable with. The interviews were audio recorded with the participants' permission, and were approximately 30- 45 minutes in length. Interviews took place in a room that was provided by the hospital.

Quantitative data were obtained from hospital directors, using a short questionnaire. They were asked information on: the total number of ALSO trainees, the number of those who have left from the time the training was provided until the time of the interview and the reasons of turnover.

**Ethical considerations:** Ethical approvals to conduct this study were obtained from the Research Ethics Board in Rwanda. Oral and written informed consent was obtained from the participants immediately prior to involvement in the interview or completing the study questions.

**Data analysis:** For qualitative data, the audio recordings were transcribed verbatim, translated as required into English by the researcher prior to coding. Each participant's data was assigned an ID number that was used for analytical purposes. Initial coding of transcripts was done by the researcher engaging in reflection and highlighting key data (Prince, 2008). Data analysis involved line by line, open, and axial stages of coding in a constant comparative, iterative manner to capture emergent themes. Data management and analysis were supported by NVIVO™ software. For quantitative data, the Basic Quantitative Analysis program with Excel was used. Data on turnover were gathered and grouped into three variables (Total number of ALSO trainees, total number of turnover and reasons for turnover).

**Results:** Results from this study showed that ALSO trainees felt that they did not receive enough opportunities to apply their new knowledge and skills after the CPD education. This is due to working on the rotation shifts basis, which results in not spending enough time in maternal health care services for any lengthy period of time. Due to limited means, the ALSO course was offered to only nine health professionals per hospital. In addition to this limitation, ALSO participants did not get the opportunity to train their colleagues to share the knowledge among additional health professionals. With this situation, only ALSO participants could practice related knowledge and skills when they were appointed to work in maternal health services. Participants revealed that when they did not work in maternity services, they forget the new practices and reverted back to their routine form of care by the time they are reappointed to the maternity services. Results of this study also showed that 45 of 72 ALSO trainees from the study participating hospitals had moved to other work placements. The reasons of turnover were: higher studies (n=19), better position (n=12) and other reasons (n=14).

**Implications and Recommendations:** It is important for those delivering maternal health education to create sustainable mentoring systems that could help to strengthen the application of ALSO knowledge and skills in hospitals to improve maternal health. Measures that could give ALSO participants the opportunities to apply the related knowledge and skills include: expanding ALSO education to many health professionals and having an adequate mentorship of ALSO participants, formalize ALSO CPD into hospital in-service programs, and develop enhanced health professional retention strategies.

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## F 27 - Maternal Best Practices

### Developing a Research Focus in Implementing Continuous Support during Labour as Best Practice

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*Hester C. Klopper, PhD, MBA, RN, RM, FANSA, South Africa*

#### Purpose

to describe the development of a focused research programme.

#### Target Audience

academics who need to develop focused research programmes. Clinicians interested in research about implementation strategies. Clinicians interested in research about continuous support during labour.

#### Abstract

**Purpose:** The purpose of this presentation is to describe the development of a focussed research programme in a LMIC. It is expected of researchers to establish focussed research, however in LMIC this is a challenge due to vast needs for development and capacity building. This presentation will describe the process followed in a supported project to assist researchers to develop focussed research programmes.

**Problem statement:** Nurse researchers in LMIC often find it difficult to do focussed research. Several challenges exist amongst others that nurse researchers often have to supervise postgraduate students from a variety of nursing fields because of limited experienced supervisors; lack of recognition of researchers from other disciplines who do not have to be 'generalists'; and lack of available resources – financial and human. . A further challenge is that nursing schools in LMIC need to develop their research agenda's to embrace research as a critical element of their core activities.

**Methods:** The Forum for University Nursing Deans in South Africa (FUNDISA) and the South African National Research Foundation (NRF) identified the need to develop nursing schools to be more research intensive and in the process assist upcoming nurse researchers at universities to develop focussed research programmes. The PLUME project was developed as intervention to build research capacity both for nursing schools and for identified lead researchers.

This presentation describes the establishment of the research programme 'Knowledge to action strategy to facilitate continuous support during childbirth'. Continuous support during labour is an example of a best practice for which the evidence is clear but which is still not universally implemented. A research programme was developed where different aspects of the programme could build on each other and in which a number of students could contribute.

**Conclusions:** The impact of the PLUME program to develop a focussed research programme enabled the researcher to assist other researchers in the nursing school to develop or adjust their own research programmes to be more focussed. If their research programmes are developed early in their academic careers, researchers have a better opportunity to be recognised as a quality researcher. The specific research programme has the potential to make a difference in practice and improve the quality of care women receive during childbirth.

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## F 27 - Maternal Best Practices

### The Relationship between Vitamin D Levels in Pregnancy and Blood Glucose at the Gestational Diabetes Screening

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#### Purpose

Vitamin D has been shown to influence glucose metabolism in the non-pregnant population. The purpose of this presentation is to present the findings of original research which examined the relationship between vitamin D at three points during pregnancy and the blood glucose level at the routine gestational diabetes screening.

#### Target Audience

The target audience of this presentation is perinatal researchers and clinicians interested in improving health of mothers and their offspring, especially those looking at hyperglycemia in pregnancy and/or vitamin D.

#### Abstract

Hyperglycemia during pregnancy is associated with adverse maternal and fetal outcomes so interventions which can reduce this harm are needed. Hypovitaminosis-D has been associated with impaired glucose metabolism in the non-pregnant population but there are conflicting results on the effect of vitamin D on glucose metabolism in pregnancy. The key research question is if vitamin D influences glucose homeostasis in pregnancy when controlling for the known confounding variables of body mass index (BMI) and maternal age. This prospective study used a convenience sample of 52 nulliparous women. Serum vitamin D levels were obtained through laboratory measures at three predetermined points during pregnancy. The medical record was utilized to obtain the blood glucose result from the routine gestational diabetes screening, BMI, and demographic information. Eighty-five percent of the participants had hypovitaminosis-D during pregnancy and vitamin D levels did not statistically improve even though all reported taking a daily prenatal vitamin with the recommended amount of vitamin D. There was no evidence of a statistically significant relationship between vitamin D levels at any of the three points and the blood glucose levels when controlling for the known confounding variables of BMI and age (R square .084, .071, and .075 respectively). However, the high percentage of hypovitaminosis-D resulted in inadequate variance in this sample to show the differences. There was a statistically significant correlation among the three vitamin D levels ( $p=0.01$ ). There was a statistically significant relationship between BMI and the first ( $p=0.05$ ) and second ( $p=0.05$ ) vitamin D levels. The findings suggest that 1) the amount of vitamin D in prenatal vitamins is inadequate to improve serum vitamin D levels during pregnancy, 2) women with a higher BMI need additional vitamin D during pregnancy, and 3) there is a need for further research on this topic.

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## G 16 - Roles of the Nurse Educator

### Teaching Nursing Leadership in Liberia

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#### Purpose

to provide insight into the cultural context of teaching leadership for nurse educators in Liberia.

#### Target Audience

nurse leaders and educators interested in transcultural nursing contexts.

#### Abstract

Teaching nursing in a global context necessitates an understanding of the material being taught, as well as an understanding of the cultural context. Liberia's civil war ended 10 years ago, but the impact is still felt in the challenges in the healthcare infrastructure (Varpilah, Safer, Frenkel, Baba, Massaquoi, Barrow, 2011). Liberia's health care and nursing infrastructure was woefully understaffed and new nursing educational institutions are continually opening to meet these needs (Flomo-Jones, n.d.). The nursing educators in Liberia are typically diploma or bachelor's prepared, with a lack of master's prepared nursing faculty and no doctorally prepared faculty (Flomo-Jones, n.d.).

The Master's in Nursing Education (MSN) program at Mother Patern College of Health Sciences in Liberia was developed to increase the educational foundation of nurse educators in Liberia. The Master's program began in 2012 with the first of three cohorts, the most recent finished in June, 2014. Approximately 50 nurse educators have completed the MSN program and returned to their nursing schools to improve education in the country.

The MSN curriculum was developed by doctorally prepared nurses in the US who adapted their courses to the Liberian context. The leadership and management in nursing course entailed significant adaptation based on the Liberian nursing leadership context to assure the development of strong culturally appropriate leadership skills (Rowe, Brilliant, Cleveland, Dahn, Ramanadhan, Podesta and Bradley, 2010). Though nurses provide a significant amount of the healthcare in Liberia, it is still seen as a low ranking profession. Nurses are mostly female, though the numbers of men in the profession is growing. Nurses do not hold Ministry of Health and Social Welfare positions, nor county health positions, these are all held by medical doctors. Leadership for nurses in Liberia needs to come from cohesion and support of those in the profession. The leadership and management course was tailored to facilitate learning to work together. Evaluating the cultural context relevant to each course was critical to creating a transculturally appropriate curriculum.

A variety of leadership theories were taught through lecture, powerpoint as well as group activities. The group activities were created to foster cohesion among the cohort that could be transferred into their workplace on their return (Rowe, Brilliant, Cleveland, Dahn, Ramanadhan, Podesta and Bradley, 2010). Examples of activities included developing criteria for nursing school accreditation; expanding the role of the Liberian Nurse and Midwifery Association; advancing nursing school programs from diploma to bachelor's degree and improving the role of the Chief Nurse of Liberia to a position on the cabinet of the Ministry of Health and Social Welfare. Subsequent to the completion of their coursework, graduates have taken up roles in the President's Task Force for Ebola, the Ministry of Health and Social Welfare Ebola Education and Training, as well as within the Ebola Treatment Units. With the loss of healthcare workers to Ebola, the leadership role of the nurse has become even more critical.

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## G 16 - Roles of the Nurse Educator

### Facilitating Reflective Learning in Students: Understanding the Role of the Nurse Educator

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#### Purpose

the purpose of the presentation is to increase the understanding and knowledge of nurse educators in preparing students to become reflective nurse practitioners in the modern healthcare setting.

#### Target Audience

The target audience of this presentation are educators, leaders and managers of education institutions especially in the field of nursing. The presentation will also be of interest to researchers focussing on the role of reflection in nursing.

#### Abstract

Modern healthcare is characterised by frequent change, high turnover of patients, various disease profiles and treatment modalities as well as limited staffing and resources available. The nursing professional practicing in this environment has to be flexible, resilient and dynamic to remain competent and provide quality nursing care. Current literature supports the use of reflection by nursing professionals to help them adopt, adapt and align practices. A quantitative, explorative, descriptive study was conducted in nursing education institutions in one of the nine provinces in South Africa. A total of 121 nurse educators completed a structured questionnaire. The findings revealed that, although nurse educators agree with the importance of reflective practices in the teaching and learning environment they do not necessarily place emphasis on developing their own reflective practices. Reflective learning was not identified as a formal learning approach in the programmes the nurse educators facilitated but the educators did attempt to include reflection in the teaching and learning activities planned. Not enough emphasis is placed on the creation of a teaching and learning environment that will enhance reflection in a non-threatening context. The deeper understanding of reflective learning comes with continued personal reflective practices. Nurse educators should be taught how to facilitate reflective learning activities and how to create an environment conducive to reflection. Through reflective teaching practices students could be supported in developing into critical thinkers hence reflective learning should be a formal teaching and learning approach in nursing curricula.

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## G 16 - Roles of the Nurse Educator

### From Bedside Care Expert to Novice Educator: Perceptions of New Nurse Educators

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*Kathy Jean Roth, MSN, BSN, RN, USA*

#### Purpose

The purpose of this presentation is to illustrate perceptions of nurses who recently transitioned to the nurse educator role. This presentation will provide insights of transitions to the nurse educator role. This information may facilitate role transition for future nurse educators and may help alleviate the shortage of nurse educators.

#### Target Audience

The target audience of this presentation is nurses who are transitioning into the role of nurse educator. It also offers insight for the academic institutions who provide nurse educator graduate degrees and institutions who hire new nurse educators.

#### Abstract

Few studies address nurses' perceptions of the transition from the role of staff nurse to the role of nurse educator in an academic setting. Understanding how nurses make the transition from the role of staff nurse to the role of nurse educator is an area that needs to be studied. While the role of nurse faculty member can be very rewarding, it can also be a very challenging and daunting role, especially for new faculty members. The nurse faculty shortage is an ongoing and future problem. The shortage of nurse faculty is established as a reason that schools turn away undergraduate nursing applicants. Addressing the faculty shortage may help to alleviate the nursing shortage. The purpose of this study was to explore the perceptions of a sample of newly employed nurse educators regarding their transition from the role of staff nurse to the role of nurse educator in an academic setting. The theoretical framework for this study was the concept model of novice to expert by Patricia Benner. This study utilized the qualitative research design of phenomenology. Semi-structured interviews were conducted. The sample consisted of six nurses who had worked less than three years in academic settings and worked at least 30 hours per week as nurse educators. The Master's prepared nurses graduated from three different nurse educator programs and were employed by four different undergraduate nursing programs. Three major categories that were derived from the interview data included: The Interest Is Sparked, Realities of the Nurse Educator Role, and Recommendations for Success for Others Who Become Nurse Educators in Academic Settings. The majority of interviewees indicated that they had positive attitudes toward educating students and acting as preceptors while they were staff nurses. They became interested in becoming nurse educators because of these experiences. After becoming nurse educators, the participants then experienced positive aspects, as well as challenges which seemed overwhelming at times, related to the nurse educator role. The interviewees readily gave recommendations for improvements for nurse educator graduate curricula and for employers to help others transition to the role of nurse educator in academic settings. Recommended changes to both graduate curricula and orientation programs for academic institutions that hire new nurse educators were formulated. Recommended changes for graduate education programs to better prepare prospective nurse educators include: more time spent in classroom settings, more extensive job shadowing experiences, and increasing opportunities to assimilate the multi-faceted role of the professional nurse educator. Recommended changes for the academic setting include incorporating a formal orientation process for new nurse educators, and providing mentoring experiences for new nurse educators. Equally important in the academic setting for new nurse educators is the ability to teach class content that is familiar to the new educator, and the ability to teach the same class content each year if they choose. This information can improve the transition for new nurse educators in academic settings. Implementation of these measures may help decrease the ongoing and pending shortage of nurse educators; addressing this transition could positively, though indirectly, impact the current and future staff nurse shortage.

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## G 17 - Keeping the Lines of Communication Open: Interprofessional Teams

### Team Communication and Collaboration: Debriefing after Acute Obstetric Clinical Events

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*Monique Rhodes, MSN, BSN, RN, USA*

#### Purpose

The purpose of the presentation is to discuss the effects of inter-professional team debriefing after acute obstetrical events on the safety attitude of the health care workers. Safety attitude includes: teamwork climate, safety climate, job satisfaction, perceptions of management, stress recognition and working conditions.

#### Target Audience

The target audience of the presentation are clinicians, administrators, policy makers and educators seeking data and descriptions of successful implementation of evidence-based methods to improve inter-professional collaboration.

#### Abstract

**Intro/Background:** In 1999 The Institute of Medicine released To Err is Human and healthcare institutions and organizations began developing processes to improve patient safety. Creating a culture of safety begins with effective teamwork and communication. Root cause analyses of poor obstetrical outcomes have linked poor organizational culture and communication to perinatal death and injury. Formation of effective teams has become a priority in healthcare and debriefing after acute clinical events is a highly regarded tool for team building that has been shown to have a positive impact on teamwork.

Highly reliable industries such as aviation and the military developed debriefing to improve team performance and safety. Pioneers of debriefing use in medicine taught and encouraged debriefings for simulation and real patient care events. Debriefing after simulation scenarios has become the gold standard and sufficient literature exists on this topic. However, only a few studies have revealed the outcomes of debriefing real-time events.

Prior researchers have studied the effects of debriefing using checklists and facilitated feedback with residents in an ICU setting and reported that the debriefing process was helpful and resident performance had improved. Researchers have also studied team learning in the adoption of minimally invasive cardiac surgery, and debriefings were seen as one of the key success factors of the surgical team because they yielded the fastest learning curve and best clinical outcomes. Debriefings were also studied in the Labor and Delivery setting and those results revealed that team debriefing after obstetric hemorrhages resulted in a 33% decrease in massive transfusions and a 78% decrease in unplanned hysterectomies.

Although there is limited literature on the topic of real patient care debriefings, available evidence suggests that debriefings have the potential to improve collaboration, communication and patient safety. The site of this research study is a large, safety-net academic facility which average approximately 350 deliveries a month. Of those deliveries, 50% are considered high-risk deliveries (trial of labor after cesarean section, hypertensive disorder of pregnancy, diabetes, placenta previa, etc). Furthermore, the facility serves as the primary teaching institution for Obstetricians, OB Anesthesiologists, Neonatologists, Medical Students and Nursing Students. The practice environment includes Emergency Room residents, Family Practice residents, Neonatology fellows, Maternal-Fetal Medicine fellows and Certified Nurse Midwives. Because Individuals can often learn better as active participants responsible for their own learning, engaging in debriefings provides opportunities for these professionals to develop the ability to critically analyze their performance retrospectively.

The purpose of the IRB approved study was to examine the effects of debriefing after acute obstetrical events on the safety attitude of the health care workers. Safety attitude is a 'snapshot' of the safety culture from the perception of the frontline healthcare worker. Safety attitude includes the following dimensions: teamwork climate, safety climate, job satisfaction, perceptions of management, stress recognition and working conditions.

**Methods: Setting/Participants:** The longitudinal study took place over 13 months. Participation in the study was voluntary; all staff within the clinical areas that either influence or are influenced by the working environment were invited to participate. Inclusion criteria included working in the labor and delivery unit for at least one month. Potential participants included: registered nurses, unlicensed staff, respiratory therapists, OB/GYN faculty and residents, Maternal Fetal Medicine faculty and fellows, Anesthesia faculty and residents and Neonatology/Pediatric faculty and residents. There were no exclusion criteria based on age, race, ethnicity or gender.

Prior to designing the study, the Chief of Obstetrics, OB-Anesthesia and Neonatology were included on discussions and agreed to the plan to implement team debriefings to promote teamwork and a culture of safety. Prior to IRB approval, the study received approval from the Senior Nurse Executive Council.

**Research Design:** A descriptive, correlation design was chosen for this study. At the onset of the study, the safety attitude of participants was measured and then the intervention of inter-professional team debriefing was implemented. The safety attitude of the participants was measured again at six months and one year after the intervention was implemented. Safety attitude was assessed using a validated tool, the Safety Attitudes Questionnaire – Labor and Delivery (SAQ- L&D). The SAQ-L&D has 57 items and demographic information; the six constructs measured by the SAQ – L&D include: teamwork climate, safety climate, job satisfaction, perceptions of management, stress recognition and working conditions.

Reliability of the Safety Attitude Questionnaire has been reported in literature as robust, with a p value of 0.90; the internal reliability of the SAQ-L&D version is adequate with a p value of 0.78. To maximize response rates, the instrument was distributed to all potential participants electronically. The study consent was on the first page of the electronic survey and to begin the survey, each participant "agreed" to participate in the study. The electronic survey included instructions that participants could decline to answer any, or all, questions. The notice also

provided a statement to assure participants that responses were anonymous, as results are reported in aggregate.

**Procedure:** Debrief training occurred in October 2013 and was based on the teamSTEPPS philosophy. The training objectives included:

1. Identify appropriate situations for obstetric debriefings.
2. Identify who participates in debriefing.
3. Discuss the debrief "checklist".
4. Demonstrate debriefing as a facilitator (simulation)
5. Demonstrate documenting the debriefing record.

The debrief facilitators include 14 Registered Nurses; members of nursing leadership and nurse clinician bedside leaders.

Upon IRB approval, potential participants were recruited via an introductory e-mail beginning November 1, 2013 (T1), May 1, 2014 (T2) and November 15, 2014 (T3). The introductory e-mail and all subsequent communication to participants was sent from the Administrative Director, Research & Sponsored Programs to remove the risk of coercion to participate as the PI and co-investigators have leadership roles with the potential participants.

Beginning November 15th, team debriefings occurred after acute obstetrical events, including but not limited to: shoulder dystocia, hemorrhage, cord prolapse, acute placenta abruptio, emergent (stat)

cesarean section, breach vaginal delivery, maternal respiratory or circulatory collapse and neonatal code. Information regarding team debriefing was disseminated to all staff that work in Labor and Delivery through their supervisor.

Debriefing takes approximately 5-10 minutes and is conducted as closely as possible to the time of the critical event. The debrief facilitator documented the debriefing on the "debrief checklist"; the PI collected lists and tracked the events. In situations of high patient census and/or high patient acuity, available staff attended the debriefing. As a reminder and to encourage active participation, posters with the debriefing process were placed in high traffic areas.

**Results:** Responses were received from 51/258 of health care workers in T1 (19 % response rate), 86/258 in T2 (33 % response rate) and 39/258 in T3 (15 % response rate). Mean scores were compared by ANOVA and percent-positive scores by chi-square. Overall, factor scores were moderate to high across all factors (range across administrations: 43.4–74.9 mean scores, 25-85 percent positive). Mean and percent-positive scores did not differ significantly across the three administrations. The dimensional positive scores were found to be average to high on T1 and T2 administrations, T3 dimensional positive scores were found to be low to average. The lowest positive scoring dimension on all three administrations was "stress recognition" (28%). The dimensions of "job satisfaction" and "teamwork climate" generated the highest percent positive scores (60%).

**Conclusion:** The perception of the safety culture of healthcare workers that participated in this study did not change significantly over time after implementation of inter-professional debriefings. However, the research intervention of inter-professional team debriefing did lead to actionable initiatives. Once such initiative was developing and implementing an obstetric emergency response team with a goal to improve communication and teamwork during an obstetrical emergency.

Effective teamwork is a necessity for safe care in high-risk settings such as Labor and Delivery where transition to an emergency is quick. Utilizing debriefings can help structure communication and increase inter-professional team predictability. Consistent use of debriefings is one way to embed desired professional behaviors and improve safety culture for all members of the team. Also, debriefings can provide a method for all team members to have a voice in reliable delivery of safe patient care.

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# G 17 - Keeping the Lines of Communication Open: Interprofessional Teams

## Nurses Work Engagement in Medical-Surgical Services in Portugal

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*Aida Cruz Mendes, PhD, MsC, RN, MsC, Portugal*

### Purpose

The purpose of this presentation is to describe the perception of the nurses of medical-surgical services of Portuguese hospitals regarding the work engagement levels and their association with some socio-demographic and professional variables.

### Target Audience

The target audience of this presentation are nurses managers and teachers

### Abstract

**Background:** Work engagement may be defined as a persistent, positive, work-related affective-cognitive state of mind that is characterized by vigor, dedication and absorption. Studies have shown that the organizations with high levels of engagement among their employees usually have better quantitative and qualitative results, as well as higher levels of satisfaction, health and well-being of their clients and employees. Nevertheless, broader studies are still required, particularly in the nursing field.

**Objective:** To describe the perception of the nurses of medical-surgical services of Portuguese hospitals regarding the work engagement levels and their association with some socio-demographic and professional variables.

**Material and Methods:** A cross-sectional, analytical, observational, quantitative study was conducted with a sample of 2235 nurses of adult medical-surgical services of 31 Portuguese Hospitals. Data were collected using the Utrecht Work Engagement Scale (UWES) and a socio-demographic questionnaire, and analyzed using analytical and descriptive statistics.

**Results:** The participants showed mean levels of engagement; however, different levels were found between regions, hospitals and services. A clear difference in age, professional experience and gender was also observed. Female nurses showed significantly higher levels of work engagement ( $p \leq 0.01$ ), as well as individuals at the extremes of the age groups and professional experience.

**Conclusion:** Despite the high mean levels of engagement, the differences observed between regions, hospitals and services reveal the importance of organizational conditions in explaining this phenomenon. On the other hand, given that this sample was mostly composed of females and that the critical years to decrease engagement coincide with the life stages in which there may be more conflicts regarding to the performance of familiar and professional roles, the clear differences in age, professional experience and gender regarding the levels of engagement should receive special attention from the various institutions providing nursing care and the leaders of the profession. Longitudinal studies on cases of success/failure and in other care settings should be developed.

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## G 18 - Culturally Diverse Health Behaviors in the Diabetic Patient

### Sugar in the Blood: The Meanings of Diabetes among Newly Arrived Filipinos in the United States

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*Reimund Serafica, PhD, MSN, RN, USA*

*Susan Lane, PhD, MSN, RN, USA*

#### Purpose

The purpose of this presentation is to educate the audience on the following: 1. To describe the meanings of diabetes as defined by the recent Filipino immigrants. 2. To describe healthy lifestyle, and barriers to healthy lifestyle as described by the recent Filipino immigrants.

#### Target Audience

The target audience for this presentation are practitioners, researchers, and educators that provides culturally appropriate interventions to recent immigrants.

#### Abstract

Background: The prevalence of type 2 diabetes mellitus (T2DM) is increasing in the United States, particularly among immigrant populations. Primary prevention programs for diabetes must be designed to address the cultural beliefs of the populations they target. Little research has investigated the beliefs of those immigrants who do not have T2DM. Filipinos are at high risk for developing diabetes, especially T2DM. There is a need to highlight in improving diabetes management and prevention with efforts in primary prevention among those at risks for developing T2DM.

Purpose: The purpose of this qualitative ethnography study was to explore the knowledge, perception, and beliefs of newly arrived Filipino immigrants about T2DM, healthy lifestyle, and perceived barriers to healthy lifestyle.

Theoretical Framework: The theoretical framework for this study was based on Leventhal's illness representative model. This illness representation model was developed in an attempt to understand people's cognitive representation of the nature of the threat. It was the illness representation model of self-regulation that provided the understanding of perceptual factors in response to a wide variety of chronic illnesses such as T2DM.

Research Design: This qualitative descriptive ethnography study used face to face interviews, which were conducted using an interview guide. No further interviews were conducted after data were saturated. The data sources were field notes and audio-recorded interviews, which were transcribed verbatim by the researcher. A sample of newly arrived (less than six years in United States) first generation Filipino immigrants (N=46), not diagnosed with T2DM, living in southeastern part of United States was used in the study. This study complied with the protocol for human subjects protection as obtained from the institutional review board. Content analysis was conducted using the NVivo 8 software. Prior to analyses of the transcripts, each transcript was read at least twice and compared to the recordings to ensure accuracy and completeness. To ensure trustworthiness, selected transcripts were reviewed and coded by two experience qualitative ethnography researchers to ensure intercoder reliability.

Results: A significant number of the participants had little knowledge and few beliefs about T2DM. The perceptions of T2DM were varied, but several beliefs were widely held: (a) T2DM is a "sugar disease" that is based on sweet food intake, (b) T2DM can result from several factors, including strong emotions and lifestyle characteristics (an unhealthy diet, not taking care of oneself), (c) beliefs about strong emotion and the importance of blood are related to diabetes causes, symptoms, and treatment, and (d) a major and undesirable outcome of T2DM is weight gain. One of the major findings in this study was the low diabetes literacy among the participants.

Conclusions/Implications to Nursing: Although immigration brings opportunities, there are also numerous risks. Some of the diabetes beliefs that this study delineates provide anchors for future culturally appropriate intervention programs for recent Filipino immigrants. Immigrants with low diabetes literacy may have lower awareness of the disease condition, which may have a negative impact on their disease prevention behaviors. Migratory background is also an important factor in influencing beliefs about disease prevention in a diverse community. These results provide information for the design of health programs within the context of global health and nursing for the prevention of T2DM.

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## G 18 - Culturally Diverse Health Behaviors in the Diabetic Patient

### Do Older Hispanic Diabetics Use the Internet for Health-Related Information?

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*Kathleen Nokes, RN, PhD, FAAN, USA*  
*Judith Aponte, RN, PhD, USA*

#### Purpose

The purpose of this presentation is to describe a mixed methods research study that explored experiences of older Hispanic diabetics (N=20) and use of the internet to access health-related information. Studies show that Hispanics seem to use the internet for health-related information less than other racial/ethnic groups.

#### Target Audience

The target audience of this presentation is researchers and clinicians who are interested in learning more how different ethnic groups use the internet to access health-related information.

#### Abstract

Diabetes is a major cause of morbidity and mortality and a growing public health concern. In 2012, Hispanics comprised 16.9% of the total 313.9 million US population; and 12.8% had diabetes. Persons with diabetes and limited health literacy have worse health outcomes since they have less knowledge about their diabetes, difficulty in reading medication labels, and a poor understanding on ways to better management their health. Health literacy influences a person's ability to engage in self- management and the internet can be a resource for providing diabetes-related information for people to self-manage their diabetes more effectively.

The purpose of this mixed methods descriptive study was to provide insight about older Hispanics' with type 2 diabetes use of the internet to access diabetes-related information. Inclusion criteria included: 1) residing in East Harlem, a New York City community characterized by poverty and a large Hispanic population; 2) able to access the internet; 3) aged 60 or older; 4) either English or Spanish speaking; and 5) diagnosed with type 2 diabetes.

A convenience sample of 20 Hispanics participated in both phases of the research; the sample was equally divided between men and women; the average participant was 74 years; born in Puerto Rico; preferred to speak in Spanish; lived with diabetes an average of 17 years and took medications to manage their diabetes. Since access to the internet could be an issue, respondents were asked if they had a smart phone with internet access and the average participant had a smart phone for 3 years; made or received 3 calls daily; texted less than once daily; and 75% were either very or somewhat concerned with privacy and texting.

During the quantitative phase, participants completed a demographic (i.e., age, gender, country of origin), diabetes-related information, and smart phone use to access the internet survey along with the E-Health Literacy Scale (e-Heals) which measures comfort and skill in using internet technology for health information. They then participated in the qualitative phase which was a focus group with questions framed around the E-Health literacy items using a diabetes orientation.

The mean score on e-Heals was computed as 22.35 (SD=12.96) with a range from 8 to 40; respondents reported the most difficulty with knowing how to use the Internet to answer questions about their health. Recognizing the small sample size and the descriptive purpose of the research, univariate exploratory analysis were conducted to determine if there were differences in electronic health literacy based on age or gender. No significant differences were found based on age ( $F=.76$ ,  $p=.66$ ) but an independent sample t-test found highly significant differences based on gender ( $t=-2.67$ ,  $df=18$ ,  $p=.015$ ) in that the e-Heals scores of men were significantly lower than those of women (means=13.85 (9.69) and 25.77 (10.22) respectively).

Using applied thematic analysis, five themes were identified from the responses provided by focus group participants who were asked about their experiences with the internet as a source of health-related information. The five themes were: Useful information source; Family and friends help; Complex and confusing; Type words and get information; and Improved self-management.

This research identified significant barriers in accessing the internet for health-related information about their diabetes self-management although all had a smart phone which provided internet access. Older Hispanic men seemed to rely on family and friends rather than search the internet independently. Use of different venues by culturally diverse groups and subpopulations within relatively homogeneous groups based on demographic variables such as gender – and perhaps gender roles – need to be explored in order to optimize the use of technology in populations who could benefit from enhanced self-management strategies but who may lack the technical skills to use available information.

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## G 18 - Culturally Diverse Health Behaviors in the Diabetic Patient

### Worry, Psychological Well-Being, and Health Behaviors in Asian and Pacific Islanders with Diabetes

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*Lorrie Wong, PhD, MS, RN, USA*

#### Purpose

The purpose of this presentation is to investigate the relationship between worry, psychological well-being, and health behaviors in Asian and Pacific Islanders (API) with diabetes, and to compare subgroups (i.e., clusters) of patients based on their levels of and types of worry in terms of psychological well-being and health behaviors.

#### Target Audience

The target audience of this presentation is researchers who are interested in self-management of chronic diseases and practitioners who work with ethnic minority patients (Asian and Pacific Islanders, in particular) with diabetes.

#### Abstract

**Background:** Self-management of diabetes mellitus (DM) involves complex modifications of daily life. Patient education that can increase knowledge of the disease and disease management skills may or may not lead to transformative health behavior changes. One of the barriers to behavior change is patients' worries. People with diabetes have worries about their disease and these are related to worries about being able to carry out family responsibilities in the future, worries about their financial future, worries about weight, and worries about risk for hypoglycemia (Peyrot, Rubin, Lauritzen, Snoek, Matthews, & Skovlund, 2005). Asian Americans tend to score higher on social and diabetes-specific worries; however, investigation into the effects of worry on health has focused primarily on worry's motivational properties and little is known about how worry affects self-management adherence and psychological well-being in various ethnic groups of people with diabetes.

**Objectives:** The purpose of this secondary data analyses was to investigate the relationship between worry, psychological well-being, and health behaviors in Asian and Pacific Islanders (API) with diabetes, and to compare subgroups (i.e., clusters) of patients based on their levels of and types of worry in terms of psychological well-being and health behaviors.

**Method:** The study sample included 197 patients with diabetes, who were enrolled in the ENHANCE project. Baseline data of this two arm randomized controlled intervention trial were used for the current analyses. All patients were Asian American (72%) and Pacific Islanders (28%). Participants ranged in age from 18 and 76 years (M=57.3 years, SD=10.9 years). The majority of the participants were female (54%), married (67%), and had at least some college education (79%). Participants self-reported their worries on two subscales of the Diabetes Quality of Life Scale (DQOL), diabetes specific worries (DW) and social/vocational worries (SW) (higher adjusted subscale scores indicate highest levels of worry on a scale of 0 to 100), as well as Item 16 of the Multidimensional Diabetes Questionnaire (MDQ), which asked to what extent the patient "worry about your diabetes?" (0 = low, 6 = high).

**Results:** Independent t-tests on worry variables by ethnicity indicated that the Hawaiian and Pacific Islanders in the current study experienced significantly higher level of worries than the Asian participants (DW group means were 34.89 vs. 23.82,  $p < .05$ ; SW group means were 20.76 vs. 11.99,  $p < .05$ ; MDQ16 group means were 4.68 vs. 3.88,  $p < .01$  for HPI and Asian patients, respectively). K-means and two-step cluster analyses using DW, SW, and MDQ16 revealed three clusters: 1) Cluster1 (n = 30) consisted of patients who scored high on social and diabetes related worries, 2) Cluster 2 (n = 88) scored low social worries, but high diabetes related worries, 3) Cluster 3 (n = 79) included patients scoring low on social and diabetes related worries. A chi-square test showed significant ( $p < .01$ ) association between

cluster membership and ethnicity: a higher percentage of HPI participants (26.4%) were in Cluster 1 compared to Asian (10.9%), whereas a lower percentage of HPI participant (20.8%) were in Cluster 3 compared to Asian (48.2%). Chi-square tests results further indicated that patients in Clusters 1 are more likely to be a) depressed ( $p < .05$ ), b) so depressed that they “couldn’t function well” ( $p < .01$ ), and c) current smokers, compared to Clusters 2 and 3.

**Conclusion and Discussion:** Findings of this study suggest that levels and types of worry have an effect on psychological well-being (i.e. depression) and self-management adherence (i.e., smoking) among Asian and Pacific Islander patients with DM. In addition, this study supported the understanding that worry perception and impact may differ among ethnic groups (Awang-Hashim, O’Neil, & Hocevar, 2002; Huang, et al., 2009). Future research is needed to examine the effects of worry perception on other psychological well-being and physiological outcomes.

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## G 19 - Perinatal Innovations in Healthcare Promotion

### Determinants of Perinatal Food Choices among African-Caribbean Immigrant Women in Canada: A Photo-Voice Study

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*Helen Vallianatos, PhD, MSc, BA, BSc, Canada*

*Janki Shankar, PhD, Canada*

#### Purpose

1. To describe ethno-cultural food choices of Canadian Immigrant women of African and Caribbean descent during perinatal period. 2. To discuss how do health beliefs and practices of immigrant women affect their food choices and practices during the perinatal period

#### Target Audience

Health professionals such as nurses, physicians, dietitians and nutritionist as well as social workers. Administrators, managers in health care organizations as well as nurse educators will also benefit from this paper.

#### Abstract

**Background:** Food practices are an important component of marking individual and group identity. How an individual reproduces or resists normative practices is a means of understanding their social location. Migration, provides both opportunities and disjunctions for maternal health practices, including food practices. Post-migration women may aspire to achieve acculturation in part by adopting a Western diet. For many immigrant women, however, Western diets and patterns of food consumption differ considerably from those in their country of origin. Many maternal health and birth outcomes, however, are influenced by food consumption thus making education in perinatal nutrition important. The need for culturally safe and competent care is especially great during the perinatal period, since the maternal health characteristics and birth outcomes of immigrant women are often affected negatively. This is particularly important in western nations such as Canada, whose ethno-culturally diverse population calls for effective cross-cultural health care.

**Purpose:** This paper presents the findings of a recent study that examined how the health practices of immigrant women affect their food choices and practices during the perinatal period. The study aimed to elicit understanding of ethno-cultural food choices and practices and to develop and evaluate cultural competency of maternity care.

**Methodology.** A focused ethnography informed by the theoretical lens of postcolonial theory guided the research process. Postcolonial theory helped to explicate how the intersectionality of ethnicity, gender, social class, and culture shapes immigrant women's beliefs and practices related to food choices and health practices in the perinatal period. The research was implemented in four phases comprising of photovoice, interviews, KT tool creations and focus groups to evaluate tool implementation and practices. Study participants comprise of six ethno-cultural groups in this study; Sudanese, Indian, Pakistani, Chinese, African, and Caribbean, however, this paper will focus on the African and Caribbean women data set. Photo-assisted interviews were transcribed verbatim and coded. Thematic analysis was completed guided by Roper and Shapira's analytical framework for ethnographic data, to identify key patterns and themes. Atlas ti facilitated data management and storage. Member-checks

**Results:** The paper will discuss two major themes: a). Personal determinants of food choices and practices including, general health beliefs and practices, knowledge and beliefs about foods, and cravings and aversions; b). Other determinants of perinatal food choices and health practices including the role of others in supporting and enforcing health beliefs and practices, socio-economic factors, temperature and religion.

**Implication:** The paper will conclude with key recommendations for policy decisions including the need for national food guide with due consideration of ethno-cultural foods. It will also discuss ways of improving health care providers' access to study findings such as education tools for health care the health professional, public health, and obstetrical communities using multiple formats and media.

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## G 19 - Perinatal Innovations in Healthcare Promotion

### Exploring Symptom Experiences in Women with Peripartum Cardiomyopathy: A Mixed Method Study

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#### Purpose

The purpose of this study was to describe and explore women's experiences of symptoms in PPCM.

#### Target Audience

The target audience of this presentation is specialist nurses, midwives, leaders and researchers working in the maternity care.

#### Abstract

**Purpose:** The aim of this study was to describe and explore women's experiences of symptoms in PPCM.

**Methods:** A triangulation of methods was performed comprising individual interviews with 19 women in Sweden with PPCM, and data were also collected from their medical records. Qualitative data from interviews were analysed by inductive content analysis, and quantitative data using descriptive statistics.

**Results:** The meaning of onset and occurrence of symptoms is captured in the metaphor: being caught in a spider web, comprising the invasion of symptoms and feeling of helplessness. Symptoms related to PPCM started at gestational weeks 14-38 (median 32) and time from symptoms to diagnosis varied between 3–190 days (median 40). The physical symptoms were: shortness of breath, excessive fatigue and swelling, bloatedness, tachycardia, nausea, but also palpitation, coughing, chest tightness, bodily pain, headache, fever, tremor, dizziness, syncope, restless and tingly body and oliguria. Emotional symptoms were: fear, anxiety, feelings of panic, and thoughts of impending death.

**Conclusion:** Symptoms of PPCM are debilitating, exhausting and frightening for women. Health care professionals, especially midwives, should be equipped with the skills needed to identify PPCM for early referral to a specialist. More research to elaborate midwives' knowledge and attitude about PPCM is essential.

Key words: Peripartum Cardiomyopathy; Pregnancy; Heart disease; Symptoms; Qualitative methods; Content analysis; Childbirth

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## G 19 - Perinatal Innovations in Healthcare Promotion

### Kangaroo Mother Care Effect on Crying Time during Clustered Painful Procedures in Full Term Neonates

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*Raouth R. Kostandy, PhD, MSN, RN, USA*

#### Purpose

The purpose of this presentation is to provide a research study report on the effectiveness of non-pharmacological pain management intervention, Kangaroo mother care, on clustered painful procedures in healthy full term neonates.

#### Target Audience

The target audience of this presentation is nurses and health care providers who provide care for neonates and pediatric population. Also it is of interest of all nurses who are looking for innovative pain management interventions.

#### Abstract

**Background:** Full term neonates face many painful procedures shortly after birth. Repeated unrelieved procedural pain is related to detrimental physiologic and behavioral outcomes including long-term heightened pain or hyperalgesia, increased stress sensitivity, altered neurobehavioral development, and life threatening physiological reactivity. Pain management for full term neonates undergoing clustered painful procedures has not been tested. The Joint Commission mandates that interventions to reduce procedural pain in neonates be administered. One such intervention is Kangaroo Mother Care (KMC). The **purpose** of this study was to test the effect of KMC on crying time during clustered painful procedures (Hepatitis B vaccine injection and metabolic screening heel stick) in healthy full term neonates. **Design and setting:** A pilot randomized controlled trial was conducted in the postnatal department of a tertiary urban hospital. **Sample:** Sixteen healthy full term neonates were randomly assigned to either the intervention group (being with the mother in KMC before, during, and after the clustered painful procedures) or the control group (the neonate were in the crib in the nursery before, during, and after the clustered painful procedures). **Methods:** After obtaining the IRB approval, the department case manager daily screened the unit for the neonates who met the study inclusion criteria. The case manager recruited and provided the mothers with a brief explanation of the study. When a mother agreed on learning more about the study, the case manager contacted the researcher who visited the mother and provided a full explanation of the study. After the mothers signed the consent forms they were provided with a pre-sealed envelope that contained the study group in which the neonate will be assigned to. Intervention group neonates were held in KMC position before (10-15 minutes), during (injection and heel stick), and after (30 minutes) the clustered painful procedures. Control neonates were taken in their cribs to the nursery before (10-15 minutes), during (injection and heel stick), after (30 minutes) the clustered painful procedures. One staff nurse administered all painful procedures for neonates in both groups. A video camera was set up to record the whole procedure. For the intervention group, the camera was set up in the mother's room. For the control group, the camera was set up in the nursery. After data collection was done, a research assistant viewed all the video tapes and recorded the crying time in seconds for each phase of the study using a stop watch. Data were entered to the SPSS for data analysis. Descriptive tests will be completed to provide a description of the sample. An independent t-test will be conducted to investigate the differences in the mean crying time between the two groups. **Conclusion:** KMC has been used as an effective non-pharmacological pain management intervention in full term neonates for one painful procedure. The results of this study could provide some evidence on the effectiveness of KMC during clustered painful procedures.

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## G 23 - Supporting Nurses and Faculty

### Facilitating Organizational Socialization of Adjunct Clinical Nursing Faculty

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*Julie Kientz Elting, EdD, MSN, BSN, APRN, RN, CNE, USA*

#### Purpose

The purpose of this presentation is to communicate findings from a qualitative research project investigating how common onboarding practices utilized with adjunct clinical nursing faculty facilitated their organizational socialization.

#### Target Audience

The target audience of this presentation is nursing educators, nursing program administrators, and faculty administrators responsible for recruiting and orienting new clinical adjunct faculty.

#### Abstract

Organizational socialization of newly hired employees is facilitated by onboarding strategies that increase the employees' role clarity, occupational self-efficacy, and feelings of acceptance by insiders. In most settings onboarding strategies are thought to promote role adjustment in newcomers and lead to both increased job satisfaction and employee retention. Typically, employee productivity is increased and organizational expenditures reduced when onboarding activities are successfully implemented. However, in collegiate nursing programs little is currently known about the onboarding needs of clinical adjunct nursing faculty. Given that adjunct faculty typically spend the bulk of their working hours in clinical settings, with a relatively small portion of time spent at the parent academic institution, it is reasonable to assume the onboarding needs of adjunct faculty could be unique and that planned onboarding activities could be of particular importance.

This presentation reports results from a qualitative research project examining the onboarding practices of three universities in a major metropolitan area with recently hired clinical adjunct nursing faculty. The study was designed to identify which onboarding practices clinical nursing adjunct faculty identified as beneficial and why they perceived these practices to be helpful.

Eight clinical nursing adjuncts with less than two years of employment in their current positions were recruited to participate. All taught medical-surgical clinical courses and four were novice nursing educators in their first teaching position. Each participant completed an online pre-interview survey using Klein and Polin's Onboarding Activities Checklist of best and common onboarding practices. The checklist had been modified for nursing education, for example, substituting "dean or department chair" for "senior leaders." Using the checklist results, a semi-structured interview protocol was created. Participants rated the perceived benefit of each onboarding practice using a Likert-type scale and then expanded on their responses. The interview results were compiled and analyzed within the Inform-Welcome-Guide structure in the Activities Checklist. In addition, an administrator with responsibilities for newly hired adjuncts from each of the three universities also completed a modified version of the Onboarding Activities Checklist, identifying the occurrence and perceived importance of each activity.

The onboarding experiences of participants varied but they identified consistent benefits of onboarding practices, even when not directly experienced. These adjuncts desired role clarity at hiring and a need to feel effective as educators. They wanted relevant resources made available and responsive staff to answer questions or offer support. While not expecting fanfare when hired, they wanted to be welcomed and valued part of their nursing programs. Altruistic obligation to students and the nursing profession helped participants overcome challenges in their new teaching roles. Each believed previous nursing and teaching experience should be considered when determining onboarding needs.

While these results are consistent with and lend additional support to current theories of organizational socialization, they also suggest that some onboarding activities are of greater relevance to clinical adjunct faculty than others. Participants found benefit to most onboarding practices as employees or educators.

Those who experienced the practices as part of their own onboarding process reported more indicators of positive organizational socialization.

Limited time spent at the parent academic institution limits opportunities for informal interactions that provide information and guidance to adjuncts, increasing the need for well conceived and implemented onboarding practices that promote role clarity and occupational self-efficacy. Issues related to insider acceptance are nuanced and onboarding activities need to be tailored to the unique circumstances of clinical adjunct faculty.

Results from administrator surveys demonstrated a general appreciation for the importance of onboarding activities. However, the pattern of differential importance of various activities revealed in the data from adjunct faculty was not found. This finding should be interpreted with some caution due to limited administrator sample size and the absence of data from semi-structured interviews. Further research is needed to determine administrator perceptions regarding the need to tailor onboarding practices to the unique needs of clinical adjunct faculty.

Further refinement of the Onboarding Activities Checklist to align with nursing education can provide a straight-forward process for clinical adjunct onboarding. Understanding the needs of clinical adjuncts promotes role adjustment and may lead to higher retention rates and enhanced educational outcomes.

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## G 23 - Supporting Nurses and Faculty

### Supporting Early Career Nurses: The Key to Enhancing Professional and Personal Excellence

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*Tracey L. Moroney, PhD, BN (Hons), Australia*

#### Purpose

The purpose of this presentation is to highlight the lack of support for early career nurses in the beginning years of practice.

#### Target Audience

The target audience of this presentation is educators and registered nurses, particularly those involved in supporting nurses during the beginning years of practice

#### Abstract

**Background:** Mentoring in essence is the relationship between two individuals designed to achieve personal and professional growth. In the early career stage, a supportive relationship can be critical to assisting early career nurses (ECN) to consolidate knowledge and practice required of a registered nurse. There is evidence that many ECNs struggle during their early years of practice and this may be associated with increasing numbers of ECNs who leave the profession.

**Methodology:** Using a Grounded Theory methodology, this study explored the concept of mentoring in ECNs. In particular the study explored what types and level of support was provided, how ECNs identified potential mentors and the ways in which mentors were used to support and develop practice. Eight ECNs were interviewed using semi structured interview techniques. Grounded theory methods were applied throughout the study, including constant comparative analysis. Categories developed included graduate feelings, ways of support, finding mentors, the mentor and the non-mentor.

**Results:** The results suggest that formalised mentoring was rarely used; formalized supportive programs were uncommon and were perceived by participants as being unhelpful. In lieu of formalized mentoring or support, participants sort alternative ways to support themselves. This included finding their own mentors and using non- formal ways of supporting themselves in their graduate year.

One of the surprising elements to emerge was the role ECNS had in supporting each other. This may have been because they could not find an appropriate mentor, but ECNs perceived each other as an ideal support network because they shared experiences, solved problems together, debriefed and offered support particularly when other forms were unavailable.

**Discussion:** Support for the ECN was sporadic and many of the participants struggled to find any level of support during their transition to practice. This was very distressing and challenging for some participants. Many participants felt abandoned by a system and felt alone and uncertain. This led those participants to seek support outside the workplace and some turned to friends and family for support.

The effect of a lack of support during the early stages of practice is not known but it is realistic to suggest that a lack support may affect knowledge and practice development. This in turn may affect professionalism and the ability to provide effective patient care.

**Recommendations:** While the support that ECNs provided to each other is certainly collegial and valuable –ECNs at a critical stage in their development must be supported through mentoring and other initiatives. It is clear that if we are to assist ECNs in their transition to practice, innovative strategies to supporting ECNs must be implemented in order to ensure professional and personal excellence.

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## G 23 - Supporting Nurses and Faculty

### Quality of Nursing Faculty Activities for Prevention Nursing Student's Medical Accident and Association to Their Attributes in Japan

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*Wakako Sadahiro, DNSc, RN, Japan*  
*Naomi Funashima, DNSc, RN, Japan*  
*Toshiko Nakayama, PhD, RN, DNSc, Japan*  
*Yasuhiro Matsuda, RN, DNSc, Japan*

#### Purpose

The purpose of this presentation is to discuss the necessary qualities of the faculty for the prevention of medical accidents by students during the nursing clinical practicum with nursing colleagues in various countries and to identify the international prospects for the realization of effective practice instructions.

#### Target Audience

The target audience of this presentation is the nursing faculty and clinical instructors who are interested in teaching activities of nursing clinical practicum and hope patient safety.

#### Abstract

**Purpose:** The purpose of this research is to clarify the current quality status of teaching activity of the nursing faculty for the prevention of medical accidents by students during the nursing clinical practicum as well as the attributes of the faculty having a high quality of teaching activity.

**Measures: Quality of nursing faculty activities for prevention nursing student's medical accident:** Teaching Activities of Nursing Faculty for Prevention Medical Accidents by Nursing Students in Clinical settings -Original form- (TANFPA-O) was developed based on a qualitative inductive research.(Sadahiro & Funashima et.al. ,2013)It has 56 items with 5-point Likert scale with a total score ranging from 56 to 280. Higher scores indicate perception of better teaching activity for prevention nursing student's medical accident. Criterion-related validity was demonstrated by significant correlations with ability of nursing practice. Content validity was ensured through a panel of expert and a pilot study. The Internal consistency was ensured thorough Cronbach's coefficient alpha as 0.954.

**Attributes of the Japanese nursing faculty:**Nursing Faculty Attributes Questionnaire (FAQ) consists of 26 items measuring of demographic variables, attributes as a teacher and attributes as a nurse. It's including Self Evaluation Scale of Oriented Problem Solving Behavior in Nursing Practice (OPSN) for measuring of attributes as a nurse. The "OPSN" was developed based on qualitative inductive research. (Sadahiro & Funashima et.al. ,1997) It has 25 items with 5-point Likert scale with total score ranging from 25 to 125. Higher score indicate perception of better ability of nursing practice. Validity and Reliability of the "OPSN" was ensured through research for Japanese Nurses. (Sadahiro & Yamashita, 2002) The Construct Validity in the present study was ensured through factor analysis. The Internal consistency was ensured thorough Cronbach's coefficient alpha was 0.959.

**Data Collection Procedure:** After obtaining the ethical approval from the Sapporo City Universities' Organization of the Ethics Committee, 462 directors of nursing education randomly sampled from baccalaureate programs, associate degree programs and diploma programs in japan were asked by mail to participate in the study. The instrument packets were distributed to 2028 nursing faculty who belonged to nursing educational institutions , and they agreed to participate in the study. The instrument packets in self-addressed envelopes were returned anonymously.

**Statistical Analysis:** The Statistical Package for Social Science ver.20 (SPSS) was used for the analysis of data. Descriptive analysis was conducted for the background characteristics of the participants. Spearman's correlations were employed to examine the relations among total score of the "TANFPA-O"



with the "OPSN". Pearson's correlations were employed to examine the relations among the age, the years of teaching experiences. T-test and ANOVA were employed to examine other variables.

**Results:** A total of 881(43.4%)nursing faculty returned the instruments by mail, and 786 of them were valid and analyzed. 214 nursing faculty in BSN/ ADN and 540 in diploma programs participated. The mean age was 46.1 (SD=8.2). The mean year of teaching experiences was 9.8 (SD=7.5). The mean year of clinical experiences was 13.7 (SD=7.9). The "TANFPA-O" scores ranged from 148 to 277 points, with a mean score of 227.0 (SD=25.7) . The "OPSN" scores ranged from 37 to 123, with a mean score of 107.0 (SD=12.6) The "TANFPA-O" scores had significantly intermediate correlations with The "OPSN" scores ( $r=0.545, p<.01$ ). Relationship of The "TANFPA-O" scores and Faculty's Attributes were as follows. The "TANFPA-O" scores of the faculty in the Tokai region were significantly higher than those in Shikoku region. The "TANFPA-O" scores of the faculty who were not qualified as a public health nurse were significantly higher than those who are qualified. The "TANFPA-O" scores of the faculty who were aware that clinical instructors in hospital were conducting the practical training in collaboration with the faculty were significantly higher than those of the faculty who were aware that nurses in hospital were mainly conducting the practical training. The "TANFPA-O" scores of the faculty who were satisfied with their practical teaching were significantly higher than those who were not. The "TANFPA-O" scores of the faculty who were aware that nurse is an important profession were significantly higher than those who were not. The "TANFPA-O" scores of the faculty who were aware that they had someone to consult with about their practical training were significantly higher than those who were not. The "TANFPA-O" scores of the faculty who belonged to academic societies were significantly higher than those who did not.

**Conclusion:** In this study it was suggested that the faculty having a high quality of teaching activity for the prevention of medical accidents by students have the following attributes. They possess a high capability in terms of nursing practice and have established a system to conduct practical trainings in cooperation with clinical instructors. In addition, they understand that nursing is an important profession and feel satisfied with their work as a teacher and the practical training. They also have someone to consult with about the nursing clinical practicum, belong to academic societies, and are engaged in research activities. The followings are important to improve the quality of faculties' teaching activity for the prevention of medical accidents by students during the nursing clinical practicum: First, the faculty should create an environment in which they can consult with/work on about the nursing clinical practicum. Second, they should strengthen the collaboration with clinical instructors in hospital. Lastly, they should try to maintain/improve the nursing practice ability.

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## G 24 - Maternal-Child Health: Research into Practice

### The Association between Maternal Health Literacy and Assessment for Developmental Delay in Low-Income Latino Children

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*Eileen K. Fry-Bowers, PhD, JD, RN, CPNP, USA*

#### Purpose

to disseminate research findings regarding the relationship between maternal health literacy and developmental assessment and referral for additional evaluation among low-income Latino children.

#### Target Audience

health care providers, particularly nurses and advanced practice nurses, who provide pediatric and family practice ambulatory care services to populations at risk for low health literacy.

#### Abstract

##### **Purpose:**

The purpose of this study is to explore the relationship between the level of maternal health literacy and perceptions of assessment and referral for developmental concerns for low-income Latino children aged 3 to 48 months when seeking pediatric primary care services.

**Background:** Early identification of developmental disorders is paramount for ensuring optimal wellness for young children. Appropriate assessment is an integral function in providing primary care for children and the responsibility of all pediatric health care providers (PHCP). Specifically, the American Academy of Pediatrics and the Bright Futures Guidelines for well-child care recommend that pediatric development be incorporated at every well-child preventive care visit routinely assessed in order to identify developmental risk factors, provide parents with appropriate anticipatory guidance, and secure adequate intervention to support optimal development. Moreover, this surveillance should include asking about parents' concerns, obtaining a developmental history, making observations of the child, identifying risk and protective factors, and documenting the findings. Concerns should be addressed promptly with developmental screening tests.

National data however suggest that PHCPs do not adequately address parental concerns regarding pediatric development, behavior and mental health, and many children with developmental and behavioral problems remain undetected or do not receive referral to an early intervention program until problems escalate. This is particularly true for children from low-income families or children of color. In fact, Latino children are diagnosed with autism spectrum disorders 2.5 years later than white children and exhibit more severe symptoms at time of diagnosis. Similar delays are noted for other developmental, behavioral or mental health conditions for this population. Importantly, evidence indicates that children with developmental disabilities who are identified early and begin receiving appropriate and coordinated intervention services demonstrate gains and advantages not shown by their peers who do not participate in these programs. Moreover, these interventions can positively impact outcomes across several developmental domains.

During the pediatric well child visit, parents are expected to provide information, and respond to questions, which should inform the PHCP's assessment and plan of care. Research indicates that individuals with low health literacy (HL) experience challenges in communicating with providers, demonstrate poor comprehension of provider instructions, ask few questions within a clinical encounter, and report poor satisfaction with patient-provider communication. Recent evidence also links low parental HL to suboptimal pediatric health outcomes. However, whether parental HL plays a role in the reciprocal transmission of information needed for developmental assessment and action remains poorly understood.

**Methods:** Low-income English- and Spanish-speaking Latina mothers of children aged three months to four years were recruited from WIC sites in Southern California (n= 124) to participate in this cross-sectional, correlational study. Maternal HL was assessed using the Newest Vital Sign. Perception of

pediatric developmental screening and receipt of information or referral was measured with the Promoting Health Development Survey. Demographic data included maternal acculturation status and preferred language, child health insurance status, and whether the child received care from a regular place and regular provider. Data analysis was completed using SPSS version 22.0.

**Results:** Overall, 61 mothers identified their child to be at high risk for a developmental concern, but only 32 reported being asked by their PHCP if they had such concerns, while 34 reported being provided with information to address these concerns. Fifty-three mothers were identified as having a high likelihood of limited HL, 43 with the possibility of limited HL, and 28 with adequate HL. Chi-square analysis revealed a significant association with moderate effect size between the level of maternal HL and maternal concern that their child was at risk developmentally  $\chi^2(6) = 15.185$ ,  $p = .019$ ,  $\phi = .238$ .

**Implications:** Low maternal HL may be a risk factor for incomplete pediatric developmental assessment and referral among low-income Latino families. Children who receive timely and appropriate assessments are more likely to receive other needed developmental services. Culturally appropriate screening and dissemination of culturally relevant anticipatory guidance materials to Latino families may be a key tool for improving timely assessment and referral for high quality early intervention services, which can improve a child's developmental trajectory, and reduce racial and ethnic differences in pediatric health care.

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## G 24 - Maternal-Child Health: Research into Practice

### Comparing Mothers' Postpartum Concerns Over Time

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*Jean Hannan, PhD, ARNP, USA*

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#### Purpose

The purpose of this presentation is to compare mothers' postpartum concerns over time (delivery to 8 weeks postpartum) in 2 different randomized clinical trials 20 years apart that examined Nurse Practitioner (NP) follow up care on maternal and infant outcomes and health care costs post delivery.

#### Target Audience

Maternal child health, Nurse practitioners

#### Abstract

**Background:** Low-income mothers of full-term infants experience early postpartum hospital discharge, little to no routine follow-up after hospital discharge, low social support, unmet learning needs, increased stress and difficulty accessing the healthcare system (Britton, 2006; Loprest et al., 2007). However, changes to the healthcare system over the past 2 decades have effected the outcomes of postpartum mothers and their infants. Recent legislative acts and changes in health care reimbursement are forcing hospitals to eliminate many health care services in the community, especially those in maternal child health (Abraham, 2011). These changes are posing significant challenges for mothers and their infants in receiving healthcare.

**Aims:** The purpose of this secondary analysis was to compare mothers' postpartum concerns over time (delivery to 8 weeks postpartum) in 2 different randomized clinical trials 20 years apart that examined Nurse Practitioner (NP) follow up care on maternal and infant outcomes and health care costs post delivery.

**Methods:** Data set 1, a randomized clinical trial carried out in 1992, was compared with data set 2, a randomized clinical trials is currently ongoing. In both trials, NPs providing follow up care to low income minority mothers recorded, as close to verbatim as possible, discussions with mothers during telephone contacts and in the first trial in home and clinic visits in interaction logs. The logs documented care provided by NPs during each contact. Recorded data consisted of reason for contact, issues identified during contact, response of APN, woman's response and outcome of contact. The mother's concerns from both datasets were coded as 1. Mother concern 2. Infant concern or 3. Situational concern. The data was entered into SPSS.

**Results:** There were more maternal concerns in High Risk Pregnancy study vs. First Time Mother study (142 vs. 46). No help/support was a main concern in the First Time Mother study (43.5%). Body image changes was a main concern for the High Risk Pregnancy study (18.3%). Feeding was the main concern in both studies (21.7% vs. 23.9%) for infant concerns. Situational concerns included had financial concerns (23.8% vs.17.1%) in both stuidies. First Time Mother study had more than half(51.2%) had concerns about obtaining healthcare coverage while the High Risk Pregnancy study had concerns about obtaining WIC (21.4%).

**Conclusion:** Mothers' post partum concerns have changed over the 2 studies. There are continuing concerns about obtaining healthcare for herself and her infant. There were fewer concerns about the health of the mother. Healthcare providers need to be aware of the challenges new mothers have including social support, financial problems, difficulty in accessing the healthcare system. It is essential to ask about the health of new mothers since this may be overlooked by the mother herself.

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## G 24 - Maternal-Child Health: Research into Practice

### Recognizing Ethical Issues Experienced by Maternal Nurses and Their Need for Ethics Education

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*Gayle Taylor, EdD, MSN, RNC, CNL, CCE, USA*

#### Purpose

The purpose of this presentation is to enhance the ethical issues faced by maternal nurses and how these issues can be resolved through increased ethics education.

#### Target Audience

The target audience of this presentation is nurses working in a maternal setting who need increased ethics education.

#### Abstract

Ethical issues, experienced daily by maternal nurses, can be uniquely specific and may involve the inadequacy of workplace resources to help resolve human rights issues. Recognizing patients' rights and respecting human dignity should be a universal belief held by all nurses, but the need for ethics education for maternal nurses may include specific issues not found in other areas of nursing. Issues recognized as important for maternal nurses are; substance abuse during pregnancy, impaired neonates and their rights, cultural belief practices concerning neonatal resuscitation, a lack of proper ethics education for the nursing staff, and religious beliefs. Issues critical to maternal patients are; abortion rights, the right to life of the fetus, a woman's right to control her own body, and choosing to carry a pregnancy to full term.

Even experienced maternal nurses continue to be perplexed by ethical questions. Should a court order be obtained to force pregnant women to comply with healthcare policies? Should women who abuse drugs while pregnant be legally charged with abusing the fetus? When presented with a pregnant woman in a critical state of health, who has the primary right to life, the woman or her baby? A study conducted by Boston College demonstrated that maternal nurses are bombarded with ethical situations on a daily basis for which they are not educationally prepared. Learning to deal with ethical issues can prove to be of primary importance for these nurses. Heinz R. Pagels (1988) stated "Science cannot resolve moral conflicts, but it can help to more accurately frame the debates around those conflicts". Nurses have a right to receive ethics education, and more importantly, that education needs to contain universal knowledge as well as specific workplace resources.

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## G 25 - Outcomes of Professional and Student Nursing Practice

### Meaningful Lifelong Learning in Nursing Education: Barriers, Facilitators, and Outcomes

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#### Purpose

The purpose of this presentation is to describe the findings of a mixed-method, multi-site analysis of student performance and behavior in different models of nursing bridging education programs.

#### Target Audience

The target audience of this presentation is nursing educators and academic researchers interested in educational evaluation.

#### Abstract

Education of nurses from one level to another is a global phenomenon that is increasing in visibility (Cook, Dover, Dickson & Engh, 2010; Cubit & Lopez, 2011; Rapley, Davidson, Nathan, & Dhaliwal, 2008). However, it is not without challenges. Within the North American context, educational innovation continues to be met with resistance. For example, some nurse educators still believe that Registered Practical Nurses (RPNs) should not be able to bridge into a BScN Program, while being awarded credit for Practical Nursing courses. Nursing bridging education is often referred to disparagingly as a 'backdoor' route to becoming a Registered Nurse. In this sense, old politics of post-secondary education have infused the debate, with the college/university traditional divide rearing its head. This is an unsettling context within which to offer an RPN to BScN Bridging Program, prompting the need for rigorous evaluation of this type of educational offering. This presentation provides an overview of an expanded, six-partner evaluation of RPN-to-BScN bridging education in Ontario, Canada. Using a mixed-method design, student and faculty perceptions of barriers, facilitators, and outcomes of this type of educational innovation across a variety of program offerings was explored. Qualitative analysis of student perceptions of the impact of bridging education on personal and professional levels will be summarized. Quantitative analysis of student performance and behaviours will be discussed, including indicators such as transfer credit, time to program completion, attrition/retention rates, and average years out between the completion of a Practical Nursing diploma and the start of a bridging program. Academic performance of nursing bridging students compared to other nursing students and health sciences students will be described. Finally, this presentation will discuss the merits and challenges of creating meaningful lifelong learning opportunities for nurses that lead to both enhanced professional development for individual nurses and overall advancement of the nursing profession.

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## G 25 - Outcomes of Professional and Student Nursing Practice

### Drinking Patterns and Outcomes of Alcohol Use by LGBT Students at a Minority-Serving University

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*Beatriz Valdes, MSN, MBA, RN, USA*  
*Eric Fenkl, PhD, RN, CNE, USA*

#### Purpose

The purpose of this presentation is to discuss the results of a 2014 study that explored drinking patterns and negative outcomes of drinking by LGBT college students at a minority-serving university.

#### Target Audience

The target audience of this presentation is faculty members and health care practitioners engaged in the care of young adults.

#### Abstract

**BACKGROUND/PURPOSE:** The Institute of Medicine report (2011) on the health of Lesbian, Gay, Bisexual and Transgender (LGBT) persons noted that sexual minority youth may have higher rates of substance use than heterosexual youth, and that LGBT youth may have an elevated risk for attempted suicide and depression. Substance use has been linked to HIV infection because both casual and chronic substance users are more likely to engage in high-risk behaviors, such as sex without a condom, when they are under the influence of drugs or alcohol (CDC, 2013). Unsafe sexual practices among college students are often associated with the use of alcohol or other drugs, placing them at risk for HIV and other sexually transmitted diseases (STDs). The purpose of this study was to explore drinking patterns and negative outcomes of drinking by LGBT college students. This study was part of a larger study funded through the HIV and Substance Abuse Prevention initiative for Minority Serving Institutions, Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration (SAMHSA).

**METHODS:** A convenience sample of male and female LGBT students was used. After IRB approval was received, participants were recruited from two sites: 1) on campus at a minority-serving South Florida university from March - September 2014 and 2) from community venues on Miami Beach during Spring Break March-April 2014. Inclusion criteria for participants included: self-identity as LGBT, ages 18-24, enrolled as a college student, and able to speak and read English. After giving verbal consent, the participants completed a self-administered survey. The instrument used was the Core Alcohol and Drug Survey for Two- and Four-Year Universities (University of Southern Illinois, 2000). A variety of strategies were used to recruit participants.

**RESULTS:** The sample included 213 self-identified LGBT participants, ages 18-24, of which 114 (53.5%) were female, 91 (42.7%) were male, 4 (1.9%) were transgender female, 3 (1.4%) were transgender male, and 1 (0.5%) did not report their gender. In regards to drinking patterns, thirty five percent (n = 74) of the participants reported that over the last 2 weeks they had one to ten occasions of drinking 5 or more alcoholic beverages at a sitting, i.e., binge drinking. Sixty five percent (n = 138) of the participants reported that they consumed 1 to 69 alcoholic beverages a week. In terms of outcomes, the LGBT students reported that they experienced the following related to alcohol or drug use in the last year. In terms of academic performance, one-third of the students (n = 50; 33%) had performed poorly on a test or important project, and over one-fourth of the students (n = 58; 27%) had missed a class. There were also negative outcomes related to physical health. Over a third of the students had been nauseated or vomited (n = 79; 37%) and had suffered a hangover (n = 94; 44%), and one-fourth of the students (n = 54; 25%) had suffered a memory loss. Almost 20% (n = 41; 19%) of the students had driven a car while under the influence, and 27% (n = 58; 27%) had done something they later regretted. In terms of mental health and outcomes of use of alcohol and other substances, some students had seriously thought about suicide (n = 22; 10%) and some students had seriously tried to commit suicide (n = 17; 8%).



CONCLUSION/IMPLICATIONS: Findings of this study will add to the knowledge base of risk behaviors for LGBT college students. Information derived from this study will be used to develop a campus-based HIV and substance abuse prevention program for LGBT students.

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## G 25 - Outcomes of Professional and Student Nursing Practice

### Nursing Students' Caring Behavior as an Outcome of Instructors' Caring: First Results from an International Study

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#### Purpose

The purpose of this presentation is to correlate between instructors' and students' caring behaviors. Through data collection in seven countries, findings identified statistical significance. Instructor's caring behavior affects nursing students' caring behavior. Through positive faculty modeling and role modeling, nursing students' can develop the competence of caring.

#### Target Audience

The target audience of this presentation are nurse educators who want to enhance the caring of nursing students' through their instructors' actions of caring. The use of positive faculty modeling and role modeling may be effective in dealing with the role of caring in different cultures.

#### Abstract

Theoretically, caring relationships between faculty and student generates a caring moment. However, there is a scarcity of empirical evidence about how caring interactions with faculty can enhance students' caring outcomes. The aim of this study was to identify the levels of students' and instructors' caring behavior and to investigate if there is a correlation between instructors' and students' caring behavior. A descriptive, non – experimental design was used in this study. Data Collection was based on interviews using two standardized questionnaires; the Nursing Students' Perception of Instructor Caring (NSPIC) and the Caring Behavior Inventory (CBI). Respondents consist of nursing students from identified schools and colleges of nursing in different countries. Descriptive statistics such as frequencies, means, percentages and standard deviations are been utilized. Inferential statistics such as pearson r correlation and regression analysis have been used to determined correlations between relevant variables. Level of significance accepted is  $p < 0.05$ . The sample consists of 368 nursing students (91% female, 9% male) from seven countries (26% Philippines, 31.5% Greece, 1% Kenya, 0.5 Oman, 35.5% India, 5% Nigeria, 0.5% Saudi Arabia). Forty two percent of students are in the second years of studies, 13% in the third year and 45% in the fourth year. The mean score of NSPIC is  $4.02 \pm 0.30$  and the mean of CBI is  $4.56 \pm 0.13$ . The mean for each factor of NSPIC is  $4.39 \pm 0.13$  for the factor "instills confidence through caring",  $3.92 \pm 0.212$  for "supportive learning climate",  $4.06 \pm 0.06$  for "appreciation of life's meaning",  $3.66 \pm 0.11$  for "control versus flexibility" and  $4.01 \pm 0.48$  for "respectful sharing". The mean for each factor of CBI is  $4.63 \pm 0.11$  for the factor "assurance",  $4.58 \pm 0.06$  for "knowledge and skills",  $4.55 \pm 0.18$  for "respectful" and  $4.47 \pm 0.14$  for "connectedness". Correlation analysis showed statistically significance between relevant variables. Instructors' caring behavior affects nursing students' caring behavior. Through positive faculty modeling and role modeling, nursing students can be professionally trained to develop the competence of caring. Moreover, when the climate of nursing education is perceived as caring, students acquire a professional way of being and learn to care as a professional nurse.

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## G 26 - Issues with End-of-Life Education and Care

### Cultural Issues in End-of-Life Care: Unmet Needs of Indians in Australia

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*Sujatha Shanmugasundaram, PhD, RN, MACN, Australia*

#### Purpose

to disseminate the research findings to an international audience

#### Target Audience

nurses - academics -researchers - students

#### Abstract

**Background:** Globally, people with terminal illness facing many challenges including cultural issues at the end of life. In recent years, increasing in ageing population and diverse population in Australia puts lot of pressure on the health care system in providing culturally sensitive care. Cultural factors may influence the patient's reaction to illness and decisions about end of life care. It is estimated that the Indians sharing the second largest migrant group after United Kingdom.

**Aim:** The main aim of the study is to explore the cultural needs of the Indian patients receiving end of life care services in Australia.

**Methods:** The Constructivist grounded theory research approach was utilised for the study. Snow ball sampling technique was used to recruit the participants. Both hospital and home based patients interviewed by using semi-structured interview guide. Data collection was done over a period of one year after obtaining ethics approval. Data was analysed and themes were developed using Boyatzis thematic analytic technique.

**Results:** After analysing the data three major themes were emerged: Health system issues; cultural issues; and caring experiences. Under each themes there were sub-themes developed.

**Conclusion:** There is still a long way to go in meeting the cultural needs of the patients in end of life care settings. Healthcare professionals need to be provided with adequate education and training on how to provide culturally sensitive care to the minority patients.

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## G 26 - Issues with End-of-Life Education and Care

### Improving Attitudes and Perceived Competence in Caring for Dying Patients: An End-of-Life Simulation

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#### Purpose

to disseminate results from a study assessing learning outcomes from a simulation emphasizing communication, assessment, and basic nursing skills in providing care to a critically ill patient from whom care is ultimately withdrawn, and to share a new instrument for assessing perceived competence in caring for dying patients.

#### Target Audience

academic or hospital-based nurse educators interesting in using simulation to teach undergraduate students about end-of-life care or in learning about strategies to enhance perceived competence and attitudes in caring for dying patients. The target audience is also researchers seeking an instrument to assess perceived competence in caring for dying patients.

#### Abstract

**Purpose:** End-of-life care education is critical for nurses, especially in today's healthcare climate. The End of Life Nursing Education Consortium (ELNEC) has established clear competencies for professional nursing practice regarding the care of patients at the end of life. Yet, undergraduate education about end-of-life care seems to be inadequate. Student's knowledge and attitudes about caring for dying patients have been shown in the literature to be positively impacted by education on end-of-life care. Although didactic education can improve students' end-of-life care knowledge and skills, real-world experiences/approximations are still needed to translate the content into practice to ensure quality patient care is provided. Simulations serve as a reliable proxy for real-world experiences, and can be useful in providing end-of-life care experiences. Current studies describe how hospice focused simulations can positively impact student learning about end-of-life care, but no studies have explored learning outcomes from simulations of adult patients who have unexpectedly become ill and are at the end of life. The purpose of this study was to assess learning outcomes from a simulation emphasizing communication, assessment, and basic nursing skills in providing care to a critically ill patient from whom care is ultimately withdrawn.

**Methods:** A simulation was created in which three different cohorts of undergraduate nursing students provided care for a critically ill patient and his family whose rapidly declining condition results in the decision to withdraw care. The simulation consisted of four parts: continuation of care for a stable patient in critical care, assessment and communication with physician regarding a change in status, withdrawal of care, and a final cumulative debriefing. A pretest–posttest design compared perceived competence and attitudes in caring for dying patients with students performing the simulation.

**Results/Findings:** After the simulation, the cohorts had significantly improved scores on the perceived competence ( $p < .001$ ) and attitude ( $p < .01$ ) measures. Reliability for a new instrument to assess perceived competence in caring for dying patients, Perceived Competence in Meeting ELNEC Standards, was established,  $r_{diff} = .93$  (pretest Cronbach's  $\alpha = .94$ , posttest Cronbach's  $\alpha = .93$ , and  $r = .04$ ). Factor analysis of the PC-ELNEC showed that the first component accounted for 53 percent of the variance, suggesting that the measure can be considered a unidimensional construct.

**Conclusions:** All three cohorts had improved competence, and two cohorts had improved attitudes toward caring for dying patients after completing the end-of-life simulation. Students also expressed positive comments following the simulation, particularly highlighting how useful the simulation was in providing them with the opportunity to care for a dying patient before entering professional practice. The outcomes of this study indicate that the simulation is robust in improving students' perceived competence and attitudes about caring for dying patients. The simulation seems to have achieved its objective of providing

students with a safe, real-world-like experience to explore attitudes and perceived competence about caring for dying patients.

Acknowledgement: Thank you to Scott Hudson, Sharon Carter, and Raquel Reynolds for their support in running this simulation. Special acknowledgement is also given to G. Kay Pfitzinger for her Excel expertise and verification of data accuracy.

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## G 27 - Global Effects of Viruses

### Fatigue, Physical Fitness and Quality of Life in Patients with Hepatitis C Virus Infection during the Combination Therapy

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#### Purpose

The purpose of this study were to (1) examine the changes of physical fitness component (e.g., muscular strength and cardiopulmonary fitness), fatigue, and quality of life (QOL), and (2) explore the significant factors related to change of QOL over the 24 weeks of combined treatment.

#### Target Audience

researcher and clinical nurses

#### Abstract

**Introduction:** An increasing incidence of liver cancer mainly attributed to Hepatitis C Virus (HCV) infection has been observed in Taiwan over the last 20 years. The current mainstay of treatment for patients with chronic HCV infection is the combination therapy of pegylated interferon  $\alpha$  (peginterferon  $\alpha$ ) plus ribavirin. Most patients experience multiple symptoms along with the therapy and fatigue is the most distressed symptoms with decreasing physical function that might affect their quality of life. However, there is no study to examine the changes of fatigue, physical fitness, and their relations with quality of life during the treatment.

**Objective.** The aims of the study were to (1) examine the changes of physical fitness component (e.g., muscular strength and cardiopulmonary fitness), fatigue, and quality of life, and (2) explore the significant factors related to QOL over the 24 weeks of combined treatment.

**Methods.** A prospective correlational and longitudinal design was used. Patients with chronic hepatitis C infection who are scheduled to receive the combined therapy were recruited from a medical center at outpatient settings in Northern Taiwan. Data were collected from patients through interviews using a set of structured questionnaires and measuring physical fitness by using 6-minute walk test, hand dynamometer, and hand-held dynamometer at four time points: baseline (before treatment, T0), and at 8 weeks (T1), 16 weeks (T2), and 24 weeks (T3) during treatment. Descriptive statistics and generalized estimating equations analysis were used to explore the changes of the measured variables.

**Results.** A total of 139, 134, 131 and 122 patients have completed the procedures at T0, T1, T2, and T3, respectively. The majority of HCV gene type was type I (49.7%). Fatigue was the most distressed symptoms and its intensity reached the peak at T1 and decreased following the treatment and significant decreased in mental related quality of life. All the measures of physical fitness decreased during treatment but only hand grip and 6-minutes walking distance (6-MWD) were significantly decrease. The 6-MWD was positively related to change of physical related QOL. Lower level of the hip muscle strength was related to change of mental related QOL.

**Conclusions:** Decreasing the 6-MWD and the hip muscle strength were the factors associated with decreasing the level of QOL. During the treatment, exercise enhancement on hip muscle strength and walking distance are suggested to improve their quality of life during combined therapy.

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## H 15 - Working with Communities: Culturally Appropriate Research and Practice

### The Petal Project: Bringing the Community Together through Service

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*Karen M. Parker, DNP, RN, FNP-C, USA*

*Natalie A. Masco, DNP, RN, FNP-C, USA*

#### Purpose

provide an overview of grass roots effort to help girls in developing countries to remain in school as well as promote health and wellness. Participants in the session will learn of the Initiative known as the 'Petal Project' and of ideas for initiation of similar programs within their own institutions.

#### Target Audience

Nurses/nurse educators who are interested in developing service projects with nurses/nursing students within their institutions and communities which support the mission of Sigma Theta Tau International

#### Abstract

As we increasingly become a global community, one of the challenges faced by schools of nursing today is building awareness of and an opportunity for responsiveness to global healthcare needs (Memmott, et. al., 2010; Burgess, et. al, 2014). Since May of 2011, the student nurses and faculty at the Wegmans School of Nursing (WSON) at St. John Fisher College (SJFC) have been involved in an initiative to keep young girls in the developing world in school. The Petal Project began following a medical mission trip with undergraduate students to a school and health clinic in a rural town in the western province of Kenya. It was there that faculty became aware of a pervasive problem many of the school girls faced; lacking necessary supplies such as underwear and adequately absorbent sanitary products to effectively cope with their menstrual flow. Faculty and student travelers learned many young girls do not come to school for a week or more each month due to embarrassment and teasing (McMahon, et. al, 2011). Others obtain the money for sanitary supplies by having sex with men. Many would subsequently never return to school due to a resultant pregnancy ([www.girleffect.org](http://www.girleffect.org)). WSON faculty were committed to returning on the next medical mission trip with a possible intervention for the students and women in the community.

Several options were researched and ultimately with the help of funds from the WSON STTI Delta Sigma chapter and the student nurses' association (SNA), faculty and students began an initiative sewing reusable sanitary pads and purchasing packages of girls' underwear (Sommer, 2009; McMahon, et. al., 2011). In addition, cycle beads were made to help in both the teaching about the menstrual cycle, and then for the girls and women to be able to track their cycles and anticipate onset of menstruation each month. As word of the Petal Project grew we found and appreciated strong support by the larger campus and surrounding community in form of monetary donations as well as helping hands during sewing parties. These parties, funded by Delta Sigma and the WSON SNA, were held throughout the semester and attended by students and faculty from all disciplines across the campus. Since the May 2011 trip, over 900 bases, thousands of pads and pairs of underwear have been distributed to girls in the western province and Maasai Mara in Kenya. Students traveling on medical mission trips also provide education to the girls about their bodies, how to track their cycles, and important hygiene measures during their menses and throughout the month. Due to the recent outbreaks of violence in Kenya, students have not been permitted to travel to Kenya the last 2 years. However, sewing parties have continued and, through the help of a local NGO and interested others, delivery of pads and other supplies have also continued. Currently, faculty and students are preparing pads, cycle beads and teaching plans that will be delivered in April, 2015 to 6<sup>th</sup> grade girls in schools in Costa Rica.

Realizing our responsibility to help sustain supplies of pads in these communities and build capacity, in 2013 we also began efforts to raise funds toward the purchase of sewing machines for the Kenyan schools (United Nations, 2013). In May 2014, two sewing machines were purchased and delivered to a



school where 10 students were waiting to learn how to use the machines and sew. Twenty six other students, also waiting, learned to sew reusable pads by hand. In fall 2014, a sewing room to house more machines and host more sewers will be constructed. It is our belief and lived experience that each person who contributes to the Petal Project becomes part of a protective circle empowering girls to effectively deal with this natural, predictable part of their lives. By participating in this initiative, students, faculty and members of our larger community in Upstate NY enable girls in the developing world to stay in school; to become more educated; to make decisions about when and whom they marry and when they will start a family. Campus-wide this unique initiative has brought people together, created awareness and rallied a response to the needs of women and girls in distant communities.

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## H 15 - Working with Communities: Culturally Appropriate Research and Practice

### Examining the Phases of the Community-Based Collaborative Action Research Framework through an Unfolding Case Study

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*Stacey Ann Van Gelderen, DNP, RN, USA*

*Kelly Krumwiede, PhD, RN, USA*

#### Purpose

To disseminate how the Community-Based Collaborative Action Research (CBCAR) framework, an innovative approach to action research, can be used by nursing faculty and community partners to address social action processes by examining the phases of the methodology using an unfolding case study.

#### Target Audience

Nurse educators, researchers and administrators interested in improving the health of the community.

#### Abstract

**Purpose:** To explore the Community-Based Collaborative Action Research (CBCAR) framework, an innovative approach to action research, by applying the six phases of the methodology through an unfolding case study involving a rural community.

**Background/Significance:** To support the need of a critical access hospital in completing a community health needs assessment required by the Affordable Care Act. The CBCAR framework was chosen to guide the project because it promotes long-term commitments with on-going social action processes within communities, and served as the research process that used relationships to value the community narrative, validate community concerns, and engage people to better understand health patterns and their meanings. The CBCAR framework has been shaped by participatory action researchers and blends the unitary participatory paradigm and social-ecological perspective with the tenets of human rights and social justice.

**Theoretical/Conceptual Framework:** The CBCAR framework was originally published in 2012 and is a relatively new nursing approach that requires the collaboration to explore underlying assumptions, identify population strengths and describe barriers toward improving community health outcomes. The CBCAR framework was successfully implemented with public health and clinical nurses, community leaders, nurse researchers and nursing students to create a process where all voices were heard and understood.

**Methods:** The CBCAR methodology was utilized and each of the phases were described through specific examples from an unfolding case study. The six phases of the CBCAR framework are: 1) Partnership: Collaboration; 2) Dialogue: Research question and direction determined; 3) Pattern recognition: Data collection and analysis; 4) Dialogue on meaning of pattern: Representation of research findings; 5) Insight into action: Community dialogue about meaning of research findings-Action planning; 6) Reflecting on evolving pattern: Evaluating actions and considering new questions.

**Results:** The CBCAR framework methodology supported research methods that assisted the community access hospital to meet the federal mandate by conducting a community health needs assessment, examined health disparities and social justice issues within the community and enhanced the nursing students' understanding of research. Nurse researchers summarized the findings of the community within a report that was made public on the critical access hospital's website.

**Conclusions:** The CBCAR framework provided a safe environment where open, non-judgmental dialogue encouraged and strengthened community voices which had not always been heard by health care professionals. CBCAR created space where meaningful work by community members, nursing students and nurse researchers could collaborate to enhance the health and wellness of the rural community. CBCAR provided gratifying work for nursing students and nurse researchers which benefited community growth through dialogue, and promoted meaningful long-term relationships with those involved in the process.

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# H 15 - Working with Communities: Culturally Appropriate Research and Practice

## Conducting Research within a Somali Refugee Community

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*Jane M. Dyer, PhD, MBA, MS, BS, CNM, USA*

### Purpose

The purpose of this presentation is to present the challenges and rewards of conducting research within a specific African refugee community. Issues discussed will include accessing the community, methodological and ethical challenges, practical considerations, and successful researcher attributes will be presented. Examples of challenges experienced by researchers will be shared.

### Target Audience

The target audience of this presentation is nursing researchers who are interested in being successful in conducting research in diverse communities, especially African refugee communities. The information provided will apply to conducting research in any community different from the researcher's own community.

### Abstract

Increasing numbers of Somali refugees are resettled in the U.S., particularly the intermountain west. As a result, nurse researchers have unique opportunities to engage in research within this diverse population. Recruitment issues for most refugee communities include difficulty in locating participants, challenges to developing relationships within the community, and reaching possible participants. These issues are especially difficult when initiating research within the Somali community, due to major differences in language, culture and trust from most researchers. These differences also contribute to methodological issues, ranging from selection of research site to gathering accurate data. Gaining actual informed consent is also challenging, as research may be a new concept, difficulty with translation due to multiple languages spoken by people from Somalia, and fear of disclosure. However, these challenges can be overcome by researchers with careful planning, further study of the community, becoming involved in the community and a realistic approach to a long term commitment to involving the community in the research process. Learning about the history of Somalia, the various groups that comprise the people of Somalia, Somalia's culture and religious practices, and Somali health practices is required to conduct meaningful research in this community. Conducting research in this community offers researchers the opportunity to learn about racial diversity, master lessons in patience and flexibility, understand a unique culture, build trust, and become active in a new community.

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## H 16 - Transforming Research into Nursing Practice

### Advanced Practice Nursing Models of Care: Results from a National United States Survey

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*Ruth M. Kleinpell, RN, PhD, FAAN, FAANP, USA*

#### Purpose

The purpose of this presentation is to present the results of a national web-based survey of over 1300 nurse practitioners conducted in 2014.

#### Target Audience

The target audience of this presentation is nurses interested in advanced practice nursing models of care and components of practice.

#### Abstract

**Overview:** Advanced Practice Nurses (APNs) including nurse practitioners (NP) are an increasingly important component of the nation's healthcare workforce. Although the NP role is an established one, there remains limited information on the specific care models across the diverse hospital and clinic settings within healthcare systems. This information is crucial in order to objectively evaluate the effectiveness of APN roles – data that is currently lacking. To address this gap, a national survey was conducted targeting NPs working in hospital and clinic settings.

**Aim:** Describe the types of NP models of care currently in use in hospital and clinic practice settings.

**Methods:** Focus groups of 26 nurses from 8 US states was conducted to inform revision of a national survey used in a prior 5 year longitudinal survey of NPs. The 34 item survey addresses 4 domains including role components (i.e. direct care management; care coordination; performing procedures; education; quality assurance; research); role responsibilities (i.e. practice autonomy, prescriptive authority, credentialing and privileging delineations) unit-level organization (i.e. physician staffing models, components of the multidisciplinary care team); and hospital organization (i.e. academic status, bed size, location, payer-mix). An online survey was distributed to NPs who were members of a national NP organization and an international multiprofessional organization

**Results:** 1350 NPs responded to the national survey and reported working in a variety of settings including hospitals, clinics, urgent care centers and specialty practice sites. Main role components included patient care management, teaching to patients, families and healthcare staff; involvement in quality improvement and research initiatives and administrative components such as committee work. Specific aspects include conducting history & physical exams ordering and interpreting diagnostic test/labs; providing care coordination, performing specialty procedures such as wound care or other specialty care. Major areas of impact that were identified included continuity of care, improving evidence based practice care, reducing hospital length of stay, preventing hospital readmissions and promoting patient, family and staff satisfaction.

**Implications:** The results of the study provide information from a large national sample of NPs that identifies the comprehensive care components of the role as well as areas of impact, highlighting the value of APN care.

**Acknowledgement:** Funding from the American Association of Critical Care Nurses Impact Grant is gratefully acknowledged

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## H 16 - Transforming Research into Nursing Practice

### How to Critically Appraise Systematic Reviews in Order to Inform Clinical Decision Making

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*Susan Buchholz, PhD, RN, ANP-BC, FAANP, USA*

#### Purpose

The purpose of this presentation is to demonstrate how to critically appraise systematic reviews in order to inform clinical decision making. Systematic reviews are being used as best research evidence in informing clinical decision making. It is important that nurses know how to determine the rigor of a systematic review.

#### Target Audience

This presentation is for clinical nurses, nursing faculty, and nursing students that are using best research evidence, including systematic reviews, to inform clinical decision making.

#### Abstract

Globally, published peer-reviewed health care literature has grown exponentially, making it unrealistic for nurses to review the literature in a timely manner. Systematic reviews now provide a tool for nurses to be able to quickly access literature that is part of the evidence-based tools needed to inform decisions in clinical practice. However, in order to be able to fully and appropriately use systematic reviews to inform clinical decisions, nurses need to have an understanding of what a strong systematic review is, what the steps are in conducting a systematic review, and how to use existing tools to critically appraise systematic reviews. This presentation will address each of these three points.

Systematic review is the overarching name given to a review that examines and synthesizes the findings from multiple studies that are retrieved in response to answering a specific research question. Systematic reviews are to be conducted using a rigorous process that is transparent, and therefore can be replicated with similar results. Dependent on the research question, systematic reviews can be comprised of quantitative or qualitative studies, or in some cases, review both quantitative and qualitative studies within the same systematic review. With both quantitative and qualitative research methods, results can in part be presented in a narrative and tabular format. With quantitative studies, results are also typically determined statistically, using different statistical methods including effect sizes and meta-analyses. Several different synthesis approaches are used when reviewing the findings from qualitative studies.

In the systematic review process, specific steps are used to conduct a systematic review. In order to understand how to appraise a systematic review, it is important to understand the steps that occur in the systematic review process. These are the basic steps in a systematic review:

1. Determine who will be on the systematic review team
2. Determine a clear research question
3. Develop a study protocol that will guide the systematic review process
4. Choose the databases that will be searched, which key words will be used, and decide upon the inclusion and exclusion criteria that will be used for study retrieval
5. Literature retrieval
6. Complete a dual blinded review
  1. Title review
  2. Abstract review
  3. Full-text review
7. Extract data from full-texts that meet inclusion criteria
8. Synthesize data
9. Report and provide implications on the findings

When critically appraising a systematic review to be used for clinical decision making, essentially the nurse is seeking to find out if a clearly focused question was addressed, if valid methods were used in the

review, what are the results of the review, and if the results are useful for clinical decision making. There are multiple tools that already exist in the international literature, that are available for nurses to use when appraising systematic reviews. For example these tools include the “10 questions to help you make sense of a review” sheet from the Critical Appraisal Skills Programme. The Centre for Evidence-Based Medicine “Systematic Review Appraisal Sheet” sheet asks five questions to determine if the results of the review are valid, and one question that examines how the results are presented. AMSTAR is a tool that uses 11 questions to assess the methodological quality of systematic reviews. A seven step checklist to analyze systematic reviews is provided by Ressing, Blettner & Klug (2009). Joanna Briggs Institute provides an eight step table “Critical Appraisal of a Systematic Review” in their “Appraising Systematic Reviews” information sheet.

Although each of these tools presents a different approach to critical appraisal, with some presenting very specific questions and others questions that are broad, briefly a critical appraisal of a systematic review for clinical decision making is guided by asking these types of questions:

1. Was there a clear question that guided the systematic review?
2. Was an ‘a priori’ study protocol used?
3. What were the inclusion and exclusion criteria in the systematic review?
4. Was the literature search comprehensive and described in detail?
5. Were there at least two reviewers working independently to determine study inclusion and data extraction?
6. Was the scientific quality of individual studies assessed?
7. Was heterogeneity between studies assessed?
8. Were the statistical methods used appropriate and precise?
9. Was the synthesis of the studies appropriately conducted?
10. Were limitations of the review provided?
11. Were the results presented clearly?
12. Are the results of the study applicable to guide clinical decisions?

Systematic reviews provide a rigorous appraisal and synthesis of large bodies of original research. Systematic reviews provide an efficient method for clinicians to quickly access healthcare literature that can be used to inform clinical decision making. However it is important for nurses to be able to quickly appraise systematic reviews to determine if these reviews are trustworthy and reliable sources of evidence-based research. By understanding what comprises a strong systematic review, the steps that are used to conduct a systematic review, and questions that are typically asked in appraising systematic reviews, nurses can confidently determine when and how systematic review results can be used to inform day-to-day clinical decisions.

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## H 16 - Transforming Research into Nursing Practice

### Self-Reporting of Health Perceptions among Former Uranium Workers, Their Families and Decendants Living in Rural Settings

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*Harold William Smith, PhD, USA*

#### Purpose

The purpose of this presentation is to disseminate preliminary findings of an ongoing study of self-reported health perceptions among rural elderly and their families who have been exposed to uranium and other environmental hazards.

#### Target Audience

The target audience of this presentation is health care professionals looking to enhance systems of service and care focused on increasing patient and family participation in their own managed care.

#### Abstract

The purpose of this ongoing study is to conduct an assessment of the health needs of communities in New Mexico that have been exposed to uranium and other naturally occurring environmental hazards, and to understanding whether or not there is a significant relationship between self-reporting health statuses, individuals' perceptions of their overall health, and uranium exposure in uranium mine workers and their families. An individual's perception of their own health has been found to be a predictor of how they access health care, as well as level of proactivity of adherence to health and healing regimens. The rural elderly are at particular risk of neglect and apathy towards seeking health monitoring and interventions that save lives or improve the quality of life for many seniors. Data gathered from initial surveys and one-on-one interviews with members of this population are enabling classification of family health pedigrees not assembled in previous studies. These health histories provide family members along the entire age horizon with information that may avert, eliminate, or better manage illnesses resulting from primary and secondary, as well as intergenerational exposure to uranium and radon gas and related harmful environmental substances. Preliminary findings suggest a more expanded sampling of extended family members will provide additional data that may assist health care providers in these regions in creating more responsive and systemically integrated health care and family support systems for rural elderly and their families.

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# H 17 - Nursing Scholarship and Our Potential Impact

## Innovative Teaching/Learning Strategies for Healthcare Education

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*Gayle Taylor, EdD, MSN, RNC, CNL, CCE, USA*

### Purpose

to improve the teaching/learning strategies employed by healthcare educators who strive to make learning more effective.

### Target Audience

healthcare educators who need innovative strategies for improving their teaching methods.

### Abstract

For years, the template for teaching healthcare courses has been comprised of one instructor in front of a class lecturing to students who may or may not feel vested in the information being given. Students cannot be held at fault for finding little interest in a lecture-based format. Changing modes of communication used by students dictates the need for a changing format of instruction. In order to deliver an ever increasing amount of training needed by today's nurses, teaching strategies have to change.

Engaging students in an active learning process may be the most important key to improved healthcare education. By providing exemplars of critical thinking strategies and activities, educators can come out from behind the podium and allow active learning to take place. Students will benefit from diverse learning strategies that allow subjective interpretations, while discovering new information through evidence-based practice. Some examples of teaching/learning strategies are; discovering suitable nursing strategies through the use of case studies, improving reasoning skills through debate, analysis of relationships through the use of concept maps, enhancing the understanding of concepts through analogies, using teamwork as a tool for group problem solving techniques, and employing simulation that includes role playing as a method of comprehension.

By providing clear instructions and including interesting subject matter, students may find themselves learning despite any reluctance felt about utilizing different learning concepts and techniques. Getting students up out of their chairs and involved in the learning process has to be the key to increased participation in their own education.

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## H 17 - Nursing Scholarship and Our Potential Impact

### The Interrelationship of Nursing Leadership and Healthy STTI Chapters

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*Linda A. Streit, RN, PhD, USA*

#### Purpose

The purpose of this presentation is to foster insight into the influence of academic nursing administration and overall member involvement on maintaining and sustaining a healthy STTI Chapter.

#### Target Audience

The target audience of this presentation includes STTI members and nursing academic administrators.

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## H 17 - Nursing Scholarship and Our Potential Impact

### Global Scholarship: The Challenges for Nursing and the Value of STTI

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#### Purpose

To report the views of members of Phi Mu Chapter (England) as to the value of the global nursing honor society Sigma Theta Tau International (STTI) as an organisation, and how members would like to see the Chapter develop in the context of STTI's 2020 vision to become intentionally global

#### Target Audience

All STTI members

#### Abstract

**Background:** Globally, professional nursing is facing a number of significant and complex challenges. Issues such as workforce shortages, increasing patient acuity, ongoing reduction of resources and poor quality of professional work life combine to have a greater influence on patient care than the effect of each one in isolation (Mannix et al, 2013; Aitken et al, 2013). Although not just a nursing issue, evidence from various reports, especially in the United Kingdom (UK), indicate that in combination these challenges can result in gross failure in the 'system' leading to unacceptable and in some situations, inhumane, patient care (Francis 2010, 2013; Rudman et al, 2012). Although there is no simple solution to this failure, learning from our colleagues worldwide, seems a reasonable way forward to strengthen nursing leadership (Jackson & Watson 2009) and support change through the use of evidence-based practice (Tame, 2013).

**The aim** is to report the views of members of Phi Mu Chapter (England) of the global nursing honor society Sigma Theta Tau International (STTI) as an organisation, and the resources they provide, and how they would like to see the Chapter develop in the context of STTI's 2020 vision to become intentionally global.

**Design and methods:** All members of the Phi Mu Chapter (England) (n=71) were invited to participate in the study by way of an email invitation containing a link to the online survey. Participant information was provided and consent obtained on the "landing page" for the survey. The online questionnaire delivered through the SurveyMonkey tool was designed to mirror a European Regional survey conducted in 2012 and contained a series of closed and open questions.

**Findings:** Responses were received from 31 of the 71 members (44%). The majority of participants joined STTI because they believed in its mission and it offered them the prospect of networking with like-minded individuals. The potential for global reach was attractive as a potential to influence the profession world wide. The three themes arising from the survey were: a) the promotion of scholarship b) the value of networking and c) communication and the development of culturally sensitive organisations.

**Conclusions:** From the England perspective, this paper summarises evidence of members' views of the value of STTI to nursing. There was strong support for the Chapter to energise stronger links between education and practice to promote scholarly inquiry and evidence-based practice. Through effective collaboration, strong leadership could be encouraged. Given the complex and significant challenges to nursing, this new chapter is keen to embrace the global agenda and support the wider society in becoming more culturally sensitive.

**Clinical Relevance:** Whilst the immediate access to a real and available global community through the world wide web might negate the need for an honour society, the Phi Mu Chapter (England) offers the

opportunity to connect real individuals to join in their collaboration to strengthen clinical leadership and scholarship to improve the health of the world's people.

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## H 18 - Researching Practice Changes in Patients with HIV/AIDS

### Systematic Review of Human Immunodeficiency Virus (HIV) Knowledge Measurement Instruments Used on the Arabian Peninsula

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*Barbara J. Guthrie, PhD, RN, FAAN, USA*

#### Purpose

The purpose of this presentation is to provide a critical review of existing human immunodeficiency virus (HIV) knowledge measurement tools developed for Saudi Arabia and other Arabian Peninsula populations.

#### Target Audience

The target audience of this presentation is health researchers and educators who work with Arabian populations toward prevention of sexually transmitted infections.

#### Abstract

**Introduction:** In 1984, the Kingdom of Saudi Arabia (KSA) began surveillance for human immunodeficiency virus (HIV) incidence and prevalence. In October 1991, the Saudi Minister of Education directed all educational regions and school health units to implement AIDS education in secondary schools. Until this point, the level of public knowledge about acquired immune deficiency syndrome (AIDS) was generally not addressed in the Kingdom of Saudi Arabia (KSA) for several reasons. At the time, AIDS was an emerging disease with a relatively low prevalence in the KSA compared to other countries, and public discussion of it was taboo. However, beginning with the World AIDS Day in December 1992, measuring the KSA public's knowledge of AIDS (and later human immunodeficiency virus (HIV)) became more important to the KSA government, spurring the development of instruments to measure AIDS and HIV knowledge in addition to related topics, such as attitudes toward infected individuals.

Today, the highest rate of HIV prevalence in KSA has been consistently found among the non-drug using heterosexual population. However, no culturally-appropriate standardized questionnaire has been developed to measure HIV prevention knowledge in this population. Evidence exists that married Saudi women are especially at higher risk for infection, but lack knowledge of HIV modes of transmission and underestimate their personal risk of becoming infected.

**Purpose:** To: 1) enumerate appropriate HIV/AIDS knowledge questionnaires that could inform a current study of HIV/AIDS knowledge in the KSA population (especially women), and 2) analyze them for their strengths and weaknesses in terms of reliability, validity, and cultural compatibility.

**Methods:** To select appropriate studies and instruments about HIV/AIDS knowledge to review, the following criteria were applied: 1) Must include discussion of a quantitative survey instrument used, 2) quantitative survey must be given either as an interview or self-reported questionnaire, 3) survey must include questions about knowledge HIV or AIDS in specific, but can include questions about other constructs (e.g., attitudes), and can include questions about other STIs, 4) survey must be given in either English or Arabic, but can be given in additional languages, 5) survey must be done in a population in the KSA or other countries bordering the KSA on the Arabian Peninsula, including: Kuwait, Oman, United Arab Emirates (UAE), and Qatar. Google Scholar and Google Web were utilized to search for and identify articles in all of the following databases: PubMed, PLoS, WHO publications, UN publications, news, and other peer-reviewed publication databases. Search terms used include the following: Saudi Arabia, HIV, "HIV knowledge", questionnaire, instrument, survey, AIDS. Articles were assessed manually for meeting criteria, and articles that met the study criteria selected for data collection, which consisted of the following: primary author, year of publication, population studied (in terms of gender as well as other characteristics), total sample completing the instrument, the response rate (if reported), how the

population was sampled, description of the questionnaire used, language of the questionnaire, and results of any reliability or validity studies reported.

**Results:** The initial search for articles identified 4,410 results. Most studies did not qualify because they did not concern the population of interest. A smaller proportion of studies were disqualified because they did not include a survey, or they did not study HIV or AIDS knowledge. Ultimately, 16 articles met the criteria for this study.

Of these, 10 (63%) were conducted in a KSA population, and the rest were in neighboring countries (Kuwait n=2, Yemen n=2, UAE n=1, and Oman n=1). A majority of the articles studied students of primary, secondary, or post-secondary schools (n=9, 56%), while others studied certain occupational cohorts, such as physicians and bus drivers (n=3) and others studied the general population (n=3). Five studies included only men, while the other 11 included both sexes. Only one study was done on a clinical population. A response rate was either unavailable or not reported for over half the studies (n=9, 56%), but all studies that did report a response rate reported rates of least 80%, and three studies even achieved 100%. A variety of sampling approaches were used, the most common being some type of cluster sampling (n=6, 38%). Sampling approaches were unavailable or not reported for three studies.

Information about the measurement instruments used in these studies was unavailable or not reported for four studies (25%), and the language of the questionnaire was unavailable or not reported for seven studies (44%). Six studies (38%) used a measurement instrument based on a questionnaire developed by a health agency, such as the World Health Organization (WHO) Knowledge, Attitudes, Beliefs, and Practices (KABP) survey. Two employed a questionnaire previously used in non-Arabic populations, and two developed their own questionnaire for the study. Eight studies (50%) reported administering the questionnaire in Arabic only. One study translated it into multiple languages to accommodate its multi-lingual population. Information about the language of the questionnaire was unavailable or not reported for seven studies (44%).

Of the 16 studies, only one commented on validity studies, and two commented on reliabilities studies. However, descriptions of reliability and validity studies as reported in the articles were not clear, in that they did not provide a description of how reliability or validity were assessed or evaluated in the study or previous studies.

**Discussion:** This review found 16 HIV/AIDS knowledge questionnaires that could inform a current study of the KSA population. The most important weakness identified in the studies reviewed was the appropriateness of the population subject to the HIV or AIDS knowledge questionnaire. Given the culture of the KSA as described earlier, where most young people do not experience sexual intercourse until after an arranged, legal marriage in accordance with the Saudi expression of the Islamic religion, it is unclear as to why over half the studies reviewed (n=9, 56%) surveyed students, as this would likely constitute a low risk population for sexual transmission of HIV.

Next, it is interesting to note that despite an avoidance of gender-mixing in the Arab world, an instrument targeting women or men only with respect to HIV and AIDS prevention knowledge was not developed during this time span. In fact, 5 of the 16 studies reviewed did not even include women, and no attempt was made to create gender-specific instruments when surveying men or mixed groups.

In addition to concerns over the appropriateness of particular surveyed populations, criticism can be leveraged regarding the choice of instruments used in these studies. It is reasonable that six studies selected questionnaires developed by health agencies, but two studies used questionnaires based on non-Arabic populations, two used questionnaires that the authors developed for the study (and therefore, they had not been tested or reported on previously), and information about the questionnaire used was not available for 4 studies. This means that in 50% of the studies reviewed, the questionnaire was likely of low quality.

None of the instruments used were provided the results of reliability or validity studies, so evaluating their quality is difficult. Unfortunately, most of the HIV and AIDS knowledge instruments developed by health

agencies, such as the WHO-KABP, are inappropriate for even high-risk populations in the KSA. The WHO-KABP was used in four studies and includes questions about HIV and AIDS pertinent to transmission by intravenous drug use (IDU) and homosexual activity. These questions are inappropriate for the KSA's population, given its low HIV prevalence, low rates of IDU and homosexuality, and KSA's strict expression of Islam.

**Conclusion:** In summary, 16 papers were reviewed that included HIV knowledge measurement in the KSA or bordering populations. On the positive side, all studies report high response rates, but other features of these reports indicate challenges. First, the absence of a culturally-specific KSA instrument has resulted in the inability to reliably and accurately measure HIV knowledge in KSA populations. Next, studies examined employed a variety of instruments, but they generally did not report reliability and validity studies, so their relative quality could not be compared. Further, gender-specific instruments were not developed, although transmission patterns in the KSA suggest that transmission modes are potentially much more gender-specific than in other countries. Finally, these articles generally reported on low-risk populations in the KSA. The KSA's public health goals should more specifically focus on measuring and improving knowledge in high-risk populations such as married women—an option currently limited by commonly available measurement instruments.

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## H 18 - Researching Practice Changes in Patients with HIV/AIDS

### Do Nurses Know the TB and HIV/AIDS Policies They are Expected to Implement? A Case of Health Facilities in a Rural Sub-District of the Western Cape

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#### Purpose

To give the participants an opportunity to understand the dynamics at play that affect policy implementations in priority programs in South Africa and how these impact on the nurses' performance and consequently on the patient's outcome. The methodology used can be applied to other settings intending to do similar measures.

#### Target Audience

All nurses, students, educators and policy makers interested in the improvement of health systems through policy implementation in different health component but especially in TB and HIV/AIDS.

#### Abstract

Tuberculosis and HIV/AIDS epidemic has been on the international agenda for more than three decades. Though some achievements have been marked, sub-Saharan Africa is still grappling with moving towards the Millennium development goals. South Africa is one of Sub-Saharan African countries reported to have a high burden of both these diseases. Increase in political commitment has seen changes been made in the health system resulting in some achievements. However a lot still need to be done as the prevalence rates of both these diseases are still high especially in the rural areas.

Implementation of TB and HIV/AIDS policies has been highlighted as one of the challenges in the health system. It has been noted in the policy analysis and implementation fields that for successful policy implementation to happen, all the actors in the health system need to be involved. In the South African context nurses are the largest cadre of health workers and have been described as the first line of contact with patients in health facilities especially in the rural areas thereby major actors in the policy implementation process. Therefore nurses plays a pivotal role in the implementation of TB and HIV/AIDS policies hence their knowledge of policies, how they implement the policies and the barriers that influence implementation in their context need to be analysed so as to develop intervention strategies that could improve policy implementation. The objective of this presentation is to describe the knowledge of the nurses with regarding to the policies they are expected to implement in the TB and HIV/AIDS programs in South Africa. This presentation is part of a bigger study done to analyse the implementation of TB and HIV policies in the health facilities of a rural sub-district in the Western Cape so as to develop interventions for improvement. Walt and Gilson's model of health policy analysis which focuses on the actors' knowledge, practice and context was used as a theoretical framework to guide the research question, the design and intervention development process.

Mixed method approach with concurrent transformative design was followed wherein the data was given equal priority. The knowledge measure focused on policy components related to patient diagnosis, testing, prevention of the spread of diseases and initiation treatment as defined in TB and HIV/AIDS national and/or provincial guidelines. The target population of this study comprised of all categories of nurses (Enrolled nursing assistants, Enrolled nurses and Registered nurses) working in the health facilities in the selected sub-district (n ~ 87). However the accessible population was drawn from four clinics and one day hospital (n~60) out of the eight available facilities. This decision was based on the size of the clinic in terms of patients' head count and activities undertaken in the clinic in relation to the study focus. Non-probability purposive sampling was used because the accessible population in this setting was small and well defined thus all legible participants were recruited. The inclusion criterion was that the participant should have been working in the sub-district for at least three months at the time of data collection. In the quantitative phase, a self-administrative questionnaire was used as a data

collection tool and semi structured interviews were conducted in the qualitative phase. Data was analysed using SPSS statistical package and thematic coding for quantitative and qualitative data respectively.

The results showed that nurses were at different levels regarding the level of knowledge they have based on aspects like training and exposure to the policies. Managerial support was also reported as an enhancer to acquisition of knowledge while work load was seen as an impediment. It was also noted that although training opportunities were available, they were not used optimally. The study was also able to highlight what knowledge the nurses specifically rated higher in when assessed on the different spectrum of the policies activities which has a possible impact on patient care. The study concluded that increase in nurses' knowledge regarding the importance of the policies and implications of improper practices due to lack of awareness need to be increased if successful policy implementation and better patients outcomes is to be achieved.

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## H 19 - Exploring Cultural Diversity in Maternal-Child Health

### How African-American Nulliparous Women Construct Birth

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#### Purpose

Discussion of the findings of a focused ethnography describing the cognitive constructions about birth among nulliparous Black women in a Southwestern US urban area, and how these constructions are reconciled with the actual birth. Does our current care adequately address their fears and concerns, which have not been well-researched?

#### Target Audience

Faculty who teach both undergraduate and graduate nursing students, clinicians who provide maternity care to African-American women, and those working in social services who provide guidance and service to this population.

#### Abstract

**Purpose/Aim:** A focused ethnography was conducted to describe cognitive constructions about birth among nulliparous Black women in a Southwestern US urban area, and how these constructions are reconciled with the actual birth.

**Significance/Background:** African-American women suffer significant disparities in outcomes such as preterm birth, Cesarean section rates, maternal mortality and infant mortality, in the United States.

**Methods:** Women, 16 or older, 17 - 33 weeks carrying a singleton fetus without anomalies or medical problems and scheduled for an anatomy scan were recruited, and semi-structured interviews were conducted before and then after the birth. Eleven women participated: 17 to 30 years old, 11 to 22 years of education (2 college graduates) and 17+5 to 31+5 gestation. Three women were employed; all used Medicaid. Seven women received SNAP and/or WIC benefits. Three women had absent mothers. Post-delivery interviews (25-54 minutes) occurred 13 to 25 days postpartum. The researcher transcribed all interviews.

**Findings:** Women described views of birth that grew from ideas shared by their mothers. Themes included the predominant view "birth is painful", followed by "birth damages you and/or the baby" Two women identified "birth changes you." Ideas obtained from friends, family, the media and popular culture, as well as care providers were evaluated in light of these maternal ideas. Women also evaluated their own births using these maternal ideas. Beyond describing birth as their mothers had described it, women concluded that birth was essentially unknown to them, and they had limited expectations about what would happen during the birth.

**Discussion:** Further investigations into the expectations and birth experiences would help practitioners to provide more relevant care. Findings will expand what is known about how African-American women experience first deliveries. The role of the woman's mother and extended family during her first birth presents another avenue for research, and for care.

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## H 19 - Exploring Cultural Diversity in Maternal-Child Health

### Women's Reproductive Knowledge and Their Ability to Teach Their Daughters about Reproductive Changes

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#### Purpose

The purpose of this presentation is to present findings on the association between women's reproductive knowledge and their perception of their ability to teach their daughters about the reproductive changes occurring in their bodies.

#### Target Audience

The target audience of this presentation is nurses and nurse practitioners, researchers, women, public health workers.

#### Abstract

**Purpose:** Life span approach to promoting reproductive health requires initiating reproductive education early, during the pre-pubertal and early adolescent period. Mothers tend to have close relationships with their daughters and could be the earliest and best source of information for their girls on reproductive education. But women could only effectively teach their daughters if they have good reproductive knowledge. This study examined the association between women's reproductive knowledge and their perception of their ability to teach their daughters about the reproductive changes occurring in their bodies.

**Methods:** The social cognitive theory informs this study. A convenience sample of ethnically diverse women completed a self-administered questionnaire to assess their reproductive knowledge. The "Knowledge of the Female Body" (KFB) scale assessed women's knowledge of the female reproductive system and hormones, ovulation and its timing, menstrual cycle, signs of pregnancy, and mechanism of action of common birth control methods. Statistical analyses entailed univariate and bivariate analyses using STATA 13.

( $\chi^2 = 11.46$ ; Fisher's exact  $p = 0.021$ ).

**Results:** One hundred and twenty-five women aged 18 to 51 years ( $M = 30.48$ ,  $SD = 7.35$ ) completed the questionnaire. 58.4% were not married and 69.6% had one to three children. Majority (70.4%) of the women had a household income less than \$20,000.00. There were 52% Hispanics, 36% African American, and 12% White women. The mean correct reproductive knowledge score was 16 ( $SD = 5.73$ , range 0 to 27) for the 27 items analyzed in this study. Forty percent of the women had low knowledge (scored 15 and below). The average knowledge score for African Americans was the highest at 19.36 ( $SD = 3.8$ , range 11 to 26). The lowest knowledge score was among Hispanic women--13.57 ( $SD = 5.51$ , range 0 to 27). Women with no prior birth had higher mean reproductive knowledge scores than women with four children or more (19 vs. 17), ( $\chi^2 = 7.22$ ;  $P = 0.022$ ; Fisher's Exact Test, FET). There was a significant relationship between women's knowledge and their perceived ability to teach their daughters about reproductive changes occurring in their bodies ( $P = 0.01$ ), and about how to keep a menstrual calendar to monitor their ovulation ( $P = 0.03$ ). Women with higher knowledge scores (Mean = 17.05,  $SD = 5.41$ , range 1 to 27) were confident they could teach their daughters about reproductive changes occurring in their bodies and women with lower knowledge scores (Mean = 13.63,  $SD = 5.65$ , range 0 to 23) were not confident about their ability to teach their daughters about reproductive changes.

**Conclusion:** Higher reproductive knowledge is associated with higher confidence in mothers' ability to teach their daughters about the reproductive changes occurring in a girl's body. Educating mothers about their reproductive system will provide opportunities for women to teach relevant reproductive content to younger girls early in their developmental years.

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## H 19 - Exploring Cultural Diversity in Maternal-Child Health

### Cultural Diversity in Childbirth Practices in a Rural Community in Southern Nigeria

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#### Purpose

The purpose of this presentation is to remind the global community of nurses/midwives of the existence of cultural challenges in a typical nurse/midwife – client interaction in multicultural/ethnic communities. This knowledge will contribute to existing knowledge on cultural diversity and guide nursing/midwifery practice. It is expected to stimulate further research.

#### Target Audience

The target audience is the international community of nurses and midwives and other healthcare providers as well as students of nursing. This includes various categories of nurse specialists and leaders ranging from policy-makers to policy-implementers who are in the position to promote culturally-competent care and bridge the gap of diversity.

#### Abstract

Cultural diversity refers to the differences between people based on shared ideology and valued set of beliefs, norms, customs and meanings evidenced in a way of life. Knowledge of cultural diversity is important at all levels of nursing and midwifery care as this addresses ethnic and racial differences where applicable. Additionally, such knowledge can strengthen and broaden the healthcare delivery system through conceptualization of illness and development of treatment models.

It is acknowledged that in a typical nurse/midwife-patient/client encounter, there is interplay of three cultural systems namely, the culture of the nurse/the profession, culture of the patient/client and culture of the setting. Therefore, nurses and midwives have to be culturally competent to facilitate the delivery of good quality healthcare in settings with diverse health values and practices. Nigeria is marked by people with diverse cultures which consequently create a challenge to the healthcare providers. These cultural variations also are thought to influence birth practices. Diversity in birth practices is also globally acknowledged in literature.

The overarching aim of this study is to acquaint nurses/midwives and other healthcare providers with the cultural birth practices of community members in Bakassi Local Government Area in Southern Nigeria and their diversity from the nursing/midwifery culture. Reported in this presentation, are the findings from the fact-finding phase of an action research project on the prevention of maternal mortality in that rural community.

Ethnography design was utilised. Data were generated through in-depth individual interviews of twenty-nine women of childbearing age to gain understanding of their cultural beliefs and practices on childbirth. Four focus group discussions were held with some other women of childbearing age, menopausal women/ mothers-in-law and traditional birth attendants. Observations of five traditional birth attendants and one midwife in their places of practice were also undertaken. Participants were selected through purposive and snowball sampling.

Thematic data analysis was undertaken and diversity in birth practices between the traditional indigenous culture and nursing/midwifery culture depicted in the following themes emerged: child pregnancy; nutritional taboos; imposition of decision on care; preference for traditional birth attendants; prayer as source of safety in childbirth; position for delivery; utilisation of traditional sanitary towels; care in delivery

emergencies; midwives ethnocentrism and culture imposition. The findings were inputted into the planning phase of the action research project for critical reflection and action.

It is concluded that cultural diversity explicitly exists in the nurse/midwife and client interaction in this setting. Therefore, to create a positive impact on maternal care, nurses, midwives and other healthcare providers should deliberately seek to understand the culture of the people and adopt the harmless ones. This would require flexibility in professional practice. Where the culture is inimical to health, the health providers should democratically and collaboratively motivate the clients to critique their practices with the hope of possible repudiation. This study has implication for the provision of culturally competent care for women of childbearing age.

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## H 23 - Transitions in Nursing

### A Focused Ethnography: Nurses Transitioning to a Nursing Specialty

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*Mary A. Brinkman, PhD, RN, CNOR, USA*

#### Purpose

The purpose of this presentation is the importance of having a well structured orientation program implemented by a advanced nurse educator to facilitate nurses' transitioning orienting new specialty. A focused ethnography studied the influences that facilitated and hindered nurses transitioning to a new area of nursing practice.

#### Target Audience

The target audience of this presentation are nurses who have or are educating, precepting, or mentoring nurses transitioning to a new nursing specialty. Understanding the factors that influence nurses transitioning to new areas of nursing practice will promote positive outcomes for recruitment and retaining new nurses.

#### Abstract

Transitioning to a new area of practice whether it is as a recent graduate nurse or a nurse transitioning to a different specialty area in nursing, there occurs many feelings associated with the adjustments in learning a new area of practice. As there is a projected nursing shortage in the next five to ten years, the need for experience nurses to prepare and educate nurses as they transition to new areas of nursing is essential to maintain a safe and productive nursing workforce. As hospitals educate their own OR nurses, retention following orientation becomes a priority.

The purpose of this study was to explore nurses' experiences as they transition to a new area of nursing practice, the operating room. A qualitative focused ethnography was conducted using Leininger's ethn nursing research method. Fourteen RNs transitioning to the OR agreed to participate in this study. The OR was a first time experience for the RNs. The setting was a large teaching hospital located in an urban area. Observations and interviews were conducted with the RNs to explore their experiences as they transitioned in the OR.

The RNs' transition included learning the didactics of OR nursing through the web-based AORN Nursing 101 online computer course, practicing skills learned in a simulation laboratory, and rotating through surgical specialty areas under the supervision of an RN preceptor. Influences that facilitated the RNs transition to the OR were the positive learning experience, perception of belonging and acceptance into the OR culture, stimulating environment, supportive personnel, collegiality among peers, and presence of nursing in the OR. Influences that hindered the RNs' transition to the OR were inconsistency in precepting, being in a hostile environment, limited exposure to the OR prior to the RNs' transition, and an overwhelming environment. Meleis' Transition model emerged in the RNs' experiences of transitioning to the OR.

The need to educate nurses in the operating room is essential to assure safety and positive outcomes for the surgical patient. Structured perioperative courses implemented by hospitals or with partnerships with nursing programs can enhance the education, transition, and retention of nurses new to the OR. The importance of a nurse educator having an advanced degree with experience in the OR specialty was essential in coordinating and mentoring nurses transitioning to this new practice area. RNs who are prepared to precept were vital in the education and retention of these RNs. The need for consistent preceptors was recognized as an essential factor to the RNs' successful transition. The findings contribute to evidence-base practice for the design and implementation of perioperative programs for new nurses.

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## H 23 - Transitions in Nursing

### The Registered Nurse Exchange Program

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#### Purpose

This project provides a description of structure, processes, outcomes and benefits of establishing a formalized Nurse Exchange Program from a professional development perspective.

#### Target Audience

The target audience for this presentation includes educators and nurse leaders.

#### Abstract

**Background:** In an environment where healthcare delivery continues to evolve, it is imminent that practitioners and administrators remain on the cutting edge of best practices. Institutions must seek opportunities to decrease cost and increase quality. As a response, an initiative was put forth to enter into a nurse exchange collaborative with similar hospitals; the Registered Nurse (RN) Exchange Program (RN Exchange Program) is an innovative program where professional pediatric nurses have the opportunity to learn best practices from other pediatric hospitals through witnessing them in action. After being invited into the RN Exchange Program, the hospital created a plan to provide structure and processes to ensure its success.

**Purpose:** This project provides a description of structure, processes, outcomes and benefits of establishing a formalized RN Exchange Program from a professional development perspective. The RN Exchange Program created an opportunity for an organized visit to a similar healthcare institution (i.e. a children's hospital) for experienced nurses to learn and share best practices; it promotes nursing professional development advancement and enhances opportunities for improvement in professional practice. The program design allows for the inclusion of hospitals across the nation as well as around the world. The Nurse Exchange Program is important for professional growth of the visiting nurse and provides opportunities for nurses at the host organization to engage in dialog to address operational efficiencies and explore approaches or ways to improve care models.

**Methods:** Structured processes were essential for the success of the RN Exchange Program. A business and education approach was taken to lay the foundation, which included a program plan with financial and marketing projections, timelines for each task and an evaluation mechanism for process improvement. The program plan also included establishing participant criteria, developing the application process, and designing the selection process for participants. The program plan was provided to nursing leadership and approval was received. Upon approval of the plan, a marketing campaign began with sending communication to all nurses using various venues detailing the purpose and providing information about the program. The RN Exchange Program was built specifically for an individual nurse based on his/her interests and occurs over a five day period. To be eligible for the exchange, nurses must meet the following criteria: 1) Direct Care Provider/ Staff Nurse, 2) Two Years of experience, 3) Active participation within nursing committees (unit or system level), and 4) In good standing as verified by unit leadership. The application process requires nurses to declare interest, complete an application, obtain manager approval, undergo a written application review, and complete a panel interview with the home hospital. Within the application, nurses state proposed goals that further provide an outline for learning objectives during the exchange. Applicants with the highest interview scores are chosen to represent the organization. Action learning principles are implemented as participating nurses use the learning objectives to guide their visit and identify best practices. Upon return from the exchange, the nurse is required to provide an overview of the experience to his/her peers and identify a project to implement as a best practice. As a host hospital, evaluations are provided to the visiting nurse and onsite participants at the conclusion of the exchange to receive feedback for program improvement. In addition, the home and

host institutions have a continual discourse to address any challenges the nurses may have encountered and for further collaboration in any specific best practice content areas.

**Results:** During the presentation to peers, nurses exuded with energy as each relayed his/her experience. These nurses also acknowledged a desire to increase participation in hospital affairs and a motivation to share findings: two of the nurses have accepted invitations to become a part of the nurse exchange selection committee; the Neonatal Intensive Care Unit (NICU) has begun laying the foundation for a developmental care committee; and there has been a proposal to review ampicillin administration guidelines with the pharmacy department for potential savings. A status update for each project is ongoing.

**Conclusion:** Creating a formalized nurse exchange program enhances professional development and permits growth opportunities for the home and host hospitals. Outcomes of nurse experiences with the nurse exchange program have translated into improvements in the nurses' work environment (or in improved patient outcomes).

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## H 23 - Transitions in Nursing

### Challenges with Nurse Licensing and Mobility

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*Linda Mc Gillis Hall, PhD, MNSc, RN, FAAN, FCAHS, Canada*

#### Purpose

The purpose of this presentation is to discuss the results of a funded research study examining nurse migration and mobility.

#### Target Audience

Registered nurses; nurse academics; nurse managers; nurse researchers

#### Abstract

**Objectives:** Considerable literature exists on the immigration of internationally educated nurses (IENs) in other countries, but little information exists to guide the development and implementation of policies that promote the safe integration of IENs in Canada. The objective of this study was to gain a better understanding of the employment practices of IENs in Canada and their experiences with integration into healthcare work environments within the context of quality patient care.

**Methods:** A comparative research design of a random sample of IENs and Canadian-educated nurses (CENs) was conducted. The survey gathered information on professional/demographic characteristics, employment, job experiences, workplace integration and measures of patient care quality provided by both groups of nurses. The sample was comprised of 2,107 IENs (RR= 42%) and 1,172 CENs (RR =40%).

**Results:** Considerable differences were noted between the groups on work experiences and perceptions of work. IENs had statistically significantly higher perceptions of satisfaction with nursing as a career and their current job, quality of care provided, amount of orientation and ongoing opportunities provided for updating their skills. In addition IENs identified concern with being unable to complete their work by shift end and had significant concern that the job was negatively affecting their health.

**Discussion:** This study provides the first information on experiences in hiring and employing IENs; strategies used to integrate IENs into the work environment; and perceptions of IEN competencies, contributions to the work environment, and quality of care in the Canadian context. The study uncovered new information on IENs integration into work settings.

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## H 24 - Respiratory Related Illness and Care

### Fewer Ventilator Days with Dexmedetomidine Use for Patients Difficult to Extubate Implementation Study

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Susan Becker, DNP, MSN, BSN, RN, CNS, CCRN, CCNS, USA

#### Purpose

The purpose of this presentation is to share a protocol to decrease the length of stay for mechanically ventilated patients by implementing a dexmedetomidine protocol for difficult to extubate patients during the weaning process.

#### Target Audience

The target audience of this presentation is nurses working in critical care areas with mechanically ventilated patients.

#### Abstract

**Background** Traditional sedation for mechanically ventilated patients causes delirium which increases the patients' length of stay while hospitalized. When extubation is attempted, these medications must be discontinued due to the side effect of respiratory depression, leaving patients anxious and agitated, delaying extubation and prolonging the need for mechanical ventilation. Dexmedetomidine is an alternative sedative that does not cause delirium or respiratory depression. During the weaning process, dexmedetomidine can be continued, allowing the patient to remain calm and successfully extubated.

**Objectives** To decrease the length of stay for mechanically ventilated patients by implementing a dexmedetomidine protocol for difficult to extubate patients during the weaning process.

**Methods** A pre/post design study was done comparing the patient mean of length of stay on mechanical ventilation. A Mann-Whitney U-Test was used due to the small sample size.

**Results** Over the three-month implementation period, 15 patients received dexmedetomidine. None of the patients experienced adverse reactions while on dexmedetomidine. There was a trend of decreasing mechanical ventilation length of stay but no significant difference was noted between the pre-implementation group and the post.

**Conclusion** Dexmedetomidine was a safe alternative to traditional sedation for difficult to extubate patients when a bolus dose was not given.

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## H 24 - Respiratory Related Illness and Care

### The Impact of Various Influences on Self-Management of Adult African-Americans with Asthma

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*James Daniel Holland, PhD, MSN, RN, CNL, RRT, RCP, USA*

#### Purpose

The purpose of this presentation is to discuss the affects of asthma control, self-management, medication adherence, sleep quality, self-efficacy, social support, asthma knowledge, health literacy, on asthma quality of life in the adults African Americans with asthma. Data from a seven day asthma diary and questionnaires, research questions were answered.

#### Target Audience

The target audience of this presentation is anyone that works with asthmatics, diverse patient population and especially African Americans, health care providers, Nurse educators at Acute and Chronic care facilities, and Nurse and Allied Health faculty that teaches future/current health care providers.

#### Abstract

There are approximately 22.2 million Americans who are living with asthma and of those 18.4 million are adults. African Americans are more likely to be diagnosed with asthma compared to Caucasians and experience more asthma attacks. This research study used the Social Cognitive Theory to examine relationships among personal characteristics, environment factors, asthma self-efficacy, self-management behaviors, and quality of life (QOL) in African Americans adults with asthma. A correlational design was used. Data were collected from a non-random sample of adult African Americans with asthma (N=39) using the following self-report questionnaires: the Knowledge, Attitude, and Self-Efficacy of Asthma Questionnaire (KASE), the short form of the Rapid Estimate of Adult Literacy in Medicine (REALM-SF), the Medical Outcomes Study (MOS) for social support, the Asthma Trigger Inventory (ATI), the Morisky Medication Adherence Questionnaire, Asthma Self-Management (ASMQ), the Modified Pittsburgh Sleep Quality Index (PSQI), the Asthma Control Test (ACT), and the Asthma Quality of Life Standardized (AQLQ-S). Data analyses included descriptive statistics, Pearson Product correlations, and hierarchical multiple regression. On average, participants (N=39) were middle aged (M=55.9±7.9) years, female (65%), did not smoke (87%), did not use a peak flow meter (PEFR) to self-manage their asthma (72%) and were obese (M = 34.96, SD=10.78). Participants reported high confidence in asthma self-management; however, had low medication adherence and scores indicating uncontrolled asthma (M=16.10, SD = 4.29). More than half (67%) of the participants reported poor sleep quality (PSQI). BMI and sleep quality accounted for significant variance (38%) in asthma QOL (F (2,38) = 7.08, p = .001). Social support was an independent predictor of asthma self-efficacy (F (2,38) = 5.65, p = .02). Better control of weight and asthma symptoms may improve sleep quality. Health care providers need to address the ongoing challenges of asthma self-management and monitor sleep quality. Encouraging the use of peak flow meters, which have been shown to improve self-management and asthma control, may result in better quality of life for African Americans with asthma.

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## H 24 - Respiratory Related Illness and Care

### Evaluating Self Care Management Skills among Adult Asthmatics: A Randomized Controlled Study

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*Varalakshmi Manchana, MSN, MBA, PGDBE, (PhD), RN, RM, RPHN, India*

#### Purpose

The abstract is part of the investigators' PhD Research work; would like to contribute and share to the Nursing professional community regarding importance of empowering patients with chronic diseases on self care management which enables them towards enhancement of their Quality of life.

#### Target Audience

Nursing and Health care professionals

#### Abstract

"When you can't breathe, nothing else matters", is the mantra of American Lung Association. Asthma is the most prevalent, chronic respiratory disorder that can impair the quality of life of individuals if not controlled appropriately. Though the scientific, pharmaceutical, technological advancements brought notable advancements in the therapeutic strategies, asthma still remains uncontrolled with raising prevalence. Asthma management remains to be the public health challenge globally, especially in developing countries like India. Aim: The study aims to assess the effectiveness of structured educational nursing intervention on self care management of Bronchial asthma. Methods: Study was conducted to assess the effectiveness of structured teaching on Peak flow monitoring and Right way of Using Inhalers and Deep breathing and coughing exercises in asthma management. Design: Experimental Pre test-post test control group design was chosen. Sample were selected randomly in to experimental (n=100) and control (n=50) groups. The Pre-test means between experimental (7.030) and control (6.500) groups were not much significant. There is a significant improvement within the pre test (mean 3.81; S.D 1.656)) and Post test scores in the experimental group (mean 6.91/S.D 0.831) in use of inhalation technique. The post test means between experimental (6.94) and control groups (4.92) supports the significant enhancement in the performance of inhaler use. Knowledge of the experimental group after asthma education is significantly raised in both Peak flow meter use (mean 3.5 and 7.71) and Deep breathing and coughing exercises (mean scores of 4.79 and 9.3). Conclusion: Patient education to equip them with self management skills yields behavior modification to make asthma management effective.

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## H 25 - Translating Cardiovascular Research into Practice

### Cardiovascular Health Gender Disparities: The Pathway to Policy

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#### Purpose

The purpose of this presentation is to discuss cardiovascular disease disparities in women, analyze the current health policy process using A Problem-Centered Public Policy-Making Process Model, and provide recommendations for Registered Nurses (RNs) and Advanced Practice Registered Nurses (APRN's) to participate and influence health policy reform.

#### Target Audience

The target audience of this presentation consists of registered nurses (RN) and advanced practice registered nurses (APRNs) who would like to learn more about the current state of women's cardiovascular research and how to become more involved in health policy reform.

#### Abstract

**Background:** Despite public awareness of cardiovascular disease, morbidity, and mortality for women continues to be a public health concern. Gaps in current female cardiovascular health research has led to assumptions in treatment, which may have resulted in suboptimal management.

**Purpose:** The purpose of this presentation is to discuss cardiovascular disease disparities in women, analyze the current health policy process using A Problem-Centered Public Policy-Making Process Model, and provide recommendations for Registered Nurses (RNs) and Advanced Practice Registered Nurses (APRN's) to participate and influence health policy.

**Conclusions:** Current health policy needs to address the specific health care needs of women with cardiovascular disease. This presentation addresses the recommendations for RNs and APRNs who positively contribute to health policy development and influence social determinants of health.

**Implications for Practice:** Nurse leaders are influential to shape health policy to include support of gender specific comprehensive cardiovascular care through health promotion, disease prevention, early diagnosis, and gender specific treatment. Lobbying for effective health policy changes will ensure Nurses provide patient-centric and gender-based care. Health policy changes made in the United States can encourage other nations to influence and adopt gender specific cardiovascular health care practices. The nursing profession plays a pivotal role in influencing, leading, and supporting legislative health policy efforts.

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## H 25 - Translating Cardiovascular Research into Practice

### Enhancing the Clinical Patient Care of Adults with Congenital Heart Disease (CHD) by Understanding Family Planning Decisions in this Population

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#### Purpose

The purpose of this presentation is to describe family planning decisions of the adult with congenital heart disease (CHD) in order to increase awareness and promote enhanced clinical, patient, and educational outcomes for this population

#### Target Audience

The target audience of this presentation is nurse researchers, educators, administrators, and clinicians.

#### Abstract

**Background:** Sister Calista Roy first developed the Roy Adaptation Model (RAM) during the 1960's, and has continued to further refine, clarify, and extend the concepts over the years (Roy, 1997; 2009). According to Roy, the purpose of nursing is to understand people in order to maximize health and living to the individual's full potential. The goal of nursing is to promote adaptation. The RAM guides the understanding of how an individual adapts to a situation (Roy, 2009; 2011; Roy & Andrews, 1999). The RAM has guided both quantitative and qualitative research in numerous settings (Perrett, 2007; Phillips, 2002; Roy, 2011).

Cardiovascular congenital defects affect 1% of all infants born in the United States regardless of race (Hoffman & Kaplan, 2002; Xu, Kochanek, & Tejada-Vera, 2009). Congenital heart disease (CHD) patients are living longer into adulthood, increasing the possibility of childbearing (Gilboa, Salemi, Nembhard, Fixler & Correa, 2010; Warnes et al., 2008). Family planning decisions include any decision regarding pregnancy, surrogacy, adoption, or sterilization. Family planning decisions can elicit feelings of fear and anxiety, necessitating adaptation to the personal situation of the adult with CHD. This study described the personal narrative experience of adult women with CHD, of childbearing age, and their family planning decisions. This presentation will use the RAM to describe family planning decisions of the adult with CHD in order to increase awareness and promote enhanced clinical, patient, and educational outcomes.

**Methods:** Narrative inquiry, guided by the RAM, was chosen for this study because it is appropriate to describe the reproductive decisions of adults with CHD. The underlying assumptions associated with the theory, and the RAM's focus on the individual experience, guided the development of the interview schedule. Interview questions were derived from the major concepts of stimuli, coping mechanisms, adaptive modes, and output behaviors in the RAM. The cognator coping process and the four cognitive emotive channels also guided the interview, along with the role function, and self-concept modes of adaptation.

**Results:** The final sample included 17 adult females, between 24 and 41 years of age, living in 10 U.S. states. The majority of participants were White, married, and had severe types of CHD. Findings from this study, suggest that the stimuli, or circumstances and influences that determine family planning, was wanting children. The coping mechanism from the RAM used for the study, was the cognator subsystem. This subsystem stores, relates, and responds to the stimuli through perceptual and information processing, learning, judgment and emotion (Roy, 2009). Having children is an emotional decision, however the women in the study chose to gather information and learn more about options for family planning, in order to make a family planning decision.

Adaptation is the use of conscious awareness and choice to respond and integrate to environmental changes (Roy, 2009). The woman with CHD must be consciously aware of any information regarding family planning in order to choose an option and adapt to any changes in health condition. The adaptive mode concepts of role function and self-concept identity were included in the study. Role function, as a

part of adaptation, is concerned with how one feels they are expected to behave in society (Roy, 2009). The self-concept identity mode of adaptation includes beliefs about the physical and personal self and self-ideal (Roy, 2009). The women in the study, considered their familial and societal role, and any personal self and self-ideal beliefs when making a family planning decision. These women had concerns with how their personal self and self-ideal fit into social, familial, and spousal expectations. The output behavior of the family planning decision was an ineffective response or an adaptive response. An ineffective family planning decision could potentially threaten survival. An adaptive family planning decision would promote the health and integrity of the women with CHD.

**Conclusions:** The findings from the study support the need for more research regarding family planning and information communicated to the adult with CHD. Women with CHD must be aware of their condition and the personal and physical consequences of each choice, to make an informed adaptive family planning decision. Women with CHD desire more information regarding family planning options. To maximize the clinical, patient, and educational outcomes, family planning should be incorporated into primary care. Managing care with the inclusion of a holistic viewpoint for this growing population is increasingly important.

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## H 25 - Translating Cardiovascular Research into Practice

### Education as a Heart Failure Intervention: What Providers Taught Patients in One Hospital Setting

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*Theresa D. Galakatos, MSW, MSN, DNP, PhD, RN, USA*

#### Purpose

The purpose of this presentation is to illuminate an understanding about the health care provider (HCP) and the heart failure (HF) patient interactions in the acute care setting as it relates to HF teaching. Teaching must include effective communication and patient centered care otherwise patient and organizational outcomes are compromised.

#### Target Audience

The target audience of this presentation is nurses who care for patients with heart failure. Instruction must become normalized in every patient-provider interaction. Whether performing a physical examination or administering medications, nurses should be teaching. Utilizing AHA Guidelines would ensure a more comprehensive coverage of important information.

#### Abstract

Heart failure (HF) affects approximately 5.7 million people in the United States (US) and by 2030, projections show a 25% increase in prevalence (Go et al., 2012, 2013). For patients with HF, there are few solutions to this highly morbid, disabling, and costly disease. To reduce the risk of complications and disease progression, patients hospitalized with HF require education prior to discharge. There is compelling evidence for utilizing educational instruction that includes evidence-based guidelines from the American Heart Association (AHA). This study examined what HF information was provided to patients by health care providers (HCPs), what instructional content taught went beyond the AHA Guidelines, and what HF education expert providers viewed as critical for their patients to receive. No studies were found that compared and contrasted these AHA Guidelines with the instructional content provided to hospitalized patients. Using naturalistic inquiry, 10 HF patients (New York Heart Association functional class of III or IV) and 161 HCPs were observed. Results showed that not all AHA topics were consistently covered; 70% (n = 10) patients received less than one hour of instruction, compared to the AHA standard of 60 minutes; AHA Guidelines did not include instructional content on the patient's current plan of care which nearly equaled the time spent on AHA topics; brochures and handouts were rarely used and the topics within these materials were not inclusive of AHA standards; a sequence of education provided on medications, symptom recognition, diet, and follow up care, was congruent with AHA Guidelines and reinforced by the expert panel; and physicians and nurses delivered the most instruction (AHA or non-AHA). The findings of a study of this nature are not generalizable yet patient and organizational outcomes are compromised without effective and efficient HF instruction. Recommendations included: to provide peer reviewed feedback to HCPs on the appropriateness in teaching to literacy level, cultural and socio-economic realities, and where the patient will be discharged to (home, another health facility, etc.); to incorporate patient instruction into curricula and clinical experiences of health professional schools; and to include instruction in each and every patient – provider interaction. The results of this study should create an impetus for other comprehensive patient education instructional strategies.

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## H 26 - Can Informatics and Technology Work for Your Students and Patients?

### Video Recorded Versus Instructor Proctored Evaluation for Student Check-Offs: Second Pilot

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*Benjamin A. Smallheer, PhD, MSN, RN, ACNP-BC, CCRN, USA*

#### Purpose

The purpose of this activity is to discuss the second pilot study, successes, and hurdles, associated with implementing an alternate method for evaluation of intervention skills check-offs associated with a Fundamentals of Clinical Nursing course.

#### Target Audience

The target audience for this presentation are program directors, course coordinators, and faculty who engage students in teaching of fundamental clinical nursing skills to whom implementation and utilization of an alternate format of evaluation is applicable.

#### Abstract

Introduction: As the use of technology and alternate formats of evaluation are being utilized within institutions of higher education, the concepts of student self-evaluation and self-awareness continue to grow in popularity. Providing students with the opportunity to engage in such reflective practices has been seen in several schools of nursing for assignments such as physical examination check-offs or psychomotor skills validation (Houghton, 2012; Yoo, 2008; Yoo, 2010). An expanded pilot study capitalized on strengths and weaknesses of a prior project, evaluating the effectiveness of video-recorded evaluation of interventional skills check-offs. Through video-based self-assessment, a beneficial and effective instructional method exists for training nursing students to develop confidence, awareness of psychomotor strengths and weaknesses, and to improve both clinical and communication skills.

Background: The concepts of student self-evaluation and self-awareness continue to grow in popularity and benefit. Providing students with the opportunity to engage in such reflective practices regarding physical examination check-offs and psychomotor skills validation affords the opportunity to observe and reflect on individual performances, motivation and learning. Additionally, self-evaluation of communication skills and patient encounters improve motivation while student satisfaction with the video assessment method is higher than with traditional methods based on the ability to visually recognize strengths and weaknesses in individual performances, which otherwise might have gone unnoticed. Self-assessment, however, is not intuitive. It must be taught and practiced to be refined. The use of audio visual tools to support self-assessment gives students the opportunity to gain insight into their competency, and the ability to practice holistically. By affording students an opportunity to observe and reflect on their own individual performances, motivation and learning have been shown to be enhanced. Additionally, observance and reflection of a student's own communication skills, and personal satisfaction of the encounter helps to motivate students to a higher level of performance.

Methods: The means for providing this self-evaluation and self-awareness of individual performances is through the usage of audiovisual recordings created by the students. Additionally, student satisfaction with the video assessment method was higher than traditional methods based on the ability to visually recognize strengths and weaknesses within individual performances which may have otherwise gone unnoticed.

Currently, students engage in a faculty proctored check-off process intervention skills. A group of students who consented to the study were offered the opportunity to record and submit their interventions skills check-offs in an alternate format utilize their own personal video recording devices. Participants were placed in groups of 3 students. In each group, the students took turns being the videographer, performing the skills, and serving as a peer reviewer of the skill performed. The intervention skills were

videotaped by the student functioning as the videographer, without interruption, not to exceed a time period of 10 minutes per skill. The participating students were provided the opportunity to review, self-evaluate the video, and receive peer to peer feedback prior to submission to their faculty. Students were provided the opportunity to repeat their performance until they are satisfied with the accuracy and completeness of their video recording. The video files were then submitted to the faculty member through an internet based drop box system. An open-ended questionnaire was then completed asking likes, dislikes, and perceived benefits of the video recording method.

**Findings:** Students report a therapeutic and authentic environment created by the use of video recording technology. Less stress and anxiety existed around the need to correctly perform the skill the first time. Students felt less fear with peer feedback which represented a friendly eye compared to a critical eye. The luxury of redoing the video-recorded performance eased anxiety and improved proficiency. Weaknesses include technical aspects of recording device available memory, and uploading of large video files.

**Conclusion:** In conclusion, utilization of alternate methods of evaluating student performance during skills check-offs show significant promise for adoption as an alternate method of grading. Implications would be to allow students a choice of preferred methods for evaluation suiting individual learning styles. This variability would meet the student's needs based on fear, stress, objectivity, and peer versus faculty feedback.

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## H 26 - Can Informatics and Technology Work for Your Students and Patients?

### Improving Population Health through Interprofessional Leadership: The Case for a Professional Practice Model

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*Melanie Brewer, DNSc, MS, BSN, FNP-BC, FAANP, USA*

*Maria O'Rourke, PhD, RN, FAAN, USA*

*Jeffrey Francis, BSN, RN, USA*

#### Purpose

This presentation describes how patient outcomes management is supported by a professional practice model that is a cohesive, role-based, interprofessional approach to care delivery, and by healthcare informatics that uniquely organize administrative and quality data to produce a more precise patient picture, and valid and reliable data for improved decision-making.

#### Target Audience

The target audience includes members of the interprofessional team, both clinical and managerial, each of whom have the opportunity in their professional role to impact patient and organizational outcomes.

#### Abstract

A professional practice model is foundational to the development of a results-oriented clinical enterprise (O'Rourke & White, 2011). This model draws attention to the need for clinicians, managers, and other members of the healthcare team to work together synergistically as interprofessional leaders in order to ensure sustainable improvements in patient outcomes. The model also serves as the structure for evaluating patient care improvements based on the decision making actions of clinicians and managers. Each element of the professional practice model is an important link to organizational effectiveness and each must be evaluated as to the extent of its impact. In the era of the Affordable Care Act, population health is linked to improving the quality of care (Stoto, 2013). This makes population health an important element of a professional practice model and emphasizes the need for population health management to be viewed as essential to organizational effectiveness. Healthcare informatics is a critical aspect of defining the patient population served. This presentation focuses on population health as a key driver for understanding the link among diagnostic related groups (DRGs) and comorbidities, clinical practice, and outcomes, specifically nurse sensitive indicators.

In a three-hospital tertiary health care system (875 total beds), a major initiative to improve outcomes through a more refined use of health informatics was undertaken. The initial work of building the template for analysis was conducted at the largest of the system facilities with 430 beds. In collaboration with members of the clinical analytics team, DRG and comorbidity data were examined through an analysis of administrative and quality outcomes data from Horizon Performance Manager by McKesson and the Midas Plus Care Management system. Patient profiles were developed that aligned the discharge DRG with associated comorbidities on a hospital-wide and then on a unit-specific basis. This study explores the link between the patient profile using DRGs and comorbidities (ICD-9 codes) and the occurrence of nurse sensitive indicators. Data including 100% of discharged patients for a particular unit for a given 12-month period were used. Data were then sorted according to the top DRGs and comorbidities to produce a DRG profile for each unit. DRGs and comorbidities were sorted so as to create a dataset organized into "buckets" to create an 80-20 percent split of the patient population. The bucketed data set was rank ordered to produce a profile that represented 80 % of the patients on the particular unit. Associated comorbidities were aligned with these DRGs. The same process of analysis was used for the remaining 20% of the DRGs and comorbidities. This methodology sorts out the patient population that is typical (80 percent) and consistently seen on each unit. Level of nurse competency is viewed as high due to the predictability of characteristics of patients admitted to the units. This research hypothesizes that there is a higher likelihood of poor outcomes on nurse-sensitive indicators due to the existence of patients who make up the 20% of the patient population.

DRG and comorbidity data were summarized for each hospital unit (26 units). Correlations were conducted among the DRGs and comorbidities with nurse-sensitive outcomes for the 80% patient population and links to the nurse-sensitive indicators were evaluated. The same analyses were conducted on the 20% patient population. The analysis completed on this specific unit was limited on the number of cases with nurse sensitive indicators and therefore was insufficient to determine significance. The variety of DRGs and comorbidities within the unit was telling and revealed important implications for patient safety, nurse staffing, and patient education. A key outcome of this analysis is the identification of patients with more comorbidities that were identified as part of the case profile. These cases were associated with falls. This analysis produced micro level data about the patient condition that can now be linked to specific patient populations at the micro rather than macro level. These micro level data are critical as they inform manager and clinician decision making. Analyses on 26 additional units and across the 2 other hospitals are in progress and will be reported out as part of the presentation of this study.

An important finding is that, based on the current health information systems, there may not be a clear cut means to analyze the link of DRG and comorbidity data with nurse-sensitive indicators due to limitations of the existing data in quality and administrative datasets. This finding is important for clinical analytics improvement as it is vital that they build the capacity to retrieve the correct information from existing data systems in an efficient and useable manner.

This unique approach to population health and the organization of data that generates a more refined patient profile will serve to improve the quality of care and clinical and management decision-making, decision making that impacts resource allocation for education, staffing, patient placement, RN competency, and interprofessional collaboration.

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## H 27 - Research Related to End-of-Life

### Good Death as Perceived by the Critically Ill Patients' Family Members

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*Wanlapa Kunsongkeit, PhD, RN, Thailand*

#### Purpose

The purpose of this presentation is to share and exchange the body of knowledge in palliative care.

#### Target Audience

The target audience of this presentation is health care professionals.

#### Abstract

The qualitative research based on Heideggerian phenomenology aimed to describe good death as perceived by the critically ill patients' family members. Five informants who were the critically ill patients' family members at hospital in Chonburi were purposively selected. Data were collected by in-depth interview, observation and critical reflection during January, 2014 to March, 2014. Cohen, Kahn and Steeves steps guided data analysis. Trustworthiness was maintained throughout the study following Lincoln and Guba's guidelines. Four themes were emerged, which were no suffering, acceptance of imminent death, preparing for death, and being with the family. This findings provide deep understanding of good death as perceived by the critically ill patients' family members. It can be basic information for nurses to provide good death nursing care and further explore for development of knowledge regarding good death nursing care.

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## H 27 - Research Related to End-of-Life

### The Use of Religious and Spiritual Coping Strategies by Parents after a Child's ICU Death

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*Dawn Marie Hawthorne, PhD, MSN, BSN, RN, USA*

#### Purpose

Identify the relationship between spiritual and religious coping strategies parents used one month following their child's death in the ICU and the impact on parent's grief, mental health and personal growth at three months

#### Target Audience

Healthcare professionals who provide support and anticipatory guidance to bereaved families in their early grief

#### Abstract

**Background:** The death of a child is unimaginable since most parents expect not to outlive their children. Stress created by this traumatic event disrupts parent's emotional and social world and causes severe and prolonged mental distress. In response to grief, parents may choose to use spiritual coping strategies to cope with their loss. Little is known about the types of spiritual strategies used and whether these strategies are effective over time

**Purpose:** The purpose of this study is to identify the relationship between spiritual and religious coping strategies parents used one month (T1) following their child's death in the ICU and the impact on parent's grief, mental health and personal growth at three months (T2).

**Methods:** A convenience sample of 108 mothers and 49 fathers completed the Spiritual Coping strategies scale, Hogan Grief Reaction Checklist, Beck Depression Inventory II, and Impact of Events Scale-Revised questionnaires at T1 and T2. Pearson correlation coefficient was used to identify if a relationship exists between the independent variable at T1 and dependent variables at T2.

**Findings:** Mothers greater use of spiritual coping strategies (finding meaning and purpose in the situation, seeing the positive side of life, living day by day and accepting current life situation) and fathers greater use of spiritual coping strategies (maintaining friendship and confiding in friends, discussing the difficulties) at T1 resulted in lower levels of grief, symptoms of mental health and experience personal growth at T2 after the death of their child. Bereaved parents use of religious coping at T1 was only effective in greater personal growth at T2.

**Conclusion:** Spiritual coping strategies used at T1 helped parents cope with their grief, maintain their mental health, and experience personal growth through 3 months after their child's death. Use of religious coping strategies was only related to personal growth.

These research findings are beneficial for health care personnel in providing support and anticipatory guidance to bereaved families in their early grief. While religious strategies might be helpful in increasing personal growth, use of spiritual strategies may be more helpful to parents over time.

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## H 27 - Research Related to End-of-Life

### Exploring the Factors that Influence the Interprofessional Delivery of Palliative Care in Long-Term Care Facilities

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*Kathryn A. Pfaff, PhD, MSc, BScN, RN, Canada*

*Jean Echlin, MSc, BSN, RN, Canada*

*Lisa A. Hamilton, Canada*

#### Purpose

To report findings of a regional Canadian study that examined the perceived facilitators and barriers of interprofessional palliative care among care providers (professional and non-professional) in long-term care.

#### Target Audience

All individuals who are interested in improving how palliative care is delivered in long-term care settings.

#### Abstract

The implementation of palliative care is considered the 'gold standard' for care at end-of-life (Department of Health End of Life Care Strategy, 2008). Palliative care is an interprofessional approach that improves the quality of life for individuals with life-threatening illness, by early identification and management of pain and other physical symptoms. It integrates the psychological and spiritual aspects of patient care, offering a support system to help individuals live as actively as possible until death, and addresses the coping needs of individuals and families through illness and bereavement (World Health Organization, 2011). Nevertheless, there are many barriers and challenges associated with delivering palliative care in long-term care. Recruitment and retention of care providers in all disciplines is a challenge in long-term care institutions in Canada (Long-Term Care Task Force on Resident Care and Safety, 2012). Although volunteers and non-professional staff play a key role in providing palliative care in hospice settings, they are often not well-integrated in resident care in long-term care facilities. Non-professional staff often perceive their assessments to be undervalued, their roles to be less important, and lack of recognition as members of the interprofessional care team (Franchi, 2011). To be successful, interprofessional collaboration must be understood at the individual, team and organizational levels.

The purpose of this exploratory cross-sectional survey of professional and non-professional long-term care providers was to understand the factors that predict the delivery of interprofessional palliative care in long-term care. The background, research questions, methods and analysis will be briefly reviewed prior to reporting the statistical findings. The latter will be reported and interpreted within the context of the individual care provider, the team, and the organization. Implications for practice, education, policy, and research will be discussed.

#### References

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# **Creative Arts in Nursing Poster Presentations (CRT ART)**

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# CRT ART - Creative Arts Submissions: Heart of Nursing

## Image of a Nurse: 8th Graders' Perception

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*Abigail Mitchell, DHEd, MSN, RN, CNE, USA*

### Purpose

The purpose of this research study was to look at 8th graders perception of the nursing image.

### Target Audience

nurses in education

### Abstract

Purpose of the Study: The image of nursing has been positive and negative throughout the years. The images included Nurse Ratched, Hot Lips Hoolihan, Nurse Pomfrey, and Nurse Jackie. We as a profession have been struggling with the public's attitude towards the nursing profession. As we are encouraging high school students to excel in math and sciences to be productive in their college years, we need to look at the middle school students to see what career choices they are thinking about and course work they are going to choose for High School, and how images impact their decision. The purpose of this research study was to look at 8th graders perception of the nursing image.

Methods: A triangulation approach was used. Both qualitative and quantitative research was incorporated in this study. Fifteen Eighth grade students from a Middle School participated in this study. Students completed a questionnaire and created artwork by drawing their perception of a nurse.

Results and Conclusions: The majority of the students felt that nurses help people, perform unpleasant tasks, work long hours, is a feminine profession, and television does not portray real nurses and does not encourage 8th grade students to want to be a nurse.

Implications for Practice: The data suggests that 8th graders perceive nurses as female and the artwork suggests that the image of the nurse is friendly, they wear a nursing cap and/or stethoscope, and nurses work with various types of patients and settings. The perception of a nurse's image has not changed much when looking at literature and previous studies, and this could influence nursing education later on. High school students are recruited for colleges/schools of nursing and a negative image could influence students when they decide on a career path. We as nurses need to strive to make nursing a profession for males and females and portray a positive image, in all areas of nursing.

### References

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# CRT ART - Creative Arts Submissions: Heart of Nursing

## Ribbons of Hope

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*Kristy L. Oden, DNP, MSN, BSN, ADN, RN, APRN, FNP-BC, USA*

### Purpose

The purpose of this presentation is to show that cancer is universal, it affects anyone and everyone. The colors of cancer show that its uniqueness, yet lavender shows that it is universal. Individuals with cancer are fighting the battle of a lifetime and need words of encouragement.

### Target Audience

The target audience for this presentation is anyone who has been affected by cancer: patient, family, caregiver, researcher, friend, healthcare worker, and all individuals in general.

### Abstract



### References

Conway-Phillis, R. & Janusek, L. (2014) Influence of Sense of Coherence, Spirituality, Social Support, and Health Perception on Breast Cancer Screening Motivation and Behaviors in African American Women. *The ABNF Journal*, p. 72-79. Easley, J., Miedema, B., & Robinson, L. (2013) It's the "Good" Cancer, So Who Cares? Perceived Lack of Support Among Young Thyroid Cancer Survivors. *Oncology Nursing Forum* 40(6), pg 596-600, Kelleher, K. (2010). Pink Ribbons and Beyond: Ways to Help in the Fight Against Breast Cancer. *Nursing for Women's Health* 14(5), p. 409-412.

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## CRT ART - Creative Arts Submissions: Heart of Nursing

### Engaging Pre-Nursing Students into an Awareness of Nursing as an Art Form: Using IPAD Technology

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*Elizabeth Nix, PhD, MSN, APRN-BC, ET, CDE, USA*

#### Purpose

This purpose of this presentation is to provide information on how to use IPAD technology in the real world classroom but at the same time using computer based blackboard technology to discuss using video and discussion board platforms.

#### Target Audience

The target audience of the presentation is academic faculty teaching both online and face to face courses in the freshman pre-nursing year experience or for nursing programs who engage in introducing students to the art of nursing through an exercise of using other mediums to develop a well rounded nurse.

#### Abstract

University Freshman are tomorrows nurses and to have well rounded intelligent nurses it is often necessary to think outside of the box by providing higher level of thinking exercises to engage and provide learning opportunities which can set the tone for their nursing school experience. Faculty at a Mid-Southern University developed an innovative way of using the IPAD when discussing Nursing as an Art. The freshman experience at the University divides students up into their major areas of study and these classes function as cohorts. The Pre-Nursing major's classes were asked to visit two specific buildings on campus which house thirty-nine pieces of artwork. The students were asked to work with a partner and to pick out a piece of artwork of their own choice to discuss. The students then described the artwork and how they felt it related to the profession of nursing using their IPAD by developing a short video along with a still picture of their artwork using the IPAD. Students viewed the artwork and interacted with classmates in an online discussion board. Students responded favorable to the experience and found it to be very three dimensional by providing an opportunity to mix technology with art.

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# CRT ART - Creative Arts Submissions: Heart of Nursing

## Reflecting on Reflections to Discover Myself as a Leader

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*Ladonna Michelle McClave, MSN, BSN, RN, USA*

### Purpose

to provide learners to view clinical reflection from a different perspective. This presentation will offer not only the view of the nursing student, but also the view of the nurse educator. Finally, the nurse educator will describe her own growth as a result of reflecting on clinical reflections.

### Target Audience

nursing students, nursing faculty, and practicing nurses who are interested in using clinical reflection to expand their own professional horizons.

### Abstract

This presentation will discuss the mechanism one nurse educator used to focus on her perspective of leadership by looking through the lens of a creative expression. This nurse educator compiled clinical reflections she required in a variety of nursing education domains as a means to reflect on her own growth and development as a leader in both nursing and education. Excerpts from actual student reflections, as well as the nurse educator's reflections will be provided. There will also be connections made to other creative expressions of growth and development of leadership capabilities. The overriding purpose of this presentation is to provide attendees to view clinical reflection from a different perspective. This presentation will offer not only the view of the nursing student, but also the view of the nurse educator. Finally, the nurse educator will describe her own growth as a result of reflecting on clinical reflections. Any nursing students, nursing faculty, and practicing nurses who are interested in using clinical reflection to expand their own professional horizons should benefit from attending this presentation.

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## CRT ART - Creative Arts Submissions: Heart of Nursing

### Using Images to Examine Student Nurse Perspectives about Acute Care Nursing, Community Health Nursing and Mental Health Nursing

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Lori E. Steffen, MA, BSN, RN, PHN, USA  
Vicky Larson, PhD, RN, CNE, USA

#### Purpose

The purpose of the poster presentation is to explore the perspectives, using words and images, of Junior student nurses about acute care nursing, community/public health nursing and mental health nursing at the beginning and end of baccalaureate nursing courses that integrate these nursing specialties.

#### Target Audience

The target audience of this presentation is nurse educators, nurses working in community/public health, mental health or acute care nursing, nursing students, deans and directors, as well as nursing administrators. Other health care professionals may also find this research interesting.

#### Abstract

**Purpose and Background:** Based on changes in health care delivery that demand greater integration of nursing specialties across the continuum of care, a new baccalaureate nursing curriculum was created with concurrent acute care, mental health, and community health nursing content. The purpose of this research was to explore the perspectives of junior student nurses about acute care nursing, community health nursing and mental health nursing at the beginning and end of baccalaureate nursing courses that integrate these nursing specialties.

**Theoretical Framework:** Qualitative inquiry based in the theoretical approach of constructivism served as a foundation for this research. After nurse educators become aware of the meaning and value that beginning students have about nursing roles, and how this changes during nursing courses, then nurse educators can role model and further define the complementarity of various nursing specialties during the remaining years of the educational program.

**Methods:** An anonymous, qualitative survey conducted at the beginning and end of the junior year of a new baccalaureate nursing curriculum. Participants were asked to write descriptions of acute care nursing, community health nursing and mental health nursing, and to draw a sketch of relationships among these specialties. Two researchers conducted individual survey review for themes prior to collaboration for the final analysis.

**Results:** Subjects included student nurses in a new junior level baccalaureate curriculum: Pre-survey n = 50, Post-survey n = 41. Pre-surveys demonstrated a literal interpretation of acute care, community, and mental health nursing according to location; an emphasis on the value of acute care nursing; and images of nurses with hats and patients lying in bed. Post-surveys suggested that students developed greater understanding of nursing roles and interventions, and a sense of equality among these nursing specialties. Post-surveys included drawings of patients standing, equal in size to nurses, and no patients in beds.

**Conclusions:** Nurse Educators need to address students' misconceptions about nurses and nursing specialties in order to promote professionalism and collegiality among future nurses.

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## CRT ART - Creative Arts Submissions: Heart of Nursing

### The Art of Poetic Construction in Narrative Analysis: Representing Rural Malawian Women's Experiences of Polygamy

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*April L. Yerges, BSN, RN, CPN, USA*

*Patricia E. Stevens, RN, PhD, FAAN, USA*

*Lance S. Weinhardt, PhD, MS, USA*

#### Purpose

This presentation illustrates the context and steps taken in poetic construction depicting women's experiences in polygamous marriages. Arts-based research techniques are applied in the narrative analysis of qualitative interview data from a mixed methodology study of the pathways linking poverty, food insecurity, and HIV in rural Malawi.

#### Target Audience

The target audience of this presentation is researchers, academics, students, clinical professionals, and members of the public interested in arts based research, narrative analysis, women's health, or global health.

#### Abstract

Narrative Inquiry and Arts Based Research: Encompassing fluid boundaries, context, and construction; narrative inquiry holds vast promise in a world of infinite possibilities for understanding personal experience. Narrative research can include spoken, written and visual materials; as well as artistic expression. Innovative arts-based research methods such as poetic construction are increasingly being used in narrative research to help bridge the gap between research and practice. By engaging in poetry, one can "extend beyond the limiting constraints of discursive communication in order to express meanings that otherwise would be ineffable" (Barone & Eisner, 2012, p. 1). Poetic construction is a research approach that re-presents research findings through poetry. By definition, poetry is a literary work that emphasizes the expression of feelings and ideas through style, form, and rhythm (Oxford Dictionary, 2014; Riessman, 2008). Poetic construction aims to preserve and promote participants' voices (Nichols et al., 2014), presenting authentic and rigorous data while maintaining the context and emotions of the original raw data (Rapport & Sparkes, 2009).

The poetic construction we will present is based upon data from the NIH funded study "Pathways Linking Poverty, Food Insecurity, and HIV in Rural Malawi" (2008-2014). This inter-professional initiative partnered several academic institutions and a non-governmental organization in a longitudinal, mixed methodology, quasi-experimental study that is evaluating the impact of a multilevel economic and food security intervention program (Weinhardt et al., 2014). The intervention encompassed several diverse yet interconnected areas including: participatory training in farming, micro-finance through village savings and loans, local governance, and lessons on HIV/AIDS and gender empowerment. Using both qualitative and quantitative data, primary outcomes of HIV vulnerability, economic status, and food security were evaluated. Using stratified purposive sampling, the qualitative data collection involved 90 individuals from intervention households. Both focus groups and individual in-depth interviews were conducted and audio-recorded in Chichewa (the local language), then transcribed and translated into English by cultural insiders. These in-depth interviews were analyzed using narrative analysis (Mkandawire-Vhalmu & Stevens, 2007; Riessman 2008; Stevens and Galvao, 2007) focusing on the personal stories of how participants obtain food on a daily basis, secure income, and attempt to manage HIV risk.

The Story of Constructing the Poem: In the Fall of 2014 when reviewing interview transcripts for a narrative analysis exercise, one woman's voice stood out from the others because of the poignancy with which she described a phenomenon unfamiliar to me (first author) as a Western woman- polygamy. This woman, pseudonymed Grace, continued to distract me during subsequent days' events. In an attempt to honor Grace's voice, I focused on her interview, analyzing, breaking down, and restructuring her story of marriage. Due to the nature of Malawian culture and language, stories are rarely told in a time-oriented

structure, and are often found spread throughout an entire interview. Thus, the story was reorganized into a general framework over time and place (Creswell, 2007). Using Labov's method of narrative analysis (1982) Grace's story was plotted across a time-line of events. To maintain authenticity, her translated words were used, with only minor changes to allow flow and proper use of English language tenses. A modified version of Gee's method of analyzing oral narrative (1991) was then used, where the narrative was imagined as spoken, with pauses and intonation helping to create interpretation. The participant's words were structurally placed on the page by how they might be spoken thus creating lines and stanzas, forming the content of the narrative.

Grace's poem begins as she enters into marriage. As time passes, her husband gains wealth and subsequently takes a second wife. With a second family to support, her husband's wealth is stretched beyond its limits. Problems ensue for Grace and her children- they have less money to manage school fees and take care of the household, and less food. There is more tension in the home as wives vie for limited resources, and Grace becomes ill from the worry and pain of it. Strengths and positive aspects that existed in previous generations, and may still exist in African traditional polygamous family patterns have been eroded in the era of HIV. For Grace, HIV "entered the house" with the second wife.

Grace's echoing words became the refrain: "Two wives, two families." Repetition of this clause began as an attempt to 'ritualize' the everyday (Riessman, 2008). As the poem took shape these four words proved to be the soul of the narrative. Hawkins (2014) illustrates that poetic narrative construction can reveal the multiple layers of a process under investigation - in this instance the life course of a polygamous marriage in rural Malawi. Through this poetic construction we gain a deeper and more complex understanding of polygamy in Malawian culture, noting the nuanced and interconnected lives it affects.

Reflexivity: Do we have the right to re-present Grace's story as poem? We are interpreting an oral interview conducted in the Chichewa language that has been translated into written English. Yet, I can 'hear' Grace's voice- intonation, pauses, and meaning- even across these layers of distance. The poetic performance of her story is meant as a bridge to her experience. I have re-presented the voice I 'heard', but readers may 'hear' a completely different voice. As Riessman (2008) notes, "Readers are inherently part of the interpretive process, bringing their positioned identities and cultural filters to interpretation" (p. 111).

I find myself worrying about my representation. Did I interpret too much? In the words of Chimamanda Adichie (2009), have I unknowingly presented a "single story" of a complex life? My initial purpose was to show how a single act in marriage (marrying a second wife) impacts one woman over the life course. But, I worry about my Western white viewpoint, and if I have portrayed a negative outlook on polygamy. Have I done an injustice to Grace with this poetic re-construction? In the end, I recognize that Grace's artful expression of her experience is what called me to her story. I hope that my art-based response facilitates understanding in those who read or hear the poem.

Implications: As readers vicariously experience Grace's poetic narrative, disequilibrium may be produced (Barone & Eisner, 2012), forcing deeper contemplation. Poetry allows researchers to use "the expressive qualities of an artistic medium to convey meanings that are otherwise unavailable" (Barone & Eisner, p. 20). Poetic construction can enrich the study of people's lives, providing new insight and research questions. This poetic construction has brought a new level of analysis to the research team's approach to the data, and has led to a full narrative analysis of polygamy using the entire dataset of interviews (in process). Other poems may evolve, inspired by the narratives of additional participants. Arts-based research offers a vital new window of research inquiry, thought, and results.

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# CRT ART - Creative Arts Submissions: Heart of Nursing

## What's Your Major?

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*Crystal Scott, BSN, USA*

### Purpose

The purpose of this presentation is to reevaluate what nursing means for the individual nurse and how each personal journey is truly a unique experience. It is imperative for nurses to understand why they stay passionate about healthcare and how their career choice has helped define a purposeful life.

### Target Audience

novice nurses and new graduate nurses, however any nurse who reflects on their career path and why they chose nursing to begin with.

### Abstract

It was a great honor to be elected by my bachelor of science in nursing senior classmates to speak at our recent commencement ceremony.

It was a challenging, difficult journey, completing my BSN degree -- one I could not have made without my faith, family, friends, and the faculty that supported me along the way. I am persistent in everything I do, and quitting is never an option. Having entered the nursing program four months pregnant, and with my husband far away at boot camp, pursuing my dream of being a registered nurse seemed daunting. After taking only nine days off when my son was born, I jumped right back into my academic program. My final semester, assigned to a clinical site in a busy emergency department at a large, county teaching hospital was the most stressful semester of them all. I did 12-hour shifts, completing over 216 hours. Often I would come home physically exhausted and in tears with an overwhelming feeling of helplessness; of feeling like I could never do enough. By the second shift I felt as if I had picked the wrong specialty area and that I should 'throw in the towel'.

I took what I developed as my 'nursing way', the drive behind my choice to join and stay in this profession, and asked others what their 'nursing way' was. I asked my classmates and faculty what moments made them vulnerable and how they rose above those moments. As nurses, it is important that we do not conceal the pain we experience everyday but to embrace it and use it as a force for good so that we can carry on.

I created this poem after reflecting on my experiences, those shared with me by peers, nurse mentors, and shared it at commencement. It is a tribute to every nurse who has ever felt helpless, and yet realized his/her individual and collective power in the healthcare field.

### **What's Your Major?**

*What's your major?*

Nursing. You say.

*Oh wait, isn't that gross?*

*Aren't you wiping butts and vomit all day?*

No. It's so much more than that.

*Why didn't you become a doctor?*

*Couldn't get into med school?*

No, I chose this evidence based practice profession,

And for your information, nursing's pretty cool.

I'm not afraid to educate

Or explain

The purpose and point of BSN after my name.

Nurses go way back in history, ya know?

Like Florence Nightingale, Clara Barton,  
A few to show.  
That nursing is so much more than  
Baths and meds.  
So much more than feeding trays and  
Making beds.  
Nursing is HARD.  
If it was easy, everyone would do it.  
But we applied.  
We got in.  
We went through it.  
Remember semester 1 and how it was sooo intense?  
Diving into nursing,  
Balancing life and making new friends?  
But overall, the program was an adventure  
Studying theory, practicing skills  
Going out maybe once a month  
Trying to convince yourself that studying 20+ hours a week was normal now  
It was a true battle of wills.  
Think back to your first clinical  
Did you really feel ready?!  
Stomach in knots, heart tachy,  
Palms all sweaty?!  
I remember how hard it was for me  
To get that first set of vitals.  
Now we are here, at the END of nursing school!  
Ready for that BSN title!  
To be honest, in the beginning, I didn't know why  
Nursing was such a big deal.  
But after that first semester of clinical  
I learned what it meant to feel.  
When you step out onto that floor  
You are the nurse.  
You are the one with the patient  
Whether it be for 8, 10 or 12 hours,  
Watching for better or for worse.  
I'll never forget our clinicals.  
When you got to hold and smell a new newborn,  
And marvel at the number of daily diaper changes.  
Or our peds rotation  
Desperately trying to remember the various vitals and growth stages!  
How public health taught us to meet patients where they're at,  
Whether they lived in a big house or on the floor on a mat.  
And realizing that in mental health we had nothing to fear,  
That in reality, many just needed someone to listen to them,  
An unbiased ear.  
And some days, nursing just feels perfect!  
Some days are the best!  
Meds are on time, you get to sit down,  
Your patients even say "thank you"  
(GASP)  
You bet.  
But some days...  
In some ways...  
It's the worst day ever.  
Right until the bitter end.

Because...  
No matter how many compressions  
Or late night colleague confessions  
Will bring that infant  
That you did CPR on  
For over an hour...  
Back.  
And listen when I say,  
We are NOT trying to blame,  
A nurse who has lost someone on their shift.  
We are acknowledging that it comes with the territory,  
A type of cruel healthcare gift.  
And we're just expected  
To  
Deal  
With  
It.  
Nurses are trained,  
To carry around all of these memories of pain,  
And then come home to our loved ones,  
As if everything's fine?! The same?!  
That if the intense events  
Of our daily routine leave our HEARTS and our MINDS and our SOULS unchanged?!  
But we aren't unchanged.  
We aren't the same.  
Constantly growing and evolving to the chaos  
Lest we go insane.  
But.

But.

But.

We don't go insane.  
We keep calm.  
And we carry on.  
Because  
We. Are. NURSES.  
When we signed up for this,  
We didn't know what was coming for us.  
We didn't ask for our hearts to be ripped apart  
And put back together  
Over and over and over again,  
But that is nursing my friends.  
When it's bad, it's bad, oh so bad.  
But when it's good, it's better than good.  
When you nurse that patient back to health,  
You remember why you joined, like you should.  
You can't help but feel an overwhelming sense of pride  
When you slip on your sneakers  
With a twinkle in your eye  
Because you are now  
A BACHELOR PREPARED NURSE!!!  
And in saving lives,  
You are well versed.  
And now we begin the next step  
As a new grad.  
I know the job forecast looks bleak and a total drag  
Yet...

We all will get jobs in due time.  
Because I know everyone here worries too much  
With our type "A" personalities  
Now we need to focus on passing the NCLEX  
And the rest  
Will fall in line.  
Because once we get our new jobs,  
That first year will be incredibly hard.  
We will start to feel desperate and exhausted,  
Like we've fallen from our shooting star.  
But don't. Hold on. We are family now.  
Remember to lean on each other.  
Your nurse sister. Your nurse brother.  
So that wherever you go,  
You can hold your head up high,  
Reach for the top, the limit is the sky!  
Remember your achievements  
Ignore the naysayers and their nonsense,  
Because in the words of Eleanor Roosevelt  
"No one can make you feel inferior without your consent".\*  
Congratulations to the Nursing Fall Class of 2014!

\*<http://quoteinvestigator.com/2012/04/30/no-one-inferior/>

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# CRT ART - Creative Arts Submissions: Heart of Nursing

## Creative Reflections

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*Kristina L. Leyden, PhD, APRN, FNP-BC, USA*

### Purpose

The purpose of this poster is to highlight student work as a means to use creative reflection as a tool to help students reflect on actions, events, or experience in a different medium.

### Target Audience

The target audience of this poster presentation is students and professors.

### Abstract

Purpose: The purpose of this poster is to highlight student work as a means to use creative reflection as a tool to help students reflect on actions, events, or experience in a different medium.

Methods: Students were asked to do a creative reflection in response to any encounter they experienced during their clinical rotation. Options to the creative reflection included, but not limited to, painting, sketching, short story, poetry, collage, photography, and music.

Conclusions: Numerous student work will be displayed, including paintings, poetry, short stories, and sketches. In addition, student music composition will be played during the presentation.

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## CRT ART - Creative Arts Submissions: Heart of Nursing

### Creative Expression as a Self-Care Strategy for Nurses Working with Women Who Have Experienced Emotional or Physical Violence

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*Linda R. Garner, PhD, MSN, BSN, RN, APHN-BC, CHES, USA*

#### Purpose

The purpose of this presentation is to describe how creative expression in the form of crafting can buffer the effects of vicarious trauma while working with women who have experienced emotional or physical violence

#### Target Audience

The target audience of this presentation is professional nurses who have frequent or ongoing interaction with female trauma survivors, especially those nurses who facilitate groups.

#### Abstract



#### References

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# CRT ART - Creative Arts Submissions: Heart of Nursing

## Divers-Abilities: Just a Part of the Everyday World

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*Melissa Schwartz Beck, PhD, MSN, BSN, RNC-OB, USA*

*Cheryl Vinyard Elhammoumi, MSN, BSN, BA, RN, CCRN, USA*

### Purpose

The purpose of this presentation is to share how persons with intellectual and/or developmental disabilities have the same feelings, desires, and goals as most everyone else. With this knowledge, we share how each of us can promote an inclusive culture through the use of inclusive language.

### Target Audience

The target audience of this presentation is all people who may interact with individuals who have intellectual and/or developmental disabilities.

### Abstract



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## CRT ART - Creative Arts Submissions: Heart of Nursing

### Use of Public Murals to Impact Perceptions of Strength-Training among Elder Latinas with Diabetes

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Adrienne S. Martinez-Hollingsworth, MSN, RN, PHN, USA


#### Purpose

To explore the use of murals, a traditional, Mexican/Mexican-American, public art form, as a method for encouraging strength-training exercise in older Latinas with Diabetes.

#### Target Audience

The target audience of this presentation is nurses, Diabetes educators, public health professionals and those interested in engaging with the elder, Latina community on an inclusive, culturally-invested level.

#### Abstract



*Mujeres Fuertes son Mujeres Sanas* (2015)  
Strong Women are Healthy Women  
A. Martinez-Hollingsworth

This adaptation of a famous Diego Rivera painting has several features that redefine the Latina female role:

- Hair is lightened and streaked with gray, reflecting aging
- Figure is wearing active wear (t-shirt and shorts, tennis shoes)
- Pose is more active/ assertive and implies movement
- Pose itself is reminiscent of lunges, a strength-training exercise used to build muscle in the quadriceps, hamstrings and gluteus muscles
- This image is designed to be displayed as a public mural, but may be incorporated into health education literature.





*Vendedora de Flores* (1944)  
Flower Seller  
Diego Rivera

This famous Diego Rivera painting has several features that promote a more traditional Latina female role:

- Woman appears to be young
- Figure is wearing traditional peasant dress and is shoeless
- Pose is passive; figure is on knees with semi-bowed head
- Pose itself is reminiscent of praying or reflection; figure appears calm in her passivity
- This famous image is well-recognized among Mexican and Mexican-American persons, and frequently appears in public murals-making it an ideal image for transformation.

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# CRT ART - Creative Arts Submissions: Heart of Nursing

## Prevalence of Chronic Diseases in Adults of a Community

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*Alejandra Leija Mendoza, BS, Mexico*  
*Kerena Hernandez, BS, RN, Mexico*  
*Raul Castillo Vargas, MSN, RN, Mexico*  
*Villarreal-Reyna María de los Angeles, PhD, RN, Mexico*  
*Nancy Griselda Pérez Briones, MSN, Mexico*  
*Oswaldo Telles, RN, Mexico*

### Purpose

Identify a community of Saltillo, Coahuila prevalence of chronic diseases, signs and symptoms thereof.

### Target Audience

Health cannot be measured in terms of presence or absence should also assess aspects of healthy habits in adults as this may mean maintaining their functional ability or presence of other conditions.

### Abstract

Purpose” Identify a community of Saltillo, Coahuila prevalence of chronic diseases, signs and symptoms thereof.

Introduction: Health cannot be measured in terms of presence or absence should also assess aspects of healthy habits in adults as this may mean maintaining their functional ability or presence of other conditions.

A survey in a community of Saltillo, Coahuila in which 30 adults surveyed was applied. The results were only 10% (f = 3) is 65 or more, of the total population 65.7% (f = 17) are overweight. Only 23.3% (f = 7) have high blood pressure and take medication. 46.7% (f = 14) refers having a sibling with diabetes and 53.5% (f = 16) states that a parent also has diabetes. 23.7% (f = 7) of the women surveyed reported having had babies over 4 kilograms at birth. Only 30% (f = 9) were kept physically active with activities like walking or zumba.

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## CRT ART - Creative Arts Submissions: Heart of Nursing

### The Effects of Age, Ethnicity, Sexual Dysfunction, Urinary Incontinence, Masculinity, and Relationship with the Partner on the Quality of Life of Men with Prostate Cancer

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Suha Ballout, PhD, RN, USA

#### Purpose

The purpose of this presentation was to examine relative contributions of age, ethnicity, sexual dysfunction, urinary incontinence, masculinity, and perception of the relationship with the partner on the quality of life in men diagnosed with prostate cancer.

#### Target Audience

The target audience of this presentation are nurses and healthcare professionals who care for ethnically diverse men diagnosed and treated for prostate cancer.

#### Abstract

Prostate cancer, the leading cause of cancer in men, has positive survival rates and constitutes a challenge to men with its side effects. These men are generally around 50 years of age and older, do not look or feel sick, but endure urinary and sexual dysfunctions as a result of their prostate cancer. Consequently, the normalcy of their life is disrupted, and their quality of life (QOL) is disputed. Studies have addressed the bivariate relationships between prostate cancer treatment side effects masculinity, partner relationship, and QOL. However, few studies have highlighted the relationships among prostate cancer treatment side effects (i.e., sexual dysfunction, urinary incontinence), masculinity, and relationship with the partner together on QOL in men. Most studies were conducted with predominately Caucasian sample of men. South Florida, being a multiethnic region, constituted an interesting setting for this study. Miami is a unique multiethnic setting that hosts Cuban, Columbian, Venezuelan, Haitian, other Latin American and Caribbean communities that were not represented in previous literature. The purpose of this study was to examine relative contributions of age, ethnicity, sexual dysfunction, urinary incontinence, masculinity, and perception of the relationship with the partner on the QOL in men diagnosed with prostate cancer. Data were collected using self administered questionnaires measuring demographic variables, sexual and urinary functioning (UCLA PCI), masculinity (CMNI), partner relationship (DAS), and QOL (SF-36). A total of 117 partnered heterosexual men diagnosed with prostate cancer were recruited from four urology clinics in Miami, Florida. Men were 67.47 (SD = 8.42) years old and identified themselves to be of Hispanic origin (54.3 %, n = 63). The ethnic distribution mirrored that of South Florida where the most men identified themselves as White Hispanic (n = 39, 33.6 %), Black Hispanic (n = 24, 20.7 %), and Black Caribbean (n = 19, 16.4%). The majority of men participating in this study were diagnosed with prostate cancer more than one year (n = 70, 59.9%) ago. Findings demonstrated that there was a significant moderate negative relationship between urinary and sexual functioning of men. There was a significant strong negative association between men's perceived relationship with partner and masculinity. There was a weak negative relationship between the partner relationship and QOL. Results showed that men with stronger masculine norms, usually aligned with the concepts of hypermasculinity and machismo, were less satisfied with their relationship. Hierarchical multiple regression showed that the partner relationship ( $\beta = -.25$ ,  $t(91) = -2.28$ ,  $p = .03$ ) significantly contributed overall to QOL. These findings highlight the importance of the relationship satisfaction in the QOL of men with prostate cancer. Findings from this study provide an understanding of the perceived factors that influence the QOL in a sample of older men diagnosed with prostate cancer and from a multiethnic and multiracial sample. Nursing interventions to enhance QOL for these men should consider strengthening the relationship and involving the female partner as an active participant.

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# CRT ART - Creative Arts Submissions: Heart of Nursing

## The Use of Art in the Classroom and Labs to Teach Medical Surgical Nursing Students

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*James Daniel Holland, PhD, MSN, RN, CNL, RRT, RCP, USA*

### Purpose

The purpose of this presentation is to inform the participants of the ways art is used in the classroom and lab settings to teach medical surgical nursing to students.

### Target Audience

The target audience of this presentation is nurse educators, researchers, and practitioners.

### Abstract

This presentation will focus on the use of art in teaching medical surgical nursing students in the classroom and lab. The presenter will present the various methods used in the teaching of the medical surgical nursing students in the classroom and lab. Specific examples that were developed by the faculty and/or students will be presented. The impact on the students learning will also be described. Lessons learned during the history of using art will be described. Finally, recommendations for the future will be discussed.

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# CRT ART - Creative Arts Submissions: Heart of Nursing

## Living not Dying

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Ali Marie Galindo, MSN, ARNP, ARNP-FP, USA

### Objectives

To understand our role in palliative care

### Purpose

The purpose of this presentation is to reflect on the beauty of palliative care. Through music and poetry, one can contemplate their own views about death and dying and become inspired to experience a different perspective on dying.

### Target Audience

The target audience of this presentation are health care professionals in all disciplines as well as anyone who has lost a loved one to terminal illness or tragic circumstances.

### Abstract

Nursing is not merely a profession it is a vocation. Being a nurse means giving of oneself even in difficult circumstances. Our society has made it difficult to age, to become ill and to die. Yet death is inevitable and how we treat those who are terminally ill is reflective of the values that our society holds. Accepting death means that the quality of life improves. As a nurse with the lived experience of seeing mothers hold their stillborn babies in their arms to holding my terminally ill father in my arms, I have come to realize that death can be beautiful. If we remove all the fear, the anger, and frustration and focus on the beauty of the life that blessed our hearts, we understand a little more of what life is truly about.

A beautiful woman who battled cancer three times in her life inspired this song. Upon her third diagnosis, I asked her, "Do you ever wonder why? Do you get angry and question God's motives?" Her reply was humbling to me. "No, I never do...If I do, then I lose sight of all my wonderful blessings." I realized, that as a nurse, I am called to help patients focus on their life...not their illness. The butterfly goes through a transformation, a period in time where there is self-reflection and solitude with oneself. A time to decide if one will focus on life or death. Once the realization is made, the butterfly has the option to come out of its transformational place and fly. May every butterfly you see be a reminder that life is precious, fleeting and that love carries on, transcends death and makes this journey bearable. To those who have lost loved ones, please rest assured, they are not far from here, for they and their love reside in our hearts.

### Butterfly: A song about Living with Love not Dying from Disease

Once upon a time, there was an angel in disguise  
A precious little lovely butterfly  
Though she had reasons to be frail, you would see her flying high  
Spreading love and hope to all who passed her by

#### Chorus:

Although she may seem far from here, the love will never die  
From this precious little lovely butterfly  
She was one to count the blessings for the simple things in life  
And she never let her pain disrupt her flight  
She was blessed, so highly favored, you would often hear them say  
She was a soldier in God's army everyday

#### Chorus:

Although she may seem far from here, the love will never die  
From this precious little lovely butterfly  
She lived her life for Jesus, not for glory, not for fame

Yet she touched so many lives along the way  
Then this precious little butterfly, flew through heaven's gates one day  
When God Our Father proudly called her name

Chorus:

Although she may seem far from here, the love will never die  
From this precious little lovely butterfly  
Mommy, our precious butterfly...our love will never die  
We'll be loving you for the rest of our lives  
We'll be loving you our Precious Butterfly

References

None

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# CRT ART - Creative Arts Submissions: Heart of Nursing

## Eight Infernal Generals

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*Chin-Nu Lin, PhD, MSN, MA, RN, USA*

### Purpose

The purpose of this presentation is to introduce the folk religious temple activity “Eight Infernal Generals” and its relationship between religion and health in Taiwan.

### Target Audience

The target audience of this presentation are the participants who are interested in understanding better about religious activities and practices in the context of Taiwanese health care.

### Abstract



This illustration represents the “Eight Infernal General Troupes” pilgrim in Taiwan. The actual art work was suggested not to be uploaded by the submission instructions.

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## CRT ART - Creative Arts Submissions: Heart of Nursing

### Improvements to the Hospital Wide BCMA Process through the Collaborative Efforts of the Nursing and Pharmacy Departments

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*Theresa Farrell, AAS, RN, USA*

#### Purpose

The purpose of forming our multidisciplinary task force for post go live Bar Code Medication Administration (BCMA) was to identify potential problems and come up with solutions to improve patient satisfaction and patient safety.

#### Target Audience

The target audience for this poster would be nurses, pharmacists, patient care associates and pharmacy technicians. It may also include nursing and pharmacy administration trying to improve workflow problems.

#### Abstract

The learner will be able to understand that collaboration between pharmacy and nursing will result in an increase in patient safety.

The learner will also see that workarounds develop after implementation of a new process and that attention needs to be given to workflows to prevent this from developing.

Successful transition to BCMA requires a collaborative effort of many teams in the hospital, particularly nursing and pharmacy. The Institute of Medicine (2007) reports that hospitalized patients are subject to one medication error per day and the BCMA process has the potential to reduce dispensing and administration errors.

The target audience for this poster would be nurses, pharmacists, patient care associates and pharmacy technicians. It may also include nursing and pharmacy administration trying to improve workflow problems.

#### References

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## CRT ART - Creative Arts Submissions: Heart of Nursing

### Poetic Analysis of Perceptions of Newly Graduated Nurses Regarding Their Experiences of Academic Incivility between and among Nursing Students in Undergraduate Nursing Education

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*Tatiana K. Penconek, MN, BScN, BSc, RN, Canada*

#### Purpose

The purpose of this presentation is to invite the audience to experience the researcher's reflections through poetic expression regarding nursing student-to-student incivility as described by newly graduated nurses. It is anticipated that the audience will add to their knowledge about civility in nursing education.

#### Target Audience

The target audience of this presentation is nurse educators, nurse academics, nursing students, nurses working with new graduates, and any nurse who enjoys the sound, feel, and expression of poetry.

#### Abstract

##### Poem #1

Peer Popularity

not socially accepted

likeability T A R G E T less popular

not fitting in

cliques

##### Poem #2

The Mature Student

I am the mature student

In your nursing program

I am smart

An honor student in fact

I have life experience

I want to learn

I am older than you

I am the oldest student in the class

I want to join

I am mature

I am keen

I listen

I am alone

Without peers

Not chosen

I am lonely

It's ok

You

Are

Young

Poem #3  
Clicking of keyboards

the click of the keys  
on the lap tops  
distracts  
disrupts  
click  
click  
move  
move up  
to the front of the class  
fiddling  
shuffling  
talking  
texting  
talking  
texting  
surfing the internet  
click  
click  
click  
don't sit  
in the back of the class

Poem #4  
We are the voices

We are the voices  
The voices that never spoke  
That never said no  
That never said stop  
That never said why?  
That stayed silent

We are the persons  
Who knew it was wrong  
Who cared  
But who wanted to remain  
    unnoticed

Who sat  
And did not stand  
Stand up

We feel guilt  
We feel uncertain  
We are cautious  
Not safe

We want  
We will  
And Have  
Now  
Said something  
And stood

Stood straight up

Poem #5

Survival of the Fittest

I went to nursing school

Excited

Nervous

Wanting to learn

To care

To nurture

No one said it would be this way

Jumping hoops

Facing challenges

Staying Quiet

Stressed

Will I survive?

Will I make it to the end?

Is this what awaits me

When I become a nurse?

Poem #6

A Letter to My Nursing Instructor

There have been times

When I can't hear you

There are too many distractions

I want to learn

That is why I am here

But I can't hear

There have been times

When some students

Say mean things to others

It's not right

It doesn't feel right

It makes me uncomfortable

And sometimes mad

But I am afraid to say anything

To stand up

These are my peers

And I haven't found my voice yet

But you are a nurse

An experienced nurse

And a teacher with a voice

Please say something

Please do something

I have waited

And waited

I am waiting

Can you see what is happening?

It is not right  
Do you think it's right?  
I want to learn  
I want to learn to stand up  
Can you help me?  
Can you show me?

Can you show us all?

Sincerely,  
A Nursing Student

Poem #7  
I have learned this...

I have learned that the classroom  
Can be a very noisy and busy place  
Where some students engage  
And others do not  
It is wise to sit in front of the class

I have learned that students  
Are not always civil to one another  
There are negative comments  
And remarks and sometimes anger  
It is best to work together

I have learned that some students  
Are afraid to speak up  
About what they see and hear  
And others feel isolated  
But most want to fit in

I have learned that incivility  
Has many effects on the students  
And on the places where they learn  
There are emotions and fears  
It affects their nursing practice too

I have learned that students  
Look to their faculty  
To address incivility  
To fairly enforce the rules  
And ensure a learning environment  
That is safe  
That is positive  
That is civil

Poem #8  
I watched...

I watched while the student left  
left my office  
after sharing with me  
the pain and humiliation  
of negative remarks

and comments  
from other students  
on a social media site  
shared by so many other students

I watched  
the hurt  
the tears flow  
the eyes redden  
the shoulders deflate  
and the stress rise

I watched

I offered silence  
and kind words  
some advice  
not much else

and I watched you leave

I would like you  
to know  
this is why I  
studied what I studied  
and wrote what I wrote  
so that  
I don't have to watch  
you leave again  
but can walk out with you  
and  
help

#### References

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# **Clinical Poster Presentations Session 1 (CLIN PST 1)**

## CLIN PST 1 - Clinical Poster Session 1

### Use of SBAR Tool to Improve Nurse-Physician Communications

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*Christina E. Gresh, MSN, BSN, RN, USA*

#### Purpose

The purpose of this presentation is to make healthcare professionals aware that the use of SBAR (Situation, Background, Assessment, and Recommendation) in communication interactions between nurses and physicians can help to significantly reduce negative outcomes. Research shows that ineffective communication can impact nursing practice, patient care, and overall patient outcomes.

#### Target Audience

The target audience of this presentation is registered nurses, physicians, and all other healthcare professionals.

#### Abstract

**Purpose:** The purpose of this action research study is to examine if the use of SBAR improves communications between nurses and physicians on a 56 bed medical-surgical unit in a suburban teaching hospital.

**Methods:** An action research approach was utilized to educate nurses on use of the SBAR tool in their communication interactions with physicians. After implementing SBAR, the effectiveness of the tool was evaluated by the number of Serious Safety Events (SSE) which have occurred. A SSE is an incident that causes harm to the patient. Using SBAR can help diminish the occurrences of SSEs. The goal is to have 365 days without an SSE.

**Results:** The findings in this preliminary study reveal that the SBAR tool can help improve nurse-physician communications. When SBAR is implemented in nurse-physician interactions, key information is able to be transmitted efficiently, thus reducing the chances of negative outcomes.

**Conclusion:** Given the number of adverse events which can occur in the healthcare setting, the use of SBAR in communication interactions between nurses and physicians can help to significantly reduce negative outcomes. Nurses need to be encouraged to continue communicating with physicians in the SBAR format in the future. Effective communications between nurses and physicians is valuable, due to the beneficial results it generates for patients and healthcare professionals.

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## CLIN PST 1 - Clinical Poster Session 1

### Computer Gaming to Improve Learning Outcomes in Baccalaureate Nursing Students

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*Deborah Ann Halliday, MSN, RN, USA*

#### Purpose

The purpose of this quasi-experimental one group pre and posttest designed study was to compare test scores utilizing an innovative computer game to improve learning outcomes. The convenience sample consisted of junior-level baccalaureate students (n=32). Significant differences were found between the test scores ( $t = 2.627$ ,  $p = .013$ ).

#### Target Audience

The target audience of this presentation are nurse educators who wish to incorporate innovative technological strategies in the classroom as a means to engage students and improve learning outcomes.

#### Abstract

The digital environment in which the millennial generation was raised may provide challenges for educators to develop engaging pedagogy using technology. Technology may provide contemporary educators with tools to enhance teaching and provide learning opportunities that incorporate critical thinking and collaboration to improve learning outcomes. The purpose of this quasi-experimental one group pre and posttest designed study was to compare test scores utilizing an innovative computer game to improve learning outcomes.

**Key Words:** Millennial generation, digital environment, engaging pedagogy, technology, learning outcomes.

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## CLIN PST 1 - Clinical Poster Session 1

### Pre-Exposure Prophylaxis (PrEP) for HIV Prevention: A Clinical Practice Review

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Yeow Chye Ng, PhD, MSN, BSN, BSE, RN, FNP-BC, NP-C, NRCME, AAHIVE, USA  
Rebecca M. Gaines, BSN, MSN, RN, FNP-BC, USA

#### Purpose

The purpose of this presentation is to provide the audience with an understanding of how to implement Pre-Exposure Prophylaxis (PrEP) for HIV prevention, including efficacy results, dosing strategies, safety measures, and counseling. The implementation is based on the current recommendations from CDC, FDA, NYSDOH, and USPHS.

#### Target Audience

The target audience of this presentation is nurses, health care providers, and other health care workers responsible for the daily clinical aspects of prevention and treatment modalities in the field of HIV.

#### Abstract

**Background:** Primary care providers should possess current, evidenced-based knowledge in order to provide competent and compassionate patient care. According to research evidence, there is a wide variance with respect to HIV/AIDS knowledge, attitudes, and behaviors among healthcare providers. Unfortunately, knowledge deficits and preconceived ideas may create major barriers for HIV-positive patients seeking care. Due to the recent availability of PrEP medication guidelines, nurse practitioners should expect more patients to present to clinical sites, requesting information on HIV prevention and treatment modalities measures. In fact, a recent nurse practitioner conference survey showed that 85% of providers were unaware of the 2014 Clinical Practice Guidelines for the PrEP program and agreed that the new guidelines would present several challenges due to lack of standardization.

**Methods:** A review of the literature was conducted on PrEP articles published between 2011 and 2014 from four major organizations: Centers for Disease Control and Prevention (CDC), United States Food and Drug Administration (FDA), New York State Department of Health, AIDS Institute (NYSDOH), and the United States Public Health Service (USPHS).

**Findings:** In 2011, CDC released an interim guidance titled PrEP for Men who have Sex with Men (MSM). July 2012, FDA approved two combination drugs (TDF/FTC) for PrEP treatment. August 2012, CDC released another interim guidance on PrEP program for heterosexuals. June 2013, CDC further expands the guidance on PrEP program for Injecting Drug User (IDU) population. January 2014, the NYSDOH released an online guidance for PrEP program. May 2014, USPHS officially published the first clinical practice guideline for PrEP program. Recommendations from these organizations were synthesized, based on appropriate clinical practice guidelines for advanced practice nurses.

**Summary/Implications for Practice:** Primary prevention is unmistakably the solution to reducing the prevalence of new HIV cases. After many years of research, the PrEP program was FDA-approved in 2012; therefore, it is the responsibility of advanced practice nurses to know current, evidenced-based prevention and treatment recommendations as they take their place as a vital member of the healthcare team.

#### References

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## CLIN PST 1 - Clinical Poster Session 1

### A Review of the Literature: The Relationship between the Playground Environment and Physical Activity Levels of Children

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*Ipuna E. Black, PhD, MSN, BSN, RN, USA*

#### Purpose

The purpose of this presentation is to understand the relationship between the playground environment and children's physical activity levels using the Ecological Model of Four Domains of Active Living to guide the review.

#### Target Audience

The target audience for this presentation is anyone interested in health promotion in children, especially at the community level.

#### Abstract

**Introduction:** Almost 20% of American children aged 6 to 11 years are obese. A decrease in physical activity (PA) has been associated with an increase in obesity. The school environment is one place where many children can be reached. The purpose of this paper was to review interventions aimed to improve PA on the playground environment in elementary school children, and make recommendations to develop related best practices.

**Method:** The extensive literature review guided by the Ecological Model of Four Domains of Active Living was conducted to include all primary research articles between January 2001 and November 2014 evaluating policy, individual, social, and physical environmental variables with PA as an outcome during leisure time in the elementary school setting.

**Results:** The included 26 articles represented both settings within the U.S and internationally, among elementary/primary schools. Policy positively influenced access to PA opportunities in the elementary school setting. Boys spend more time in moderate to vigorous PA than girls, but it is important to provide playground environments that are inviting for increased PA for both genders. The association among weather, supervision, playground markings, fixed equipment, and supervision with PA levels was undetermined. The association among loose equipment, offering an organized PA program with PA levels in children predominately had a positive relationship with PA levels in children.

**Conclusions:** Research in the area of the playground physical environment and its association to PA levels in children is growing. There are several low-cost strategies that can be implemented to maximize the PA levels of children during offered leisure time while at school. Long-term follow-up studies are needed to identify sustainability of such interventions and policies that influence PA levels in children.

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## CLIN PST 1 - Clinical Poster Session 1

### Cervical Tuberculous Lymphadenitis in a BCG Vaccinated Child

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*Sandra Cecilia Esparza Gonzalez, PhD, RN, Mexico*

*Pedro Enrique Trujillo-Hernandez, RN, Mexico*

*Angeles Villarreal-Reyna, PhD, RN, Mexico*

*Mauricio Salinas, PhD, RN, Mexico*

#### Purpose

The purpose of this presentation was to analyze epidemiology and evaluate clinical features (symptoms) of BCG children vaccine, whom develop primary tuberculous lymphadenitis, resulting from possible contact with an adult pulmonary TB patient in treatment

#### Target Audience

The target audience of this work is health-related staff, mainly personnel related to children including nursing.

#### Abstract

**Objective:** Our aim was to analyze the epidemiology and evaluate clinical features (symptoms) to search efficient tools helping to diagnose extra-pulmonary and pulmonary childhood tuberculosis.

**Methods:** We retrospectively reviewed medical records of patients aged less than 17 years, treated for active tuberculosis (TB) from January 2000 to January 2008 at Hospital Universitario Dr. José Eleuterio González.

**Result:** Total of 45 patients with active TB were identified. Thirty- three children (73%) had extra-pulmonary TB (EPTB); the remaining had pulmonary TB (PTB).Mycobacterium tuberculosis was isolated mainly in the central nervous system and the meninges (27%). According to clinical observation, fever, cough and weight loss were present in most patients with pulmonary TB. Fever was the only symptom related within extra-pulmonary cases. Different analyses were performed to confirm diagnosis, such as direct microscopic screening of stained slides for acid-fast bacilli (AFB), culture, PCR, TST and chest radiography.

**Conclusion:** The majority of patients had extra-pulmonary TB. Fever was associated with both EPTB and PTB. Only cough and weight loss showed a significant difference between EPTB and PTB.

#### References

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## CLIN PST 1 - Clinical Poster Session 1

### Assisting Haiti Nurse Educators in Port-au-Prince, Haiti, with Strategies to Expand Their Nursing Knowledge and Practice

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*Ellen L. Palmer, PhD, RN, USA*

*Becky M. Baird, MS, RN-BC, CNE, CMSRN, USA*

#### Purpose

The purpose of assisting Haiti Nurses Educators was in response to their request for information in order to create nursing symposium, to building nursing student scholarships, to make strategies for advanced nursing degrees and to begin a simulation laboratory for student instruction and testing.

#### Target Audience

The target audience for this presentation is nurse educators, student nurses and health care international volunteers.

#### Abstract

With collaboration of Haiti and U.S. Nurse Educators, thirteen symposium were implemented. Initially, the training was designed to teach event planning details. Included in this phase were topics such as targeted marketing, budgeting, venue, programs, form development. Secondly, topics were developed in response to Haitian Nurse Leadership. Included were topics covering infectious diseases, team building, and evidence based practice. Future topics planned will include nursing research and simulation education.

As a result of the successful collaboration, Phase Two was implemented. A nursing student scholarship program was established at the Haiti National School of Nursing, [www.haitinursingstudents.org](http://www.haitinursingstudents.org)

A needs assessment was developed and implemented at a recent symposium. Armed with this information. the nurse educators began creating strategies for advanced nursing degrees, and began the process of developing a simulation laboratory for education and testing. The first 7 manikins arrived March 18, 2015 at Grace Children's Hospital Education Center in Port-au-Prince, Haiti  
. [www.internationalchildcare.org](http://www.internationalchildcare.org)

#### References

Designing a Simulation Lab that's Right For You [www.kahlerslater.com/content/pdf/KS\\_WhitePaper\\_SimLab.pdf](http://www.kahlerslater.com/content/pdf/KS_WhitePaper_SimLab.pdf)  
Designing a Simulation Lab that's Right For You Top Simulation Lab Trends and Considerations 2014 Transforming Education in Nursing with SimMom@Rapid advances in simulation as well as tele-health training have transformed nursing education at Lake Superior State University [www.laerdol.com](http://www.laerdol.com) 2014

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## CLIN PST 1 - Clinical Poster Session 1

### Transformational Teams: Examining the Relationship of Nursing Teamwork to Patient Outcomes

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*Debbie J. Rahn, MSN, EdD, RN, FABC, USA*

#### Purpose

The purpose of this presentation is to provide the results of a research project investigating the relationship of teamwork within acute care medical-surgical nursing units to specific nurse indicator patient outcomes including pressure ulcers, patient falls, and catheter-associated urinary tract infections.

#### Target Audience

The target audience of this presentation is all Registered Nurses practicing in nursing practice, education, or leadership who have an interest in examining the relationship of nursing teamwork and the occurrence of nurse-sensitive patient outcomes.

#### Abstract

Over one decade ago, a landmark study in healthcare identified the need for the healthcare industry to address a widespread problem of preventable adverse patient outcomes. The problem of preventable negative patient outcomes continues to pervade American healthcare, and there is an identified need to better understand the relationship of soft skills, such as nursing teamwork, and the occurrence of patient outcomes. The success of future educational and leadership interventions to improve patient outcomes is dependent on first identifying key factors associated with the negative patient outcomes.

The purpose of this research was to investigate the relationship of nursing teamwork within acute care medical-surgical nursing units and specific nurse-sensitive patient outcomes including pressure ulcers, patient falls, and catheter-associated urinary tract infections. The primary research question of this study was: How does nursing teamwork affect nurse-sensitive patient outcomes? The study builds upon a theoretical framework entitled The Donabedian Model of Patient Safety which describes a linear progression from input concepts to outcome concepts, implying that each input component (such as teamwork) has a direct influence on the outcome. In addition, more contemporary research by Salas, Sims, and Burke in 2005 defined teamwork by identifying eight constructs or elements of teamwork, and provided the foundation for a theoretical understanding of nursing teamwork.

The non-probability convenience sample included in this research was that of nursing team members currently employed in acute care medical-surgical environments. Participants were derived from a single 735-bed acute care community hospital located in mid-eastern United States. The methodologies utilized in this study included the following datasets: (1) teamwork survey (quantitative), (2) nurse-sensitive patient outcome data secured from the research site's pre-existing National Database of Nursing Quality Indicators (NDNQI) data (quantitative) and (3) sequential follow-up focus group interviews (qualitative). The mixed methodology design utilized comparison of means and correlational statistical analysis to compare eight medical-surgical nursing units' teamwork data (collected using the teamwork survey) with each unit's NDNQI nurse-sensitive patient outcome data. The nurse-sensitive outcome data incorporated as dependent variables included pressure ulcers, falls, and urinary catheter associated infections.

Strategies for assurance of ethical standards focused on securing informed consent, protecting the participant's right to withdraw, anonymity of survey data, confidentiality, and conducting the study with integrity and the avoidance of deceptive practices. The primary limitation associated with the proposal was related to the single-site study design. The lack of a strict scientific empirical framework and unit-based data analysis also limited causal inferences among the variables.

The raw data supported the premise that a pattern exists whereby medical-surgical nursing teams with higher levels of teamwork as measured by the teamwork survey is accompanied by a pattern of fewer

negative nursing outcomes. The clinical impact and clinical significance of this raw data finding is important to discuss.

Several important correlations were noted between constructs of teamwork and patient outcomes. Examples include the correlational findings between the independent variable of intra-shift teamwork and the dependent variable of unassisted falls. The two variables were moderately correlated,  $r(8) = -.618$ ,  $p < .05$  (two tailed) and demonstrated an inverse relationship as represented by the negative correlation value. A second finding was the result of correlational data analysis between a teamwork construct and unassisted falls. The Kendall's Tau-b correlation between the teamwork construct and unassisted patient falls was  $-.571$ . The finding was statistically different from zero ( $\tau_b = -.571$ ,  $n = 8$ ,  $p = .048$ ) and indicated a moderate inverse relationship between the two variables.

Additional statistical analysis was conducted to identify specific variables as described in each teamwork survey question. Analyzing each question as an independent variable provided more specific information regarding teamwork behaviors which may be associated with outcomes. These relationships were computed utilizing the Pearson Product-Moment Correlation Coefficient to determine if a relationship existed between the variables. Several findings were significant in all three types of negative patient outcomes.

These relationships, along with the prior evidence established in nursing and healthcare literature, as well as the already established high personal and organizational stakes for negative patient outcomes, lead one to believe that the null hypothesis should be rejected. The clinical relevance of that finding is that there may be value in investing time, energy, and resources in educational and leadership strategies aimed at improving teamwork within the medical-surgical nursing sector, with the goal of improving patient outcomes.

The research also provided rich qualitative data regarding the role of nursing teamwork in the provision of high quality patient care. The research data suggests that according to the nurse's perspective, teamwork is a critical influential factor of patient outcomes. The research findings suggest that teamwork in the medical surgical nursing teams mirrors the research completed in other areas of healthcare demonstrating a relationship between teamwork and outcomes.

Key findings induced through triangulation of the quantitative and qualitative data included differing levels of teamwork among teams, transitory nature of nursing team membership, three descriptive themes related to high quality teams, the importance of team leadership, barriers to teamwork, the lack of skill in dealing with conflict between team members, and the unmet educational needs of nursing team members. Four primary conclusions provide a framework for teamwork education, interventions, and future research. Four major conclusions relate to the impact of teamwork on nurse-sensitive patient outcomes, the lack of a standard theoretical model of team performance within the nursing profession, the need to adapt team training strategies to address the unique needs of nursing teams, and the need for implementation of additional strategies related to the educational needs of nursing team members.

The concept of Transformational Teamwork emerged from the evidence and conceptualizes teamwork within a system where a transformational leader influences not only individual followers, but influences the team as a whole to perform optimally, resulting in high quality outcomes. Each team member within a transformation team has a positive influence on the team and other team members, and the success of transformational teamwork is measured by quality outcomes.

The research has important clinical and practical implications for the nursing profession and healthcare consumers. Recommendations for the future address nursing practice, education, and leadership as well as define additional future research. Although the design and methodology of the research prevents making any generalizable connections, the research has generated an interest in further exploring the connection between nursing teamwork and nurse sensitive outcomes including pressure ulcers, falls, and catheter associated infection. In addition, the findings reveal some areas for potential improvements, curriculum development, and educational and leadership interventions.



It is critical that the nursing profession examine the incidence of negative patient outcomes occurring within the nursing sector's locus of control, and implement educational and leadership strategies to protect patients from the resulting increased morbidity and mortality commonly associated with negative patient outcomes.

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## CLIN PST 1 - Clinical Poster Session 1

### Influencing Today's Psychiatric Mental Health Nursing Students for Practice Tomorrow

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#### Purpose

to provide a resource to enhance students' learning in the area of electronic documentation in the clinical setting in an effort to prepare them for practice after graduation and to gain feedback related to the students' perception of the integrated support of a simulated EHR system into the nursing curriculum.

#### Target Audience

clinical faculty and nursing students.

#### Abstract

**Purpose:** The presentation is to provide a resource to enhance psychiatric mental health (PMH) nursing students' learning in electronic documentation to prepare them for practice after graduation.

**Summary of the Evidence:** Federal directives, nursing and nursing education associations, as well as accrediting bodies emphasize the importance of integrating health information technology and electronic health care record (EHR) into nursing practice. Additionally, information management and the application of technology in patient care is a required competency of baccalaureate nursing graduates. Content needed in the curriculum to meet this requirement includes the utilization of EHRs, decision support tools, and databases in the health care system. Key professional nursing associations, as well as a national nursing informatics coalition, have created policy statements that support competency in nursing informatics for all practicing nurses, as well as nursing students. Documentation and planning of patient care through an EHR is a relevant skill necessary in achieving this competency.

Unfortunately, in the clinical setting, students are rarely afforded the opportunity to document on patients electronically. Most facilities are equipped with computers at the nurse's station or in patient care rooms. Some have computers on wheels (COWS). These computers are primarily for the nursing staff to use to deliver care to patients. Therefore, faculty and students have limited access on these computers. Furthermore, because of time restraints, faculty are not able to adequately review all students' documentation daily in the clinical setting. In addition, students spend a limited amount of time in an assigned clinical agency; consequently, many organizations believe that the sensitivity of medical records and the resources needed for training outweigh the benefits of allowing students to utilize the EHR system. Therefore, students are often prevented from documenting in permanent EHRs.

**Description of Innovation:** As a part of the project, nursing faculty received an electronic tablet. Orientation to the resource and its use as a teaching tool occurred during a specified meeting time prior to the beginning of the clinical component of assigned courses; all faculty were oriented at the same time. Faculty who planned to use the electronic tablet as a teaching tool and were unfamiliar with the technology received additional orientation to the device by a Technology Services Manager prior to beginning clinical. All faculty accessed a Health Insurance Portability and Accountability Act (HIPPA) compliant, web-based EHR simulation software via his/her tablet. The students utilized the educational simulation EHR in the clinical setting as assigned. Students used the electronic tablets and EHR simulation software to demonstrate electronic documentation of patients cared for in the clinical setting. Documentation was submitted related to the patients as if they were making real-life decisions. The instructor evaluated student documentation and provided immediate feedback for each documentation activity. At the end of the semester, all students involved in the project completed a questionnaire of the teaching tool's accessibility, practicality, and impact on performance and patient care.

**Change Brought About by Innovation:** As a result of the project, nursing students were afforded the opportunity to practice real-time electronic documentation on patients at a clinical site in a safe

environment. As the EHR simulated software utilized also provided students with peer-reviewed information on evidenced-based practice, medications, and applicable practice guidelines, they use this information to assist with clinical reasoning. Therefore, the students were better prepared to enhance patient comfort and prevent undesirable outcomes. By creating a simulated EHR in the clinical setting, nurse faculty were able to improve the documentation skills of pre-licensure students. Overall, students provided positive feedback related to the utilization of simulated electronic documentation and voiced the necessity of the technology in the nursing curricula. Students generally acknowledge the potential of electronic document to improve patient safety. In addition, faculty reported improvement in students' point-of-care and real time charting.

**Implications and Significance for Practice and Education:** For the most part, a nursing student's documentation is a hand-written account of the student's fulfillment of the professional and legal duty of care. This documentation process provides an overview of the communication between health care professionals, a plan of patient care, an analysis of health care, a source for education and research, and the patient's medical position. In the clinical setting, students are required to bring resources such as lab books, pathophysiology books, and course specific books as well as calculators, drug cards, and concept maps to assist in planning in documenting this care of patients in the health care setting. Access to an overview of patients' current data, medication history, and alerts for drug incompatibility can dramatically increase the quality of nursing care. Often, documentation is not reviewed and graded until after the clinical experience; allowing the loss of great "teaching moments." Clear, concise, instantly accessible information stimulates critical thinking, resulting in better clinical decisions grounded in evidence-based care. Access to technology via an electronic tablet affords students the opportunity to practice documentation electronically and learn simultaneously.

**Recommendations:** Resources to enhance students' learning in the area of electronic documentation in an effort to prepare them for practice after graduation is essential in influencing nursing education. Simulated electronic documentation teaches students to think critically about documentation in a safe environment while enabling faculty to measure their progress. The knowledge acquired by integrating simulated electronic documentation into nursing curricula will provide students a valuable educational experience as well as real-world practice.

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## CLIN PST 1 - Clinical Poster Session 1

### Relationships between Ryodoraku Measurements and Lifestyle, Based on the Concepts of Oriental Medicine

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#### Purpose

This presentation aims to discuss how to grasp the relationships between Ryodoraku measurements and lifestyle, and the benefits that his understanding has been shown to have for nursing students.

#### Target Audience

The target audience is researchers and educators with an interest in developing courses that promote the health of students.

#### Abstract

**Purpose:** Uncomfortable symptoms or signs heralding the approaching onset of a disease constitute an important stage of human health in the field of oriental medicine. If these symptoms or signs during such a “pre-disease” stage (before an illness is diagnosed) can be alleviated by natural, noninvasive care methods, then the illness can be prevented. Uncomfortable symptoms or signs are related to individual lifestyles. The purpose of this study is to identify the relationships between Ryodoraku measurements and the lifestyles of nursing students who have physical chief complaints, based on the concepts of oriental medicine.

**Methods:** The subjects for this study were five female nursing students. A combination of data-collecting wearable wrist bands, personal documents, and interviews were used to record daily life data, including such information as their waking and sleeping times, diet, and exercise, for at least six months. Aside from uncomfortable symptoms or signs being confirmed through interviews, the physical condition of the subjects was also measured through Ryodoraku – a technique developed by Dr. Nakatani Yoshio that employs a machine to measure the electric potential difference of meridians on the skin in order to ascertain physical strength and the balance of the autonomic nerve system. Furthermore, an acupuncturist examined each student’s pulse and advised them concerning how to apply finger pressure on acupuncture points to alleviate their discomfort. The relationships between the uncomfortable symptoms or signs, the results of the Ryodoraku measurements, and the daily life data were analyzed by time-series on an individual basis.

**Results and Conclusions:** Two of the participants were undergraduates and three were graduate students (in their 20s and 30s). Their common symptoms were problems with menstruation, constipation, and gastrointestinal symptoms. The Ryodoraku results indicated that the kidney and spleen meridians were suppressed, while the bladder and gallbladder meridians were excited. Their lifestyles were all characterized by hard schedules replete with studies and extracurricular activities from their junior high school days until the present.

One example that illustrates the correlation of symptoms and signs, Ryodoraku measurements, and daily life records is that of an undergraduate student, A. When she began her participation in this study, A complained that she suffered from irregular menstruation and leg edema. The eldest daughter in her family, she had a brother and sister, and all three had spent their childhood daytimes with their grandparents as their parents both worked. She had her sister were afflicted with serious skin allergies at the time. In spite of developing suppuration on her legs, she attended track club activities when she was a junior high school student. After entering high school, she also joined a theater club due to developing an

interest in theater. She went to high school every morning at seven a.m. for regular track club training. After school, she attended theater club rehearsals until nine p.m. Because she did not have time to eat dinner before going to the theater club, she would eat two rice balls in her mother's car on the commute.

Owing to this demanding schedule, sometimes A could not get up in the morning. Upon entering university she began living by herself. She attended a dancing club and also had a part-time job four days every week. The trend of her Ryodoraku measurements revealed that her kidney meridian was suppressed, and her spleen, heart, and pericardium meridians were all excited. This meant that A's daily activities were too demanding for her. The condition of the kidney meridian influences female menstruation and the excretion of water. However, after practicing finger pressure on the acupuncture points which the acupuncturist had advised, her irregular menstruation improved and the leg edema disappeared. In addition, the Ryodoraku measurements showed that A's physical strength and the balance of her autonomic nerve system had become better than before.

Physical symptoms are affected by personal lifestyle, and are also reflected in an individual's Ryodoraku measurements. Educating nursing students so that they can understand the relationship between symptoms and signs, lifestyles and Ryodoraku measurements is helpful for enabling them to change their lifestyles based on the concepts of oriental medicine. This, in turn, will aid them in helping patients to improve their physical condition through natural, noninvasive care methods. It can also be a benefit to medical expenses.

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## CLIN PST 1 - Clinical Poster Session 1

### Participating in the Graduate Nurse Education Demonstration Project: The Students' View

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#### Purpose

The purpose of this presentation is to inform the audience of results from a research study focusing on student perceptions of participating in the Graduate Nurse Education grant.

#### Target Audience

The target audience of this presentation is nursing education professionals, advanced practice nurses, and the general nursing population.

#### Abstract

**Background:** The Graduate Nurse Education Demonstration Project (GNE) is a new federally funded demonstration project directed at increasing the number of primary care nurse practitioners in concert with the implementation of the Affordable Care Act. Since this program is new and only recently funded in 2012, there is no published literature about the perceptions of students that participate in the GNE.

**Aims:** The aim of this study is to explore the student nurse practitioner (NP) perceptions regarding participation in the GNE. Research questions for this study include: 1) what are the students' perceptions of participation in the GNE; 2). what are the students' perceptions of the benefit of the GNE; 3) what are the students' perceptions of the negative aspects of participation in the GNE.

**Methods:** An online survey was distributed to graduating NP students at the conclusion of their program. The survey consisted of 17 Likert items and 3 narrative questions. Descriptive analysis was performed on the quantitative data; content analysis was performed on narrative data. Results: 56 responses were received with proportional representation from all three NP tracks. Item analysis reveals overall agreement with item statements. Narrative responses indicate that students perceived the GNE as helpful with placements, but needs further refinement. Other narrative responses indicate that the GNE is a positive as long as preceptors aren't precepting only for payment. Participants noted that GNE is beneficial for the profession.

**Conclusions:** This study helps to explore student perceptions of the GNE project. The overall response to the GNE from the student perspective was positive for the first year. The results will be compared to results from subsequent graduating cohorts in the 4 year funding cycle of the GNE. Results will be used to improve GNE processes and GNE information for students.

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## CLIN PST 1 - Clinical Poster Session 1

### Moral Distress in South African Professional Nurses: Instrument Development

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#### Purpose

The purpose of this presentation is to present an instrument that was developed based on the attributes of moral distress to determine whether nurses experience moral distress.

#### Target Audience

The target audience of this presentation is nurses working in the clinical field of nursing.

#### Abstract

Nurses experience stress, fear and anger while they are trying to reconcile their ideals/ goals about health care with its inadequacies and abuses, while at the same time trying to stay true to their convictions. Moral distress is experienced when nurses cannot adhere to these goals. Conflicting moral principles, stress-provoking and contradicting demands weaken the nurse's sense of control, power and autonomy. The current descriptions of moral distress inadequately define the concept, and this might lead to the inconsistent use of the term moral distress. Therefore, conceptual clarity is needed. Current available instruments measure antecedents and situations causing moral distress. Therefore, an instrument measuring the attributes of moral distress is urgently needed. Such an instrument might be used in a variety of clinical departments because it is not based on department-specific situations but on the attributes of moral distress. Moral distress has a great impact on the nurse, patient care and the organization.

This research used Benson and Clark's method of instrument development as a theoretical framework. It is the aim of this study to develop and validate an instrument to measure moral distress in the clinical health care context of the professional nurse. In order to attain this aim the following objectives were set: To conduct an integrative literature review to identify antecedents, consequences, attributes and empirical indicators of moral distress; to conduct interviews to explore professional nurses' experience of moral distress; to develop an instrument to measure moral distress in professional nurses; to validate the instrument. A qualitative and quantitative research design with explorative, descriptive and contextual strategies was used.

The research process was divided into phases. During Phase One, an integrative literature review was conducted and the population included all available national and international data on moral distress in nurses/ nursing and sampling included all-inclusive sampling. Data analysis was performed through descriptive synthesis. Phase One also included semi-structured interviews and the population included professional nurses working in hospitals and clinics in the North-West Province in South Africa. The sampling method applied was purposive sampling. Tesch's method was used as data analysis method. During Phase Two, a content validation was conducted and the population included experts in the field of moral distress and instrument validation, and purposive sampling was applied. Data collection was done through the instrument that was developed and data analysis was the content validity index. Phase Two also included a qualitative evaluation which was conducted and the population consisted of professional nurses working in hospitals and clinics in the North-West Province in South Africa and purposive sampling was applied. Data was collected through the developed instrument and a focus group session. Data analysis was conducted through a consensus discussion. During Phase Three, a pilot study was conducted and the population was professional nurses working in a hospital with different departments and clinics in the Free State Province. All-inclusive sampling was applied and the instrument that was developed was used as data collection. Data analysis included: Descriptive statistics, factor analysis (exploratory, confirmatory and Bartlett's test of sphericity), Cronbach's alpha coefficient, correlations and ANOVA. According to the results from the face-, content-, exploratory and confirmatory, discriminant- as well as divergent validity, the instrument has been shown to be valid. The Cronbach's alpha for the Moral Distress Instrument was deemed reliable. Finally, the research was



evaluated and limitations were identified. Recommendations for nursing education, -practice, research and policy were formulated.

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## CLIN PST 1 - Clinical Poster Session 1

### Clinical Faculty Debrief: Bridging the Gap for Clinicians New to Education

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#### Purpose

The purpose of this presentation is to demonstrate the significance of providing a consistent end of session clinical faculty debrief for adjunct clinical faculty. The debrief provides a connection to the campus, transition to expert clinical educator, enhances faculty confidence, and helps improve the students clinical experience.

#### Target Audience

The target audience of this presentation are clinical faculty new to education, and both clinical and academic faculty who are responsible for mentoring them. This presentation would also be valuable for those in a leadership position to help them understand the importance of orientation and mentoring of new faculty.

#### Abstract

Summary of Project/Conclusions: Clinical nursing faculty are considered experts in their specialty but novice in clinical education. They are uncertain regarding clinical policies and procedures, promoting student critical thinking, completing student evaluations, and making meaningful student assignments (Hinderer, Jarosinski, Mister, & Seldomridge, 2013). In addition clinical faculty are often part time employees and work at designated clinical sites with little contact on the campus (Roberts & Glod, 2013). At Chamberlain College of Nursing we demonstrate Chamberlain Care by our commitment to caring for ourselves, our colleagues and our students (Chamberlain College of Nursing, 2014). This clinical debrief program was developed as an extension of that care to our adjunct clinical colleagues. It is essential that nursing education programs provide superior clinical experiences for their students (Roberts, Glod, 2013). During the debrief clinical faculty are provided information and resources on quality, safety, education in nursing, initiatives for promoting critical thinking, Blooms Taxonomy, clinical student evaluation, and patient centered care. During the clinical debrief faculty can share student success stories and challenges. Because the debriefing is held on campus and done on a consistent basis, clinical faculty experience a connection to the campus. Clinical faculty are a valuable component of nursing education and the results of having a consistent clinical faculty debrief on our campus for the last 2.5 years have been very positive. Clinical faculty express that they feel a connection to the campus and more confidence in their role as clinical instructor. They are engaged in a more meaningful way with their students and have many resources to take advantage of for their clinical practice.

Limitations: One of the limitations we have come across is that adjunct clinical faculty are usually employed either part time or full time somewhere else. This can cause a problem with their availability to attend the debriefing consistently. Many of the part time clinical faculty are not fully committed to this part time position. Another limitation we have identified is there are clinical faculty who just don't utilize the resources provided.

Implications: The clinical debrief helps to define clinical faculty expectations and provide resources for pre and post conferences. It also helps build confidence and a sense of value and connectedness. "Scholars have identified that student's clinical practice and their experiences with clinical instructors play an important role in shaping their professional values" (Dahlke, Baumbusch, Affleck, & Kwon, p. 692). With the need for quality clinical faculty increasing due to the nursing faculty shortage, the clinical debrief can be a valuable avenue used to bridge the gap and transition the adjunct clinical faculty from novice to expert. The clinical debrief ultimately provides a higher quality clinical experience for both faculty and students.

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# CLIN PST 1 - Clinical Poster Session 1

## Using 3 Dimensional Simulation in Nursing Education

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*Renee R. Wright, EdD, RN, USA*

### Purpose

The purpose of this presentation is to demonstrate an alternative teaching modality using virtual simulation case study.

### Target Audience

The target audience of this presentation is nursing faculty and nurse educators.

### Abstract

Simulation has been used since the 1960's in aviation and the armed forces. Today simulation is emerging as a teaching pedagogy. Simulated patient scenarios provide students with experiences they may not be exposed to in an actual clinical setting. Virtual simulation allows students to observe and care for patients in real life context. Thus allowing students to practice in safe and nonthreatening environment. Anxiety is decreased because no actual harm will to come to a live patient. Students can learn from their errors without putting the patient at risk. During this simulated clinical experience students integrate and synthesize core concepts and knowledge. Students also apply appropriate interpersonal and psychomotor skills.

This presentation will discuss different pedagogical strategies used to incorporate simulation into nursing education. By sharing with participants the process of development of a three-dimensional stroke scenario that was used as continuing education module and for undergraduate baccalaureate nursing students.

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## CLIN PST 1 - Clinical Poster Session 1

### Factors Influencing Health-Related Quality of Life in Thai Patients with Rheumatoid Arthritis

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*Areewan Oumtanee, PhD, MS, RN, Thailand*

#### Purpose

The purposes of this research are to examine health-related quality of life and to analyze selected factors affecting health-related quality of life. The selected factors composed of joint pain, pain coping, depression, fatigue, sleep quality, functional ability and illness beliefs.

#### Target Audience

clinical nurse, researcher

#### Abstract

**Introduction:** Health-related quality of life is one of the indicators to identify whether a person could live in a society happily with life. Especially, patients with rheumatoid arthritis are suffered from signs and symptoms. The illness has various impacts on the physical, psychological, social well being and general health perception. Those are affected on their health-related quality of life. Thus, nurse should enhance the patients' health-related quality of life.

**Purposes:** The purposes of this research are to examine health-related quality of life and to analyze selected factors affecting health-related quality of life. The selected factors composed of joint pain, pain coping, depression, fatigue, sleep quality, functional ability and illness beliefs.

**Methods:** A sample of one hundred and fifty out-patients with rheumatoid arthritis aged 20-59 years old, who follow up at the Department of Rheumatology of the Police general hospital and Faculty of Medicine Vajira Hospital by a multistage random selection. Questionnaires were composed of The Demographic Patients' Data, The short form of the McGill Pain Questionnaire, the Pain Coping Inventory, Beck Depression Inventory, the Multidimensional Assessment of Fatigue, the Pittsburgh Sleep Quality Index, Health Assessment Questionnaire Disability Index, the Brief Perception Questionnaire, and the Short Form Health Survey-36. All questionnaires were tested for content validities by five panel of experts, and the alpha Cronbach reliabilities were .70 to .93. Descriptive statistics (Percentage, mean, and standard deviation), Pearson's production-moment correlation and Stepwise multiple regression were used to analyze data.

**Results:** the results showed as follows:

1. Mean score of health-related quality of life in patients with rheumatoid arthritis was in good level. ( $X=440.36$ ,  $SD=173.10$ )
2. Model 1: The variables that explained health-related quality of life were illness beliefs, fatigue, functional ability, depression and sleep quality were the variables that significantly predicted health-related quality of life at the level of .05 ( $F=68.58$ ). The predictive power was 71.8% ( $R^2 = .718$ ) of the variance.
3. Model 2: The variables that explained illness beliefs are fatigue, depression, functional ability, joint pain. It was accounted for 50.7% of the variance.
4. Model 3: The variables that explained depression are illness beliefs, passive pain coping, sleep quality, fatigue. It was accounted for 43.7% of the variance.

According to path analysis, we found that illness beliefs, fatigue, functional ability, depression and sleep quality were both direct and indirect effects on health-related quality of life while joint pain and

passive pain coping were only indirect effects on health-related quality of life by passing illness beliefs and depression respectively.

**Conclusions:** The results of this study indicated that nurses should promote health-related quality of life in patients with rheumatoid arthritis not only physical signs and symptoms but also psychological signs and symptoms of patients.

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## CLIN PST 1 - Clinical Poster Session 1

### Using an Instructional Design Model to Develop a Framework to Guide Leadership in Nursing Education

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#### Purpose

Leaders are accountable for the performance of their direct reports and thus responsible for providing a framework by which to evaluate education. The purpose is to demonstrate how to use the ADDIE model that results in better patient experience, decreased cost, and improved health for specific patient populations.

#### Target Audience

The session's intended audience are leaders of education practicing in clinical settings. The use of an instructional design model assists the leader in developing a framework that supports a healthy work environment. Accountable leaders need to be able to demonstrate integration of how education initiatives meet the facilities strategic goals.

#### Abstract

Leaders are accountable for the performance of their direct reports and thus responsible for providing a framework by which to evaluate staff education. Yet it is difficult for the leader to find examples of how to implement an overall framework that guides the development of the education. Reviewing the components of the ADDIE model with the goal of a healthy work environment, the learner will be able to evaluate if using the ADDIE model can help them meet their personal, departmental, facility and ultimately the goals of the IHI Triple Aim.

**Analysis:** are all programs/projects for which the leader is responsible for aligned with the Triple Aim or strategic goals? Are staff aware of their role in applying the new/updated knowledge/skill/behavior to the specific patient population? Has the leader been able to obtain the measurements by which the education project will be evaluated? Does the leader have buy in from those who will be administering the education and the learner themselves?

**Develop:** How can using the ADDIE model lead to the creation of a healthy work environment for staff? Do the educators developing education understand the importance of integrating new content/skill/behavior into current practice?

**Design:** Is the leader at the table when decisions are being made with regard to the use of new technology? How will changing how staff communicate effect education design/implementation?

**Implement:** Has the leader informed the facilities interprofessional leaders of their role in supporting/communicating the goals of education? Is there economy of scale in the expense of education by combining efforts of nursing with other disciplines?

**Evaluate:** How does the leader demonstrate the value of education to administration, including return on investment? By having a framework to drive the leader's overall strategy for education, can the leader prove that education contributes to the success of the facility?

Learners will have an opportunity to begin to outline how to meet a strategic goal of their own facility using the ADDIE model.

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## CLIN PST 1 - Clinical Poster Session 1

### Changing a Clinical Nursing Unit Culture to Include Nursing Research as Part of Nursing Care

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*Pamela C. Spigelmyer, PhD, RN, CNS, USA*  
*Christine Broschious, RN, CRRN, CMT, USA*  
*Diane Breckenridge, PhD, MSN, RN, ANEF, USA*

#### Purpose

The purpose of this presentation is to demonstrate the feasibility of changing a clinical nursing unit workplace culture to involving staff nurses in the implementation of a nursing research project.

#### Target Audience

The target audience of this presentation is nurses practicing in all areas of healthcare and will focus on nursing research and its application in a clinical nursing setting with staff nurses. The participant will be able to identify ways in which nursing research can be introduced in clinical practice areas.

#### Abstract

A pilot study was conducted in an acute care hospital inpatient on a rehabilitation unit as a means to introduce staff nurses to nursing research. The project was based upon Watson's (2008; 2012) theory of caring. The quasi-experimental design to introduce a 3-minute slow back massage during evening nursing care for inpatient rehabilitation patients was developed. Nurses were instructed in the research process and the intervention of a 3-minute slow back massage for their patients in the experimental group. The pilot project was designed to compare inpatient rehabilitation patients' perceptions of nursing caring during evening nursing care in both the experimental and usual care groups. Patients were allocated to either the experimental or usual care treatment group by admission date. They were asked about their perceptions of pain and nurse caring during their evening nursing care each evening of their inpatient stay. Data collected included pain scale ratings before and after evening nursing care and a nurse caring survey using the Caring Behaviors Inventory (CBI-24). At the time of discharge each patient enrolled in the study was also asked to provide information on their overall perception of nurse caring during their hospital stay. An open-ended question survey format was used to obtain this information. Analysis of the data revealed three themes relating to nurse caring. These included providing hygienic and comfort care, demonstrating nurse caring behaviors, and being relaxed and comforted. In addition to the study findings, nurses assisting with the research project learned first-hand how to conduct a research project on an inpatient rehabilitation unit. They also learned that it was possible to incorporate parts of the research process into their routine nursing care of patients on the rehabilitation unit. The completion of this pilot research project demonstrates the feasibility of conducting a small research project utilizing staff nurses to carryout parts of the research process while performing normal caregiving activities for their patients.

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## CLIN PST 1 - Clinical Poster Session 1

### Nurse-Technology vs. Nurse-Patient Relationships: Implications for Education, Practice and Nursing's Future

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*Patricia A. O'Malley, PhD, RN, CNS, CCRN emeritus, USA*

#### Purpose

The purpose of this presentation is to explore how nursing is impacted by technology. History reveals that the promises of technology have been met in great part to nursing's unconditional acceptance of responsibility for successful technology integration into care. How much more can nurses take on and keep patients safe?

#### Target Audience

The target audience of this presentation includes educators, clinicians, nurse leaders and advanced practice nurses.

#### Abstract

The purpose of this presentation is to explore how nursing has changed with the continuous introduction of technology over the past thirty years. Positive as well as negative consequences will be explored within educational, clinical and theoretical paradigms. History reveals that the promises of technology have been met in great part to nursing's continued acceptance of the increased work load associated with technology integration into clinical care. With so much technology adoption, nursing's "plate" is nearly full and as nurse leaders know, nurses leave nursing because of out of control technology. Possible future events emerging from the increasing demand for nurse-technology relationships vs. the nurse-patient relationship will be explored. Nursing must drive the education, practice and research agenda to drive best practices for technology integration at the bedside to make care safe and keep nurses in nursing.

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## CLIN PST 1 - Clinical Poster Session 1

### Advanced Practice Nurse (APN) Intensivists: A Model for Generating Potential Revenues and Cost-Effective Healthcare Delivery in the ICU

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*Frank Guido-Sanz, PhD, ARNP, ANP-BC, USA*

#### Purpose

to document the potential for generating revenues and cost-effective healthcare delivery by APN Intensivists in an ICU.

#### Target Audience

Advance Practice Nurses working as clinicians in acute and critical care areas.

#### Abstract

**Background:** Intensive Care Units (ICUs) account for over 10 percent of all US hospital beds, have over 4.4 million patient admissions yearly, and account for close to 30% of acute care hospital costs. ICUs that use a physician intensivist model of care have improved patient outcomes, less resource use, and lower mortality rates (up to a 40% reduction), large reduction in in-hospital mortality following trauma, particularly in the elderly and may help save almost 54,000 Americans in the U.S. each year. The need for critical care services has continued to grow due to an increased aging population and medical advances that have extended life expectancy. This increased demand for ICU services has resulted in efforts to improve patient outcomes, optimize financial performance, and implement models of care in ICUs that will enhance the quality of care and reduce health care costs. By the year 2020 an estimated 22% shortage of intensivists is expected as a result of the aging population and a growing demand for intensivists. This will have increased to an approximate 35% shortage of intensivists by 2030. Over 5 billion dollars in healthcare costs could be saved annually by implementing changes in physician staffing just in non-rural U.S. hospitals. The compounded effect of this projected shortage of physician intensivists and physicians practicing in critical care in smaller hospitals may be larger. This shortage will negatively impact small hospitals and rural communities putting more at risk certain vulnerable populations. In contrast to the shortage of intensivist physicians and critical care trained physicians, Advanced Practice Nurses (APNs), sometimes referred to as mid-level practitioners or non-physician providers, are increasing in acute care both in the United States and globally. In the U.S., APNs have increased in numbers and expanded their roles over the past decades, becoming an important link in healthcare systems and organizations. The largest group of APNs is nurse practitioners. Some APNs function as Acute Care Nurse Practitioners (ACNPs) in hospitals and in ICUs. In spite of this increased visibility and participation in the healthcare arena, healthcare providers and potential employers are still unfamiliar with the scope of practice of APNs. Since the early 1980s, the role of APNs in providing high quality care and low cost has been documented. Care provided by APNs in acute care has been documented in numerous studies examining quality of care, morbidity, and mortality. Results of these studies have indicated that the quality of care provided by APNs is equal to that of physicians as well as being cost efficient. However, studies in the ICU documenting the role of APNs in reducing the costs of care on specific patient outcomes are very limited. In ICUs, the role of APNs has been evolving to replace physicians (input substitution) and support patient care rather than providing traditional nursing care. APNs function as members of multidisciplinary teams in closed (intensivist lead) or semi-closed (intensivist shared lead) ICUs. Collaborative practice rather than individual or autonomous practice is the norm in both instances. However, APNs have continued to enjoy autonomy in decision making and treatment modalities as permitted by the scope of their respective collaborative agreements. The APN Intensivist is a healthcare provider with a high level of independence and specialization in the management of critically ill patients in critical care settings. Very little has been published on this relatively new sub-specialty role of APNs. The lack of literature to explain the role of APNs as intensivists and of research to evaluate the effectiveness of this APN role made the need clear for research to examine the role economically and for its effect on quality of care and patient outcomes. The empirical evidence of the effects of APN Intensivists on patient outcomes and healthcare costs remains scarce compared to the well documented effects of APNs in other areas and models of healthcare delivery. In

light of this dearth of the literature examining the effects of APN Intensivists on patient outcomes and healthcare costs, research is needed to fill this gap in our knowledge.

**Objective:** The purpose of this study, using a retrospective chart review of 816 randomly selected patients during the 3-year study period, was to examine the dose effect of APN Intensivists in a surgical intensive care unit (SICU) on healthcare revenues generated by APN Intensivists services for the unit when the SICU was staffed by differing APN Intensivist staffing levels. The study also explored different procedures performed by these providers.

**Method:** The sample consisted of post-operative patients admitted to a teaching hospital SICU during a 3-year period. Of approximately 1,000 charts meeting the study criteria 816 were randomly selected for the 4-time periods of the study (204 charts T1-T4). Each of the four time-periods represented a different level of APN Intensivist staffing. Power was calculated with a total N of 204 for the research question. A t-test analysis with a sample of 200 per group, medium effect size and alpha of 0.05 provided > 85% power. The charges for APN Intensivists' services were obtained from a financial report generated by the hospital Financial Office on SICU APN Intensivists' charges. These amounts reflected charges attributed to SICU APN Intensivists from the inception of billing for services in the SICU to the date of the report generated. The report tallied the number of units (procedures) paired with corresponding charges for each billing period. It was not possible to obtain data on APN Intensivists' charges for procedures for individual patients.

**Results:** Study findings indicated no statistically significant difference in the SICU length of stay among the time-periods ( $M = 3.27$ ,  $SD = 3.32$ ),  $t(202) = 1.02$ ,  $p = .31$ . Charges for APN services (generated revenues) increased over the 4 time periods from \$11,268 at T1 to \$51,727 at T4 when a system to capture APN billing was put into place. For each of the four study time-periods (T1, T2, T3, and T4), total healthcare charges for APN Intensivists' services for the sample were \$90,478. Study revealed potential areas for revenue generation and the implications for practice advancement. Study also documented various procedures associated to APN Intensivist practice in the SICU.

**Discussion:** Study results suggest a dose effect of APN Intensivists on important patient health outcomes and on the number of APNs initiatives to prevent health complications in the SICU. Study also suggests potential of APN Intensivists in generating revenues through performance of procedures related to their skills and competencies.

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## CLIN PST 1 - Clinical Poster Session 1

### Teaching Nursing Care for Those with Intellectual/Developmental Disabilities: A Service-Learning Format

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*Cherie S. Adkins, PhD, RN, USA*

#### Purpose

The purpose of this presentation is to increase nursing educators' awareness of the need to teach about intellectual/developmental disabilities (I/DD), how to do so using a service-learning format, and to report on implementing such a course for pre-licensure nursing students in partnership with those supporting community-dwelling adults with I/DD.

#### Target Audience

The target audience of this presentation is nursing educators, particularly those teaching in pre-licensure baccalaureate nursing programs.

#### Abstract

Individuals with intellectual/developmental disabilities (I/DD) constitute a vulnerable population worldwide. Despite health care disparities and co-morbid conditions many with I/DD face, few nursing schools include formal course-work addressing the health care needs/issues and nursing care for this population. When this content is taught using a service-learning format, students not only gain knowledge but practical experience interacting with these individuals. This presentation addresses the rationale for including a course on I/DD in nursing school curricula and how to implement such a course using a service-learning format.

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## **Clinical Poster Presentations Session 2 (CLIN PST 2)**

## CLIN PST 2 - Clinical Poster Session 2

### Infusing Caring for Abnormal Prenatal Ultrasound Findings

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*Jeanne Gottlieb, PhD, MSN, BSN, APRN, CNM, USA*

#### Purpose

The purpose of this presentation is to prepare nurses in infusing human caring ways of being, knowing and doing for advanced prenatal technological environments. The presentation will disseminate findings of a phenomenological study of women experiencing an abnormal prenatal ultrasound and abandoned as they experienced misunderstandings and emotional anguish.

#### Target Audience

The target audience of this presentation is nurses and advanced practice nurses providing women's health who seek a greater understanding of caring in technology.

#### Abstract

**Purpose:** Purpose: The purpose of this presentation is to provide an interpretation of qualitative research for clinical practice. The specific aim of this research was to describe and interpret the meaning for women who experienced an abnormal prenatal ultrasound indicating a risk for a congenital, chromosome and/or genetic disorder. The calls for technological competent care are often not heard by advanced practice nurses, nurses and other health professionals. The investigator sought to unfold stories of these women's experiences to gain understanding within the context of their beliefs, values and attitudes.

**Methods:** Methods: The method selected was van Manen's hermeneutic phenomenology to explore the meaning of the lived experience of having an abnormal ultrasound. The method describes and interprets the meaning through the process of written transcribing, translating and interpreting.

**Results:** Results: Ten essential themes were illuminated during the data analysis. These themes were: "Blindsided by Unexpected Findings," "Fear," "Loss," "Threatened Safe Passage," "Blocking," "Alone in Silence," "Detachment," "Searching for Higher Powers," "Watching and Wanting to Know," and "Unresolved Reflection." Each of these themes was supported by sub-themes, which created the richness of the experience. These sub-themes represented the diversity of the participants in their lived experience. The stories of each participant shared the complexity of their life worlds. The life worlds of lived time, lived space, lived human relation, and lived body gave insight to the existential dimensions and complexity of participants.

The themes highlighted the essence of the lived experience of having an abnormal prenatal ultrasound. This routine non-invasive screening tool yielded many unexpected and profound experiences to the participants. Women were blindsided by the unexpected findings in ultrasound technology. They sought a pleasurable experience, but suffered with shock and disbelief. Some experiences resulted in a healthy birth of a newborn, while others had a perinatal loss. The participants remembered their journeys through the experience. The journeys were of suffering through this experience.

The participants wanted to know more about the condition and searched for answers. However, they were also cautious within their search, as they did not want to add to the burden of knowing. They coped by blocking information. Many participants experienced the burden of the risks in silence and isolation. They had lived relations with others, but did not use these relations for support. They felt guilt and shame in not carrying a healthy baby. The participants felt that they had the sole responsible for carrying a successful pregnancy. The lived world of body reflected upon their changing bodies and desire to protect their self-image and babies. Many women actively sought information about their baby's condition. They suffered from the lack of knowledge for their decision-making. Their coping ranged from faith and hope to detachment in protecting themselves from harm. In reflection of their experience, they expressed missed opportunities. Participants resented the lived time that they experienced in feeling fear and anxiety. They resented not having knowledge and opportunities for decision-making. The women missed the

experience of enjoying their pregnancy. Participants all reported contacts with specialists and genetic counseling sessions, but continued their search as they were not satisfied with the responses or available information. The women described the technological supervision of their care, but recognized that health care providers lacked the recognition of their feelings and emotional turmoil.

**Conclusion:** Conclusion: When women reflected upon their experiences of having an abnormal ultrasound, they shared a universal meaning of suffering. They used coping mechanisms or enduring that did not always relieve the suffering. For those that had healthy outcomes, they reflected upon the lost joy in pregnancy and birth. Women that had perinatal losses regretted not having the support they needed. Professional nursing was not present in the experiences of women. Caring was not present from technologists and medical health providers in their experiences. They were alone in suffering. Providers in not recognizing their misunderstandings and emotional fears abandoned women in their psychosocial and cultural needs.

Reproductive genetic technologies will continue to emerge in today's health care. The ambiguity of findings provides a complex pathway for women and families for decision-making. As there is a threat to the infant, emotional turmoil erupts throughout the pregnancy. Knowledge of new technology and interpretation of results is essential for nursing in our highly technological society.

Nursing can advance upon nursing technology in becoming technologically competent and caring. Technology must be used to come to know the other, but not to infuse a barrier in human caring. Understanding the need for empathetic touch in technology will bring a reduction in suffering.

In conclusion, the results reveal that nurses and health providers need to infuse human caring ways of being, knowing and doing within advanced technological environments. The recommendations for caring include both a nursing presence and use of a variety of supportive and educational tools to alleviate their suffering.

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## CLIN PST 2 - Clinical Poster Session 2

### A Taiwan's National Survey of Nursing Home Staff's Cognition, Attitude and Barrier on National Incident Reporting System

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Shu-Yuan Lin, PhD, RN, Taiwan

#### Purpose

The purpose of this study is to explore the degree of nursing homes staff's incident reporting cognition, attitude and barrier on the Taiwan Patient Safety Reporting System (TPR).

#### Target Audience

The target audience of this presentation is professionals who are interested in long-term-care quality improvement and resident safety, such as administrators, head nurses, managers, nurses and nursing assistants.

#### Abstract

**Background:** A national incident report system named as the Taiwan Patient Safety Reporting System (TPR) has established in Taiwan since 2006. Taiwan's hospital accreditation has mandated hospitals to report medical incidents regularly for assuring patient safety. However, participating national incident reporting system is not mandated in long-term-care facilities in Taiwan. Safety culture in nursing homes can be improved by incident reporting and incident learning.

**Purpose:** The purpose of this study is to explore nursing home staff's incident reporting cognition, attitude and barrier toward the TPR.

**Method:** A questionnaire survey with a random sample was conducted. The researcher used questionnaires that included "incident reporting survey", "TPR reporting cognition scale", "TPR reporting attitude scale" and "TPR reporting barrier scale" to collect data from 336 staffs among 37 nursing homes island wide.

**Results:** A mean age was 36.3( $\pm$ 9.3) for all participants. The average of work year was 4.8( $\pm$ 4.8) years. Fall incident was the most common incident during last 12 months, and it accounted for 94.6% of all incidents. The frequency of incident occurrence was ranged from less happening (54.1%) to occasional happening (35.1%). Paper reporting was primarily found in 78.4% of facilities. Staff demonstrated positively on incident reporting cognition (M=70) and incident reporting attitude (M=77) toward the TPR. Staff also showed some barriers (M=54) on the TPR. The most common barriers in nursing home staffs included "Do not know how to participate in the TPR", "Fear of medical disputes", "Fear of information leak", and "Worry about time consuming".

**Conclusions and implications:** Nursing home staffs have demonstrated positively incident reporting cognition and attitude on the TPR regardless many barriers are identified. Decreasing incident reporting barriers and increasing incident reporting cognition and attitude can enhance safety culture in nursing homes. The study results could be a reference for professionals and long-term-care facilities that have compassion to improve an incident reporting system and implement education program of resident safety. Furthermore, facilities could transform a culture of punishment to a culture of learning through peer learning by participating in the TPR.

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## CLIN PST 2 - Clinical Poster Session 2

### Simulation for Leadership and Management

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*Julie A. Beck, RN, DEd, CNE, USA*

#### Purpose

The purpose of this presentation is to propose a new way of learning leadership and management using simulation in the classroom.

#### Target Audience

The target audience of this presentation is for academicians who are seeking new ways to implement new ways to enhance the teaching styles of new nurses using simulation for leadership and management instruction.

#### Abstract

New nurses often struggle with delegation tasks upon graduation and one way to overcome this struggle is to apply what is learned in texts into the classroom by practice/experience. Nursing is a field of education heavily laden with experiential learning; we “practice what we preach” so to speak. Teaching in the classroom time is spent mostly on topics such as theory, pathophysiology, pharmacology, biology, chemistry, anatomy & physiology, etc. When it comes to clinical (time that is spent with patients), students are to be ready to produce a skill set that build upon the classroom learning. However, as students progress in their education, more critical thinking is required. This is an opportunity for simulation. This is incorporates high-definition mannequins that respond to clinical scenarios based on students’ actions and priority setting. For instance, if a student chooses the patient care incorrectly, the patient (mannequin) may code at any minute. This application of experiential learning, leveraging technological advances, gives the student the opportunity to build upon their concrete learning and become more proficient critical thinkers; the skills necessary to pass their credentialing exam – National Credentialing Licensing Exam (NCLEX). The purpose of this case study is to illustrate how one simulation strategy was used to strengthen critical thinking, delegation and skills in a nursing leadership course.

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## CLIN PST 2 - Clinical Poster Session 2

### Incivility: Nursing's Dirty Little Secret and Cognitive Rehearsal as an Intervention

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*Laura Marie Schwarz, DNP, RN, CNE, USA*  
*Nancyruth Leibold, EdD, MSN, RN, PHN, LSN, CNE, USA*

#### Purpose

to provide background information on incivility in nursing including prevalence and ramifications, disseminate findings of a study on incivility including impacts of education on nurses' ability to recognize incivility, and teach the cognitive rehearsal method as an intervention to combat it.

#### Target Audience

nurses who are in academia or clinical practice and wish to know more about the prevalence and impacts of incivility as well as cognitive rehearsal as a method to combat it.

#### Abstract

The American public has consistently rated nursing as the most honest and ethical profession every year for the past decade (Riffkin, 2014). Yet nursing has a dirty little secret; incivility. Incivility is rampant in the nursing workplace with 82% of nurses witnessing it daily or weekly (Dumont, Meisinger, Whitacre & Corbin, 2012). It causes nurses psychological and physical trauma, and frequently to leave their jobs and sometimes nursing altogether. The consequences are severe and destructive not only to nurses, but also to patients who suffer decreased safety, and healthcare facilities which experience lost money and time orienting new nurses. Cognitive Rehearsal is one method nurses can use to combat incivility. According to Griffin and Clark (2014) "cognitive rehearsal is an evidence-based strategy to effectively communicate and deliver a message to uncivil or laterally violent colleagues that it is not okay for them to behave in an uncivil manner" (p. 539-540). Addressing uncivil behavior when it occurs may be the most successful in getting it to cease. Cognitive rehearsal is a method used to immediately address the uncivil behavior when confronted with it. It typically entails three parts: 1) instruction on the method; 2) learning and repeating verbal responses that can be used when encountering incivility; and 3) practicing to reinforce the instruction and rehearsal. Several studies conducted over the past 10 years have confirmed that cognitive rehearsal is an effective method for addressing incivility and lateral violence in the nursing environment (Griffin & Clark, 2014). The authors of a mixed-methods study on incivility in nursing (N=27) will present background information on incivility and disseminate study findings. Findings include nurses' ability to recognize incivility in nursing pre versus post education, and the effectiveness of education on ability to deal with it. Further, the presenters aim to teach learners the basics of the cognitive rehearsal method for dealing with incivility.

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## CLIN PST 2 - Clinical Poster Session 2

### A Picture is Worth a Thousand Words: Using Pictographs to Address Limited Health Care Literacy

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*Elizabeth J. Winokur, PhD, MSN, BSN, RN, CEN, USA*

#### Purpose

to describe use of pictographs as an alternative method of emergency department discharge instructions. This project resulted from a nurse-lead study on healthcare literacy which demonstrated English and Spanish speaking clients at risk for low health care literacy. Positive post-discharge client feedback supports the efficacy of pictographs for this purpose.

#### Target Audience

targeted to clinical staff and administrators interested in innovative methods of delivering educational instruction to clients as well as academic faculty with an interest in vulnerable populations with limited health care literacy

#### Abstract

Limited healthcare literacy hinders care provision and contributes to worse patient outcomes. Inability to comprehend discharge instructions can adversely affect outcomes among Emergency Department (ED) clients. Literature has demonstrated poor comprehension of discharged instructions by emergency department patients.

As a result of homecare practices that were expressly different from routine discharge instructions among repeat clients, a community emergency department undertook a project to determine the cause. Over a 3-month period, 150 emergency department clients were asked to participate in an IRB approved study. A bilingual translator administered the Newest Vital Sign, a 6-item validated scale designed to assess healthcare literacy among English and Spanish patients. Results demonstrated statistically significant differences between the selected language and healthcare literacy ( $p < .001$ ). Both English (3.82 out of 6) and Spanish speaking (2.61 out of 6) clients were assessed to be at risk for limited healthcare literacy.

Study results demonstrated the need for an alternative form of discharge instructions. Nurses selected pictographs, pictorial depictions, as an adjunctive method to provide home care instructions. High volume diagnosis and discharge instructions were selected to be converted to pictographs; limited text written at less than a third grade level was included to enhance illustrations. Available pictographs include fever care, abdominal pain, gastroenteritis, and orthopedic conditions. Contents of the pictographs were selected based on a review of the literature and current discharge instruction contents.

At visit completions clients received standard discharge instructions and the language-appropriate pictograph version. Quality and helpfulness of pictographs was determined by post-discharge phone calls by registered nurses. Positive post-discharge client feedback supports its efficacy. More pictographs are under development.

#### References

targeted to clinical staff and administrators interested in innovative methods of delivering educational instruction to clients as well as academic faculty with an interest in vulnerable populations with limited health care literacy

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## CLIN PST 2 - Clinical Poster Session 2

### Urgent Care Nurse Data Capture: Impact on Diabetes Outcomes

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#### Purpose

The purpose of this study is to examine the reciprocal relationships between behavioral, environmental and personal factors related to an Urgent Care (UC) nurse's documentation of diabetes pay for performance data in their current Electronic Health Record (EHR) system.

#### Target Audience

The target audience of this presentation is namely Urgent Care staff, leadership, providers and owners. However, this study may also have implications for both students and individuals interested in diabetes quality of care or Electronic Health Records. Finally, behaviorists may also find this study interesting.

#### Abstract

**Purpose:** The purpose of this study was to examine reciprocal relationships between behavioral, environmental and personal factors related to UC nurses' documentation of diabetes pay for performance (P4P) data in the current Electronic Health Record (EHR) system.

#### **Research Questions**

1. What is the relationship between Urgent Care (UC) nurse's attitudes towards the EHR and their compliance with documenting diabetes P4P data in the EHR?
2. What is the relationship between UC nurse's perceptions of positive formative feedback from their supervisor and their average percentage compliance of P4P data entered?
3. What is the relationship between the UC nurse's attitudes towards the EHR and their perceived formative feedback from their supervisor?
4. What other personal or environmental factors influence an UC nurse's documentation within the EHR?

**Background and Significance:** Diabetes is a deleterious disease affecting 347 million people worldwide (WHO, 2012). Diabetes mellitus is one of the top twenty reasons patients sought outpatient care (CDC, 2009). Sixty-seven percent of type two diabetics have elevated blood pressures (BP) (Suh et al., 2009). The projected prevalence of diabetes mellitus will increase by two-thirds between 2008-2030 (WHO, 2012).

Through the Affordable Care Act (ACA), UC visits could increase exponentially (UC Association of America, 2012). UCs can offer episodic care to diabetic patients. They have the potential of easing burdens on Emergency Rooms (ER), saving patients and insurance companies money while upholding the same quality.

Research demonstrates that nurses contribute to improved diabetes outcomes (Philis-Tsimikas & Walker, 2001; Philis-Tsimikas et al., 2004; Ishani et al., 2011). Available research regarding the role of ambulatory care nurses on diabetes quality of care is minimal. Research regarding the impact that UC nurses have on diabetes quality of care could not be located.

Nurses play the most important role in documenting patient's care because they are at the patient's side most (Langowski, 2005). Nowadays, nurses are responsible for documenting patients' care in an EHR. In California alone, \$124.6 million is budgeted for health care IT (HHS, 2011). There are conflicting reports on whether EHR-using sites fair better in diabetes patient care and outcomes than those without EHRs. JCAHO endorses the use of EHRs (2007) because they can enhance the accuracy of patient data collection and ease of retrieval (Green & Thomas, 2008).

No published research could be located that focused on EHR usage in UCs and amongst UC nurses. Furthermore, it has been more than ten years since research has examined the attitudes of nurses towards EHRs. Technology has since progressed and more organizations have thus adopted EHRs. Lacey (1993) wrote that, "As with any type of innovation, change is more easily facilitated if end-users have positive attitudes about the change". Huryk & Eneh have demonstrated that positive feedback from management led to more positive attitudes amongst employees (2010; 2012).

UC nurses can have a strong impact on the documentation of and quality of outpatient diabetes care within the EHR, but have been neglected in current research literature. It would be prudent to have a current study on the attitudes of these nurses towards EHRs as well as what motivates or demotivates them to document important diabetes data.

**Research Design and Methods:** A descriptive correlational design was used to examine the reciprocal relationships between behavioral, environmental and personal factors as they relate to the quality of diabetes care rendered by UC nurses. The target population included all RNs who have worked in one of the UCs within the past year. The UC leadership team as well as employees who have assisted with the development of the EHR were excluded.

The research was approved by the UC and University Institutional Review Board (IRB). Written approval was obtained from all related leaders. Email invitations were extended to all full-time, part-time per diem, and internal staffing UC RNs. The invitations provided an overview of the study, including potential risks, benefits, inclusion and exclusion criteria, as well as details about provisions undertaken to ensure participant privacy. RNs who participated completed the attached secretly coded surveys.

Surveys included the researcher-developed demographic questionnaire, Stronge & Brodt's (1985) Nurses' Attitudes Towards Computerization (NATC) questionnaire as well as Palomo's (2010) Supervisory Relationship Questionnaire (SRQ). Completed surveys were returned to the researcher in person, via fax, email or interoffice mail. Four weeks were provided for participants to complete and return questionnaires. However, due to low enrollment, the researcher extended the enrollment period another four weeks upon IRB approval.

The researcher then audited charts of diabetic patients who had been seen in the UC and triaged by the nurse participants within the past year. The researcher assessed whether or not the UC nurse met the diabetes P4P BP quality data such as: was (1) a baseline BP taken, (2) patient's BP greater than 140/90, (3) patient's BP rechecked manually after at least 5 minutes rest and (4) did the nurse inform the provider of abnormal BPs within 5 minutes of identification. Patient charts were excluded that had the following active diagnoses, which are usually exempt from P4P guidelines (IHA, 2012): polycystic ovary disease, steroid induced diabetes and gestational diabetes.

**Data Analysis:** Currently in progress. However, descriptive statistics will be used to describe the sample of UC RNs. Some of the descriptors about the population under study that will be reported include, but are not limited to: the percentage of males versus females, percentage of regular staff versus registry as well as the numbers of full time, part time and per diem RN participants.

Inferential statistics will be utilized to help make educated generalizations about the UC RNs in the health care organization that was studied. Furthermore, the researcher will also test for correlations between variables. These statistics will uncover whether variables such as gender, age, education, employment status, computer experience and number of years working in the UC affect an employee's attitude towards the EHR, their propensity of recording P4P data within the EHR and whether they perceive receiving formative feedback from their supervisor.

The two instruments that were used in this study have previously established reliability and validity. However, the SRQ is a fairly new tool and it's psychometrics have not yet been verified amongst U.S. nurses. Additionally, the researcher could not locate any research publications where the SRQ and NATC have been used in combination. Therefore, the researcher will do psychometric testing on the two tools in this study.

An improved understanding of the relationships, if any, between the trifecta of behavioral, personal and environmental factors surrounding EHR usage may improve a healthcare organization's investments in outpatient EHR adoption, training and technology. All of which can ultimately impact the quality of care rendered amongst the increasing number of outpatient facilities using EHRs.

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## CLIN PST 2 - Clinical Poster Session 2

### Assessment and Prevention of Geriatric Functional Decline

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*Jessica Tully, MSN, RN-BC, CMSRN, CNML, USA*

#### Purpose

The purpose of this presentation is to provide recent results of a quality improvement project in an Acute Care of Elders (ACE) Unit that used the Katz Index of Independence in Activities of Daily Living tool with outlined interventions in order to prevent functional decline in the geriatric population.

#### Target Audience

The target audience is novice and experienced bedside nurses who care for the geriatric population. Administrators will benefit from the recommendation tool and interventions provided.

#### Abstract

The geriatric population continues to grow. At an acute care hospital, the Katz Index of Independence in activities of daily living tool was implemented to identify patients at risk for functional decline. Outlined nurse-initiated interventions were created to prevent the incidence of functional decline while hospitalized in the Acute Care for Elders (ACE) Unit. This quality improvement initiative required nurses to assess the function of the patient during various stages of the patients' illness. The nurse used the Katz tool upon admission to assess the patients function 3 months prior to admission, on the date of admission, and upon discharge. The completed Katz tools (N= 31) were compiled after an eight week period to measure the effectiveness. This poster presentation will provide the overview of the Katz tool and the nurse-initiated interventions. The result of this study reveals interesting outcomes that will impact the geriatric population in the acute care setting. Administrators will gain knowledge in strategies for development and incorporation of a geriatric functional assessment tool with prevention interventions at the bedside. Staff nurses will be able to identify and discuss the importance of assessing geriatric function and implementing interventions to prevent functional decline while hospitalized.

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## CLIN PST 2 - Clinical Poster Session 2

### Diabetes Screening In India: A Family's Global Efforts

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*Mary Anne Theiss, MSN, BSN, JD, PhD, RN, CNE, USA*

#### Purpose

The purpose of the presentation is to promote awareness of the incidence of diabetes in the Asia Indian population. Through a family effort 350 people of Indian decent were screened pursuant to the American Diabetes Association's guidelines. The effort engendered a family desire to continue global work and disease prevention.

#### Target Audience

The target audience is nurses interested in doing global work in the area of diabetes. Additionally, nurses that have an interest in disease detection and prevention.

#### Abstract

Diabetes is an issue worldwide. The incidence is high in the Asian Indian population. Many people in India do not have access to basic health care. A screening of approximately 350 people in Bangalore and Devanahalli, India was undertaken by a family using blood glucose testing and The American Diabetes Screening Tool. The screening was done with the help of the nursing staff of the Baptist Hospital. The equipment used for the screening was donated by various groups and the efforts of a Sigma Theta Tau chapter. Identification of people at risk and basic education on diet and exercise was conducted over a three day period. Persons with a blood sugar reading over 140 and a score of 5 or higher on the risk test were counseled by the staff of the Baptist Hospital. Individuals that were identified to be at risk with higher blood glucose levels were immediately seen by an endocrinologist for further testing and treatment. All individuals were given information on the benefits of diet control, exercise and the signs and symptoms of diabetes. It is the intent of the presenter to continue these efforts and to identify grants to extend the testing and treatment.

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## CLIN PST 2 - Clinical Poster Session 2

### CaTCH Protocol: Correctional To Community Healthcare – Facilitating Post-Incarceration Follow up for Released County Inmates

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*Robin L. Stacy, DNP, MSN, BSN, RN, FNP-C, USA*

#### Purpose

The purpose of this presentation is to describe an evidence-based project to facilitate community-based transitional healthcare for inmates after they are released from a local Correctional Facility.

#### Target Audience

The target audience of this presentation includes registered nurses, clinical nurse leaders, advanced practice nurses, clinic administrators, physicians, and mental health providers.

#### Abstract

Each year, millions of incarcerated individuals fill state, federal, and local jails in the United States. Released inmates return to their communities with little or no access to healthcare. This lack of access to healthcare places former inmates at risk for serious consequences of their chronic physical and mental health problems. Eighty percent of the released individuals describe using the Emergency Department rather than a primary care provider as their source for health care for their chronic psychiatric or medical conditions, and/or significant substance abuse. A landmark study, cited in multiple research articles, found released inmates are at a 12 times greater risk of death within the first two weeks after their release as compared to individuals of the same race, sex, and, age. Causes of death included: suicide, drug over dose, cardiovascular disease, and homicide.

The current reentry program for follow-up primary care of newly released inmates from a local correctional facility is inadequate in providing continuity of post-release healthcare. A process improvement project, based on the components of Dr. Mary Naylor's Transitional Care Model (TCM), was designed to improve inmates' transition from correctional facility to community healthcare. Using the TCM provides structure to develop comprehensive discharge plans, follow-up care, improve coordination of care, and improve quality outcomes. Naylor has successfully shown the TCM enhances patient satisfaction, reduces hospital readmissions, and reduces healthcare costs.

The development of a discharge protocol and referral process to establish a community-based health clinic network will potentially result in fewer inmates being lost to follow-up care and will increase positive outcomes in inmates' health. Data analysis of this process improvement will be both quantitative and qualitative. Summary of data will support that by implementing a discharge protocol and referral process for released inmates, the transition from correctional to community healthcare (CaTCH Protocol) will improve and will provide better management of inmate's chronic health conditions.

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## CLIN PST 2 - Clinical Poster Session 2

### Piloting a Monthly Problem-Based Learning Discussion Using a Secure Social Media Based Collaboration Platform in a Busy Neuro Critical Care Unit

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*Avinash Kumar, MD, FCCM, FCCP, USA*  
*Kathryn Braunlin, MSN, RN, AG-ACNP- BC, USA*

#### Purpose

The purpose of this presentation is to share our findings and experience with piloting a monthly "social media like" problem based nursing education forum in the critical care setting

#### Target Audience

The target audience of this presentation includes anyone interested in learning about an innovative and effective strategy for positively engaging nurses in education initiatives as well as enhancing and promoting safe clinical practice.

#### Abstract

**Purpose:** The specific aim of this study is to evaluate the feasibility and effectiveness of implementing a social media based online discussion forum for complex case based discussions for nurses in a busy Neuroscience ICU.

**Background/Introduction/Literature Review:** Systems to meet the on-demand learning needs of nurses in the critical care setting are not well studied outside the traditional classroom models. However, it has been observed that online discussions positively enhance critical thinking among students in an academic setting. Time constraints and challenging staffing models prompted us to pilot this novel point of care learning platform. This online forum was designed for instructors/facilitators to effectively aid learners with knowledge acquisition and development of reflective learning. This collaborative forum serves as a hybrid model to positively engage nurses in education initiatives and to enhance the safe clinical practice in the critical care environment.

**Methodology:** A baseline educational needs survey was performed prior to initiating the pilot project. This helped us identify the areas of educational need in our ICU. To meet this need, we used a password protected social media/discussion forum that is supported by the medical center. Our forum was called "All things NeuroCritical Care". Its user interface structure is similar to Facebook (Facebook Inc, Menlo Park CA). Users can post answers or comments, as well as "like" and "follow" the discussion. Each month, two moderators post a clinical vignette pertinent to neurocritical care with two lead questions. The information is posted on a Monday and the nursing staff has five days to answer the questions, ask additional questions of the moderators, and also share their personal experiences before the clinical discussion closes on Friday. At the conclusion of the case, an updated review article on the topic is posted as a secure download for offline reading.

**Results:** Participation in the initiative is voluntary. This forum is ongoing, and has been active for eight months. Eight sentinel diagnoses have been presented so far. Currently 34 of 72 nursing team members formally follow the page regularly. Some of the clinical vignettes discussed so far include Complications after subarachnoid hemorrhage, Burst suppression in the ICU, Myasthenic crisis, Posterior Reversible Encephalopathy Syndrome, Stunned Neurogenic myocardium, Polyuria in the ICU and cerebral venous sinus thrombosis. The mean number of discussions strings per case is 8.3 posts. The unique visitors to the page during active case discussions exceed 100 members. More members view the page than actively participate in discussions. Feedback to date has been extremely positive and the nursing staff are continuing to request future topics for discussion.

**Conclusion/Recommendations:** Our single center pilot project offered a secure online problem based learning discussion format and point of care learning opportunity to our Neuroscience ICU nurses based

on their expressed need. We seek to develop this platform further by incorporating topics hosted by clinical experts and enhance engagement of nurses by incorporating continuing education credits (CE) into the current platform in the upcoming academic year.

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## CLIN PST 2 - Clinical Poster Session 2

### CodeH(elp): Patient and Family Experience with a Patient and Family Activated Response System

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*Sara-Grey Charlton, BScN, RN, Canada*  
*Candy Garossino, MSN, BSN, RN, Canada*

#### Purpose

The purpose of this presentation is to present evaluation findings of CodeH(elp); a patient and family activated response system. CodeH provides patients and families the opportunity to call a Clinical Resource Nurse in the event they have concerns they feel are not being addressed by their care team.

#### Target Audience

The target audience of this presentation is healthcare providers, healthcare leaders and consumers. Participants will gain an understanding of the experience of patients and families having access to a patient/family activated response system, and results of an evaluation of the CodeH program, including the benefits this system.

#### Abstract

Introduction: Under the Strategic Direction the Care Experience Providence Health Care (PHC) has committed that “We will have person and family centred care as our approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among healthcare providers, the people we serve and their families.” (Providence Health Care, 2015). One initiative PHC piloted and implemented under that Care Experience is a patient and family activated response system called CodeH(elp). Piloted in March 2013 on two medical units and later spread and implemented to a total of five medical units in an acute care tertiary hospital CodeH is currently expanding to four surgical units.

CodeH provides patients and families 24/7 access to a Clinical Resource Nurse should they have concerns which they feel they have been unable to address with their care team. The Clinical Resource Nurse attends the bedside, works with the patient or family who placed the call and then engages with members of the healthcare team to resolve the patient’s concerns. The Clinical Resource Nurses report through the Professional Practice Office, and are therefore not part of the local team caring for the patient and family, which allows them to be third party to the presented concerns. They are experienced nurses with Critical Care or Emergency background and skilled communicators.

Code Help was implemented to provide an additional source of support and safety for patients and families. Code Help enables patients and families to act as partners with the healthcare team for quality and safety and supports person and family centred care.

The steering committee included two patient partners who collaborated on the planning, design, implementation, spread, and sustainment of CodeH. Implementation included tent cards at each bedside with CodeH information as well as posters in each patient room. When CodeH transitioned from pilot to permanent resource on medicine, information was added to the “Welcome to Medicine” pamphlet. During admission to the unit, the admitting nurse includes information regarding CodeH as part of the patients welcoming and orientation to the unit.

In the first 22 months there have been 76 CodeH calls.

Methods: Evaluation of CodeH consists of three components:

- survey of patients, families and staff on units where CodeH is implemented

- analysis of the data collected by the CRNs when a CodeH call is placed
- structured interviews with patients and families who access CodeH

Using a simple survey tool created by the CodeH steering committee patients, families and staff on the units where CodeH is offered were surveyed to gain an understanding of their perceptions of the service.

Patients and families surveyed were asked if they were aware of the service, reasons why they might call CodeH and whether they feel safer having CodeH available. There was also space for additional comments.

Staff were surveyed and asked if they were, aware of the service and whether they felt CodeH benefits staff as well as patients and families. Staff were also provided free text space for additional comments.

Additional data was collected by reviewing the call logs of the Clinical Resource Nurses who respond to CodeH. The CodeH calls are tracked by the CRNs. The data tracking include the reason for call, other team members involved, response time, follow up visit with patient/family, and time spent. The data collected by the Clinical Resource Nurses is being reviewed and organized into themes.

Currently underway is the evaluation of patients and families who utilized the CodeH system. These individuals are being invited to participate in semi-structured interviews conducted by a trained research assistant. Interview questions will focus on the patients' or families' experience of calling CodeH and the impact of doing so. The interviews will be transcribed and coded and thematically analyzed.

Results: Results of surveys with patients and families indicate that CodeH provides a valuable source of support. 81% of respondents answered 'very true' or 'somewhat true' to the statement 'I feel safer with CodeH'

Additional patient and family member written feedback included:

"I think this is a very worthwhile project that provides assistance when there doesn't seem to be another alternative for information."

"Good idea - I am comfortable asking questions but many people need another avenue."

"Thank you for having this kind of service and for making sure that patients are aware of it. St. Paul's has been our hospital of choice for many years, and this just adds to the 'why' we go there when we need medical help."

Staff survey results indicated support to CodeH. 86% of staff surveyed were aware of CodeH; 66% of staff respondents reported viewing CodeH as beneficial to patients and families as well as to themselves as staff members.

Additional staff member written feedback included:

"Patient has more ways to find out the answer to their questions. Reduced anxiety."

" Any additional resources are great for nurses and patients"

"The team **ALWAYS** works hard on resolutions for complex d/c and other cases. We exhaust all and any possible avenues. Code H almost seems like making us duplicate our work or worse...checking on our work. I think it affects staff morale negatively"

Preliminary results for the analysis of the CRN call logs indicate that primary reasons patients and families call CodeH include lack of clarity about the plan of care, pain management and communication. Further findings will be included in the poster presentation.

Semi-structured interviews with patients and families who placed a CodeH during their admission are being conducted. Results of these interviews will be analyzed and presented in the poster.

Discussion: CodeH helps to support the philosophical push toward patient and family centred care at Providence Health Care. This evaluation demonstrates that patients and families find the program an important and valued resource. Staff survey results demonstrated that while some staff had reservation regarding the program over half of the respondents found it to be mutually beneficial for staff and patients.

Analysis of the data collected through the CRN call log identified potential areas for improvement for the care team.

Evaluating the experience of those patients and families who utilized CodeH will add important qualitative data to our evaluation.

Limitations of this evaluation include a small survey sample size.

CodeH is a well received patient and family centred care initiative that has the potential to improve care at health care organizations.

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## CLIN PST 2 - Clinical Poster Session 2

### Advance Nurse Practitioner Hypertension Management

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Mary Jane Venzon, BSN, RN, CWCN, USA

#### Purpose

The purpose of this presentation is to evaluate the effectiveness of nurse practitioner hypertension management compared to physician management in achieving BP control among hypertensive adult in the primary care setting.

#### Target Audience

The target audience of this presentation is nurses.

#### Abstract

In recent years, the US health care delivery system has evolved from primary care treatment of acute medical illness to management of chronic conditions. Parallel to this change, nurse practitioners (NPs) presence in primary care setting is increasing especially in the chronic disease management (Watts et al., 2009). Considering that NPs are in the forefront of disease prevention and management among adults, they must demonstrate excellent clinical performance and improve patient outcomes. Studies have shown that NPs provide safe, efficient, cost-effective, and high-quality health care. Despite of this, some medical organizations, lawmakers, and health consumers are still wary of the NPs effective practice (Bauer, 2010). This resulted to limitations posed on NPs' scope of practice throughout the country.

Hypertension is one of the prevalent conditions encountered in primary care settings. A review of studies that examined practices of NPs specific to hypertension management showed that NPs effectively managed this condition with or without physician collaboration. This review provided support to advance full authority and scope of practice for all NPs in the country.

Keywords: Hypertension management, nurse practitioner, advance practice nurse, nurse-led hypertension management, primary care

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## CLIN PST 2 - Clinical Poster Session 2

### The Severity of Medication Administration Errors Detected Using Three Different Research Methods

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#### Purpose

The purpose of this presentation is to discuss of the importance of the medication administration process to improving the quality of nursing care and preventing patient harm.

#### Target Audience

The target audience of this presentation is all registered nurses working in clinical practice with medication administration duties, nurse leaders, and researchers interested in nursing quality of care and patient safety.

#### Abstract

Nursing-sensitive indicators reflect the structure, process and outcomes of nursing care. Patient outcomes that are determined to be nursing-sensitive improve with greater quantity or quality of nursing care. (ANA 2015.) Medication administration is an important daily nursing task that involves great potential for errors and patient harm.

The aim of this presentation is to describe the severity of medication administration errors detected using three different research methods. The study was conducted in a university hospital in Finland. Three types of data-sets were analyzed: 1) medication-related incident reports (n=671) 2) randomly selected patients' medical records (n=463) using the Global Trigger Tool (GTT) method and 3) observations (n=1058) of medication administration by nurses' which were followed by a review of medical record (n=122). In the secondary analysis, only medication administration errors (MAEs) detected by the three aforementioned methods are analyzed and described.

Of the 671 medication-related incident reports, 39.8% (n=267) were MAEs. The GTT method revealed 153 medication errors, 26.8% (n=41) of which were MAEs. Observation of 1058 medication administration events revealed 235 medication errors, 61% (n=143) of which were MAEs. The severity of MAEs (n=451) was classified using the taxonomy from The National Coordinating Council for Medication Error Reporting and Prevention (NCCMERP 1998). The taxonomy's classification of the severity of medication errors (patient outcome) ranges from Category A (no error, no harm) to Category I (error, death).

Most of the MAEs detected (n=443, 98.2%) reached the patient. Still, 62.1% of MAEs did not cause harm to patients (Categories B and C), although 24.2% of MAEs required patient monitoring to confirm the lack of harm (Category D). MAEs that were more likely to cause harm to patients (Categories E, F, H) occurred in 13.7% of cases. When the severity of MAEs were compared using the different detection methods, the observational method revealed fewer MAEs that were more likely to cause harm (3.5%), whereas the GTT method revealed the most MAEs that were more likely to cause harm (22%) followed by incident reports (18%). Pearson's Chi-Square test demonstrated a statistically significant difference in the total number of MAEs detected by the different methods and as well as in the number of MAEs that were likely to cause harm ( $p < .001$ ).

MAEs are the type of errors that are the least likely to be prevented before reaching the patient. In this study, the documented severity of MAEs depended on the method used. These findings were expected as the GTT method is specifically designed to identify situations that cause harm to patients, whereas the observation method rarely identifies these situations because of the limited time of observations. More information is required to increase the safety of the medication administration process and to prevent harm to patients.

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## CLIN PST 2 - Clinical Poster Session 2

### Networking Improves Care for Women and Infants

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#### Purpose

Demonstrate how collaboration within a perinatal network improves care for women and infants.

#### Target Audience

Nurses who care for women and children. Nurses interested in quality improvement.

#### Abstract

**Background:** Illinois has a regionalized perinatal system with ten networks. The Statewide Quality Council establishes quality initiatives that are to be instituted within each birthing hospital. Each perinatal network coordinates these initiatives for member hospitals through the Regional Quality Council (RQC). Two recent evidence-based initiatives are reduction of early elective deliveries (between 37-38 6/7 weeks gestation) and the evidence-based breastfeeding initiative. The Co-Perinatal Center is unique among the ten networks as the Chair of the Committee is a Nursing Leader from a community Level III hospital with expert qualifications including a Doctorate in Nursing Practice.

**Problem:** Baseline data collected by our Network RQC for these two key perinatal measures (early elective deliveries and breastfeeding) demonstrated that improvement was needed.

#### **Specific aims:**

- Improve outcomes for women & infants cared for in Perinatal network hospitals
- Collaborate with network hospitals on improvement strategies
- Meet state quality improvement requirements

**Method:** The Institute of Healthcare Improvement methodology of plan-do-study-act was the framework for change. Initial steps included process measures for each initiative, such as policy development. Hospitals were required to demonstrate that these policies were established within the organization. Quantitative data collection tools were developed by the RQC chair and the Perinatal Center for use by each hospital within the Network. Data was submitted to the network administrator and the RQC chair. Aggregate data is shared with all hospitals.

**Implementation strategies:** Engagement of hospital administration was the first step for each hospital's improvement project. The hospitals then developed teams to implement both of these initiatives. The perinatal network assisted and monitored progress for each hospital. Barriers and challenges, as well as successes, were presented to and shared amongst the network hospitals. Project data was submitted to the Perinatal Center, summarized and analyzed by the chair of the network quality council. Aggregated data is shared with all hospitals.

**Results:** The network has met or exceeded state established goals for each project. All hospitals have < 5% early elective delivery rate. Hospitals also have implanted the evidence-based breastfeeding initiative. The network breastfeeding initiation rate exceeds the state average. Several hospitals are now on the Baby-Friendly pathway.

**Conclusion/ Implications for nursing practice:** Implementation of quality or evidence-based projects can successfully be implemented with the perinatal network structure. By networking with other hospitals, improvements can be made. Learning can be implemented and barriers can be overcome. Establishing

these as statewide quality projects adds credence to the importance of the work, and compliance with such initiatives.

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## CLIN PST 2 - Clinical Poster Session 2

### Nursing Teamwork in Health System Hospitals: A Multisite Longitudinal Study

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#### Purpose

Share baseline results from a 3-year longitudinal, repeated measure study of nursing teamwork and its five subscales – trust, team orientation, backup, shared mental model, and leadership – from the perspectives of nursing staff members who work in acute care inpatient units at diverse hospitals in a regional health system.

#### Target Audience

Nurses and leaders who see teamwork as an essential element of workplace culture to promote collaboration; enhance patient, family, and interprofessional outcomes; and open new avenues to professional growth and practice excellence.

#### Abstract

Teamwork among nursing staff members—licensed and unlicensed—is essential to create a strong and dependable workplace. Relationship-Based Care (RBC), a care delivery model rooted in Jean Watson's Model of Human Caring, was begun in 2006 in a Midwestern United States health care system's hospitals as part of our nursing professional practice model. RBC focuses on the relationships of caregivers with themselves, patients and family members, team members, and the community. Team members can be defined as two or more interdependent individuals who share skills and resources, working together to make decisions that achieve a common goal. It is hypothesized that as relationships between team members grow, teamwork increases. Teamwork, in turn, has been found to lead to productivity, job satisfaction, and promotion of optimal quality of care. Over the past decade, teamwork has been described, measured, and studied by Kalisch and colleagues in surveys of nurses from multiple units in a variety of hospitals. The significance of the longitudinal repeated measures study we are conducting is its aim to understand overall nursing teamwork and its facets over time, as perceived by nursing staff members who work in acute care inpatient units at diverse hospitals in a regional health system.

A pilot study with nursing staff from two acute care units and 10 nurses who worked in the medical center's resource pool was conducted in October 2014 to test the process for conducting and reporting the Nursing Teamwork Survey. Based on the success of the pilot study, this multisite study is being launched to create a longitudinal description of nursing teamwork in a health system's hospitals of various sizes and locations. The purpose of this poster will be to share baseline results of nursing teamwork to describe the current workplace environment, document variations in perceived teamwork, and identify potential improvement strategies for units/areas, hospitals, and the health care system.

Following IRB review, this descriptive, comparative, longitudinal study will collect data with an electronic survey that will be deployed every six months for three years. Potential participants include approximately 4200 nursing employees from acute care inpatient units within our health system's eleven hospital entities, some being Magnet®-designated. The Nursing Teamwork Survey (NTS), developed by Kalisch and colleagues, contains 22 items that explore demographics, hours worked, nurse to patient ratio and churn in a recent shift, and satisfaction with teamwork, staffing, role, and position. Another 33 items, scored as the percentage of time each occurs, comprise the overall teamwork measure and its five subscales: trust, team orientation, backup, shared mental model, and team leadership. A management leader and staff leader from each unit/area will collaborate to recruit nursing staff to participate in the semi-annual surveys. Data will be managed and analyzed by the research team to create descriptive reports for each participating unit/area, hospital, and the health system. Comparison statistics of survey responses by unit/area and hospital and hospital results by demographic characteristics will be

generated. The potential risk of survey participants being identified will be mitigated by not reporting demographic data at the unit level. Identifying opportunities to foster improved teamwork is an anticipated benefit. We will also share our experiences in designing, implementing, and reporting results of a multisite longitudinal study within a regional health system.

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## CLIN PST 2 - Clinical Poster Session 2

### Nurses Narrative Examples of Moral and Ethical Drift in Response to Health Information Technology Protocols

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#### Purpose

To present nurses' narrative descriptions of moral and ethical drift when utilizing health information technology (HIT) protocols in intensive care. Raising awareness of dilemmas faced by nurses utilizing HIT can help to inform future studies. These ad hoc findings were part of a dissertation which examined nursing workaround behaviors.

#### Target Audience

nurses utilizing bedside technology, administrators, nursing informatics experts and others interested in understanding and improving clinical information systems

#### Abstract

As technology applications in intensive care multiply, change and influence nursing practice the ethical implications of utilizing new technologies are difficult to anticipate. Because technologies do differ, the issues that nurses face change from organization to organization resulting in under-identification of ethical concerns. Additionally, when an information system is meeting clinical and organizational goals there is a reluctance to bring forward these "hidden" dilemmas.

There are situations in acute care where professional and ethical values can conflict with management and administrative goals.<sup>1</sup> Kleinman<sup>2</sup> describes ethical drift as "an almost indiscernible move toward cutting corners when making the best of a bad situation". Moral drift is a behavior whereby the choice between "the lesser of two evils somehow makes it right".<sup>2, p.73</sup> Conflicts of interest can occur when personal or private interests interfere with a nurses professional responsibilities. All three scenarios can contribute to moral distress, defined as "when one knows the right thing to do but institutional constraint make it nearly impossible to pursue the right course".<sup>3, p. 6</sup>

This dissertation study was a mixed methods survey conducted in collaboration with American Association of Critical Care Nurses and approved by The University of Texas Health Science Center IRB. A sample of 297 AACN Registered Nurse Members voluntarily responded to an email survey and described the problems and workarounds they encountered using health information technology (HIT) at the bedside. The Ad Hoc findings reported here were not part of the dissertation research questions but emerged from the qualitative data. The data was re-analyzed using MAXQDA software and nurse narratives characterizing moral and ethical drift were simply categorized as such.

Eighty seven percent of respondents were female, 13 percent male (n=279). The age of respondents (n=295) was most heavily represented in the 45-54 age group (35%) and in the over 55 age group (23%). The smallest age group was 18-24 (3.4%) followed by 25-34 (16.9%) and 35-44 (21.4%). Similarly, nurses with 21 or more years of experience (29.7%) and 11-20 years of experience (28%) represented over 50% of respondents (n=292). Nurses with less than 2 years of experience represented 10.6%, 3 to 5 years of experience 12% and 6 to 10 years of experience 18.8%.

Almost 50% of the nurses had a bachelor's degree in nursing (48.3%), 20.6% an associate degree and 19.9% had a masters degree (n=291). The mean level of self-reported ICU nursing experience was 4.48 (SD= +/- .95) which on a 1 to 5 scale with 5 being expert equates to midway between a proficient and expert level. The average size of the units the nurses worked on was reported in number of beds with the mean number of beds being 19.5 (SD= +/- 10.1). Seventy five percent of nurses reported a 1:2 assignment (1 nurse for every 2 patients), while 14.7% reported a 1:1 assignment and 14.5% reported a 1:3 assignment (n=296).



Forty two percent of the nurses worked in mixed intensive care units, 11 % in surgical intensive care units, 10.5% in coronary care and 9.5% in medical ICU units. The acuity of the patients the nurses were caring for were reported as: 61.8% critical, 28.7% guarded and 9.2% stable. The workload of the nurse was reported as heavy (40%), moderate (58%) and light workload (2%) (n=296). The software vendors that were represented in this study included: KBMA (Allscripts), Carefusion, Cerner, Epic, Meditech, McKesson (Horizon and Paragon), Soarian, eICU, Endotool and Glucostabilizer.

In fifteen percent (n=45) there was an ethical or moral dilemma identified. The narratives are presented in the broad classifications of ethical or moral drift. A third classification lists narratives which contain inferences to conflict of interest as there was evidence that on occasion what and how the nurse documents can be influenced more by a nurses' own year-end performance evaluations than by what was true or by what actually occurred.

**Ethical Drift: Incremental deviation from ethical practice that goes unnoticed and is justified as acceptable. (Kleinman, 2006, 73). Ethical drift occurs over time and the actions rationalized as reasonable given the set of circumstances or challenges in the workplace. (Duffy, 2009)**

1. "When bar code of an insulin bottle will not scan, I take barcodes off the multi-use vial and tape them to my badge"
2. "Frequently the computer is unresponsive for up to 10 minutes. I administer meds without scanning and then scan empty drug wrappers when system comes back up"
3. "I don't list all my IV medication titration changes that just to keep from having to beg someone to put in their password several times for each change"
4. "Scan barcodes and all meds outside of room, especially if patient is on contact precautions"
5. "Changes to IV pump settings for "drips" requires finding a 2<sup>nd</sup> RN who must also enter their info two to three different times for each witnessed event. It was discovered that changes can be entered all day without a witness and then at the end of day the witnessing RN only has to sign once and all fields fill in automatically"

**Moral Drift: A behavior whereby the choice between the lesser of two evils somehow makes it right (Kleinman, 2006).**

1. "Doctors unable to enter orders correctly; particularly medication orders. I put the order in myself"
2. "When initially signing into computer a "required" screen comes up and the RN has to enter a height and weight. To get past that you have to enter any number no matter what, then change it later"
3. "Titrating drips to fit the order, even if actual titration different"
4. "Many places on assessment have only certain choices and no place to free text what is not on the list. You must either leave it blank (and get in trouble) and put what is closest to the patient condition and this is not right either"
5. "Nurses check badges instead of medications when obtaining a double verification. The computer and admin are happy but the medication does not get double checked."
6. "I frequently need to complete documentation that is "required" by institution policy but is not available from the patient or truly assessed."
7. "Change the real administration time. Otherwise the system wants an explanation why medication wasn't given on time. Set yourself up for an investigation"

**Conflict of Interest: A conflict between the private interests and the official responsibilities of a person in a position of trust <sup>4</sup>**

1. "If barcode not readable give med without scanning and chart reason as "other patients care" whether it is true or not. I/ we could chart as "barcode not readable" but this means counseling from management for each non-scan"
2. "Our scan rate percentages on our end of year evaluations must be greater than 95% so if we "full document" by saying med was given but not scanned we are tagged."

3. I could not scan one medication. If you do not scan your medications it will reflect in your personal scan rates.
4. A barcode mismatch option is to trick out the computer by choosing “not given” with a reason code like “schedule adjust”, then proceeding to next screen where you are supposed to scan the patient. At this point you can change it back to “given” and proceed with the patient scan. Apparently this does not count against your scan rates”
5. “Organization is using computer charting as audit and disciplinary tool”

These narratives describing nurses' problems and workarounds when using technology are indicative of a larger problem that threaten the moral integrity of the nurse.<sup>3</sup> As is found frequently in the literature, ethical dilemmas and moral distress can negatively impact a nurse's well-being.<sup>3</sup> As we progress in the utilization of technology in intensive care, vendors, administrators and informatics nurses have a responsibility to look for and evaluate ethical mismatches in workflow analysis and to safeguard the nurse from moral distress precipitated by technology.

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## CLIN PST 2 - Clinical Poster Session 2

### Development of a Learning Needs Assessment Tool for Nurse Managers to Offer Continuing Education Programs Which Reflect Their Learning Needs

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*Tomomi Kameoka, RN, DNSc, Japan*  
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#### Purpose

The purpose of this presentation is to introduce the results of the research, "Development of a Learning Needs Assessment Tool for Nurse Managers", and to discuss about the learning needs of nurse managers in many countries with the participants of the convention.

#### Target Audience

The target audience of this presentation is nurse managers working at hospitals are interested in the learning needs.

#### Abstract

**Background:** Nurse managers are the nurses with management responsibilities in a nursing unit. They have primary responsibilities for staffing and scheduling, managing current staff, and day-to-day operations of the unit. Recently, the role of nurse manager continues to expand within the health care system. To be able to adapt to this expansion of the role and to be able to undertake the role of nurse manager independently as a professional, it is necessary for nurse managers to learn independently and to have opportunities for continuing education. A learning needs assessment tool for nurse managers in Japan could measure the learning needs of nurse managers to promote evidence-based professional development.

**Objectives:** To develop a learning needs assessment tool for nurse managers, which has well-established reliability and validity.

**Methods:** There were three stages in developing the scale: (a) Making items for the scale based on qualitative and inductive research findings (Nakayama & Funashima, ongoing submission to a nursing conference in Japan). (b) Examining the content validity with a panel of experts and a pilot study. (c) Conducting two surveys and testing the reliability and validity of the scale.

**Results:** A Learning Needs Assessment Tool for Nurse Managers (LNAT-NM), consisting of 25 items with a 6-point Likert scale, was constructed using the afore-mentioned three stages.

In the 1<sup>st</sup> survey, the instrument packets, including the LNAT-NM and a demographic questionnaire, were distributed to 1,191 nurse managers working at 435 hospitals all over Japan. Six hundred and eleven nurse managers (52.3%) responded, and 512 valid data were analyzed. Cronbach's alpha, a reliability coefficient of the LNAT-NM, was 0.940. The result signifies that the LNAT-NM has high internal consistency. Nurse managers with under 2 years' experience at their nursing unit had learning needs higher than nurse managers with above 5 years' experience at their nursing unit ( $t=2.837$ ,  $p=0.005$ ). Nurse managers who perceived their management competency to be low had learning needs higher than nurse managers who perceived them to be high ( $t=2.675$ ,  $p=0,008$ ). The results indicate that the LNAT-NM has construct validity by the known-group method.

In the 2<sup>nd</sup> survey, the instrument packets, including the LNAT-NM and a demographic questionnaire, were distributed to 156 nurse managers working at 21 hospitals selected for convenience to examine stability.

Forty-four valid data were analyzed. Test-retest reliability was 0.746 ( $p < 0.001$ ). The result shows that the LNAT-NM has stability.

The LNAT-NM consists of 25 questions, including items such as “basic skills and knowledge of nursing management for effective and efficient provision of nursing services”, “knowledge and skills necessary for patient safety”, “organization and management according to the specialty and characteristics of a nursing unit”, “educational support and career development necessary for human resource development”, “improvement of a working environment and reduction of turnover for retention of human resources” and “management and business knowledge needed to participate in management planning in a hospital”.

**Conclusions:** The reliability and validity of the LNAT-NM was ascertained, and it has been found that hospital clinical nurse educators can measure the learning needs of nurse managers using the LNAT-NM, and use the results to offer continuing education programs for nurse managers designed to meet their learning needs.

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## CLIN PST 2 - Clinical Poster Session 2

### Let's Move: Promotion of Physical Activity in the Treatment of Depression

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#### Purpose

The purpose of this presentation is to promote physical activity and physical activity counseling in the treatment of depression, so as to enhance self-care and improve overall wellbeing. Emphasis in the management of chronic diseases is currently moving in the direction of self-care management.

#### Target Audience

The target audience of this presentation is not only limited to mental health providers or prescribers, but the overall audience, because health promotion through increasing physical activity is something that anyone can benefit from. The benefits of physical activity in transforming the health for all age groups are widely known.

#### Abstract

Over the years, the prevalence of chronic diseases (resulting from poor lifestyle behaviors) and especially mental health disorders, such as depression, substance misuse disorders, suicide, and violence are continually on the rise, with depression projected to be the leading cause of disability in the U.S. by 2020 (CDC, 2012). A significant amount of the U.S. health care expenditure is being spent on depression and other mental health disorders. Yet, the efficacy of antidepressants continues to be modest, at best, with poor treatment response and remission rates. According to Gaynes, Lux, and Gartlehner (2012), approximately 70% of patients do not respond to their initial antidepressants while 50% remain resistant to multiple medications. Multiple studies have shown that treatment outcomes are much improved when antidepressants are augmented with other alternative treatment modalities and better self-care management, such as physical activity (Donaghy & Taylor, 2010; Mota-Pereira et al., 2011). Physical activity is one of the most modifiable risk factor against multiple chronic diseases. However, many Americans do not meet the recommended guidelines for physical activity (McPhail & Schippers, 2012).

In order to curb the increasing prevalence of multiple chronic conditions, which result from physical inactivity and other poor lifestyle behaviors, and transform health globally, the status quo must be improved. The management of chronic diseases must continue to move beyond the heavy focus on medical treatments where patients are passive recipients to models that incorporate integrative and self-care management. Recently, more focus has been on interprofessional collaboration as well as health promotion and preventive services. In this modern era of information technology, patients are increasingly empowered to take the lead in their health care. My scholarly project is centered on the promotion of physical activity as an adjunct treatment in the management of depression and, therefore, in line with this paradigm shift in health care.

The purpose of my project is to encourage physical activity counseling and prescription in the treatment of depression. The specific objectives are to encourage physical activity counseling and the incorporation of physical activity in treatment plans. This system change project is currently being implemented at a community health center in North East Tennessee, using a descriptive pretest posttest design. A presentation for the healthcare providers to encourage physical activity counseling and prescription, coupled with a PowerPoint streaming video for patients in the waiting room, physical activity pyramid poster in patient examination rooms and print brochures for patients have all been implemented. These interventions will provide visual cues and reminders to promote physical activity counseling. Data will be collected two months before and after the interventions using a questionnaire as well as a review of the electronic health record, assessing providers' perceptions and practices about physical activity counseling and prescription. Data will be analyzed using descriptive statistics and independent t-test. The primary outcome of this project will be an increase in physical activity counseling. It is hoped that providers will not only increase physical activity counseling, but also incorporate it into patients' plans of care. Further recommendations will be made based on the project outcomes.

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## CLIN PST 2 - Clinical Poster Session 2

### Improving Glycemic Control for Post-Operative Cardiac Surgery Patients: An NP-Led Project

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#### Purpose

The purpose of this presentation is for the learner to assess the effectiveness of utilizing nurse practitioner-led teams to improve glycemic control for post cardiac surgery patients through the use of evidence based practice.

#### Target Audience

The target audience for this presentation is all registered nurses in any field seeking to expand their knowledge of evidence based practice and nursing leadership, as well as development of the advanced practice nurse role in the hospital setting.

#### Abstract

**Background and Significance:** Inpatient diabetes care consumes half of the \$174 billion total expenditures for diabetes in the United States. According to studies, patients with diabetes are more likely to be hospitalized and experience longer lengths of stay than those without diabetes. In addition, 30 – 40 % of all hospitalized patients develop hyperglycemia, with average hospital stays that are up to three days longer than for patients without hyperglycemia.

The evidence for inpatient glycemic control is substantial. Hyperglycemia in hospitalized patients is strongly linked to poor outcomes regardless of whether or not the patient has a diagnosis of diabetes. Patients with both new hyperglycemia and known diabetes are more likely to require admission to the intensive care unit (ICU) when compared to patients with well controlled blood glucose. For cardiac surgery patients, hyperglycemia is an independent predictor of mortality. Diabetes experts and interprofessional teams are essential components needed to translate evidence based practice for glycemic management into the inpatient setting. The purpose of this evidence based project is to evaluate the effectiveness of a nurse practitioner (NP) led team on achieving glycemic goals for post-cardiac surgery patients.

The project uses the Centers for Medicare and Medicaid Services (CMS) surgical care improvement project (SCIP) glycemic measure to benchmark glycemic goals. Prior to 2014, our institution evaluated glycemic data on postoperative days one and two. The goal was to achieve 6 A.M. blood glucose values of less than 200 mg/dL. Glycemic goals were consistently met at a rate of 96 % or higher. On January 1<sup>st</sup>, 2014 an additional glycemic measure was added on postoperative day one. The new criteria stipulated that blood glucose must be 180 mg/dL or less, hours 18 through 24 post-anesthesia end-time. The new glycemic goals were met for only 84 percent of patients, revealing a significant need for improvement of glycemic management processes.

**Project Objectives:** The first project objective is to determine the effectiveness of an NP led team on glycemic management of postoperative cardiac surgery patients. The 2014 SCIP measure defined euglycemia as maintenance of blood glucose of 180 mg/dL or less for hours 18 through 24 post anesthesia end-time. The project goal is to meet this requirement at a threshold of 95.8 percent.

The second project objective is to determine if individualized insulin and nutrition therapy interventions by the NP team will increase the incidence of hypoglycemia in postoperative cardiac surgery patients. Blood glucose results will be monitored for 48 hours following anesthesia end-time and/or discharge, whichever

comes first. The project goal is to maintain a zero percent incidence of hypoglycemia. The measured blood glucose ranges are 0 – 39 mg/dL and 40 to 69 mg/dL.

The third project objective is to evaluate nursing satisfaction with implementation of the performance improvement project. Cardiac surgery nurses may not feel that they were engaged in development and implementation of the performance improvement project. Nursing satisfaction will be rated with a five question anonymous survey, utilizing a five point Likert scale of measure. Achievement will be measured as 80 percent or more nurses rating overall satisfaction with implementing the performance improvement project at a 4 (agree) or 5 (strongly agree) on the Likert scale for a minimum of four questions.

**Methods:** This is a single-center descriptive, prospective, comparative analysis of an NP led quality improvement project. The analysis is designed to assess the effectiveness of NP management of hyperglycemia in post cardiac surgery patients. The measure of success is based on compliance with the 2014 SCIP glycemic requirements for this population. The prospective analysis will not be masked to the investigators or staff. The project is a chart review of postoperative cardiac surgery patients. No subject recruitment or consent is indicated. The analysis will evaluate compliance with the 2014 SCIP glycemic control requirements of blood glucose 180 mg/dL or less between hours 18 and 24 post anesthesia end time. The analysis will evaluate for incidences of hypoglycemia, defined as blood glucose less than 70 mg/dL and for critically low values defined as blood glucose results of less than 40 mg/dL., for the period of 48 hours post anesthesia end time. The analysis will also assess nursing satisfaction with evidence based process changes.

**Data Analysis:** Data analysis will be carried out using the Statistical Package for Social Sciences (SPSS Inc., Chicago, IL and USA), version 22. Descriptive statistics such as frequency distribution (percentages), measures of central tendency (mean, median), and measures of dispersion (range, standard deviation) will be used to describe the sample population and overall utilization rate. A paired t-test will be used to show the difference between the changes in glycemic management processes and patient outcomes. In this project, statistical significance will be considered when the probability is equal to or less than 0.05. The final analyses will use descriptive statistics and chi-square tests. Secondary aims will be analyzed, using Pearson's correlation. Analysis is under way and data is pending for this project.

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## CLIN PST 2 - Clinical Poster Session 2

### The Postoperative Pain of the Elderly Patients

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*Jing-Yi Wu, MSN, RN, Taiwan*

#### Purpose

The purpose of this study was to investigate the postoperative pain and related factors of elderly patients who received abdominal surgery.

#### Target Audience

The target audiences of this presentation are clinical nurse and health care provider who involve in clinical postoperative care and whose interest is to investigate the outcome of clinical care for elderly.

#### Abstract

**Purpose:** This study was to investigate the postoperative pain of the elderly patients who received abdominal surgery and the associated factors of postoperative pain.

**Methods:** A descriptive, cross-sectional study was conducted in a medical center in northern Taiwan. Patients aged over 65 years and hospitalized in the surgical wards were eligible for inclusion. Convenience sampling method was adopted and 164 patients were enrolled. The data collection included patient basic information, clinical characteristics, treatments, the Brief Pain Inventory (Taiwan version), Pain Opioid Analgesics Belief Scale, Short Portable Mental Status Questionnaire (SPMSQ), and the dosage of analgesics. Data were assessed through descriptive analyses, independent-sample t-tests, one-way ANOVA, and Pearson correlations.

**Results:** There was about the same number of males and females included in our study with the mean age 73.08 years old. The patients had average three chronic illnesses. Most of patients were with primary level of education. The self-recognized disease severity was most frequently assessed to be moderate. The most common modality used for postoperative pain control was morphine PCA (86%). The severity of postoperative pain was reported to be mild to moderate during the postoperative 1-3 day, and declined gradually thereafter. The average pain opioid analgesics belief scale score was 21.31, which revealed a belief about the negative effect of analgesics. Self-recognized disease severity and the surgical site were the major predictive factors of postoperative pain. More severe postoperative pain was reported in the patients who were aware of higher severity ( $\beta = .23, p < .01$ ), whereas less pain was noted in the patients receiving lower gastro-intestinal surgery ( $\beta = -.25, p < .01$ ). Besides, males received higher dosage of analgesics than females during 8 to 16 hours after surgery, was also a crucial associated factor of postoperative pain ( $\beta = .29, p < .01$ ).

**Conclusion:** This study suggests that in order to optimize the management of postoperative pain for the elderly patients who receive abdominal surgery, the following factors such as the self-recognized disease severity of postoperative disease severity, surgery site, gender etc. should be assessed comprehensively. An appropriate pain control plan can be done accordingly. A pain-free postoperative care is not only for the right of human being, but also beneficial for the quality of care and patient recovery.

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## CLIN PST 2 - Clinical Poster Session 2

### Implementing Health Coaching on a Rural College Campus

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#### Purpose

Identify how health coaching can be integrated into the culture of a rural college campus

#### Target Audience

Nurses and educators interested in implementing health coaching in rural areas.

#### Abstract

Purpose: The purpose of this paper is to describe how health coaching can become a part of the culture of a rural college campus.

Specific Aims: Describe ways in which students who are learning to become health coaches can assist faculty, staff, and students to make desired health behavior changes.

Method: Students enrolled in the Health Coaching didactic/practicum course invited interested members of the faculty, staff, and student body to join with them in this learning experience. Students learn health coaching skills and participating members of the faculty, staff, and student body learn ways to effect positive behavior changes.

Results: Approximately 40 students and 80 members of the faculty, staff, and student body have participated in the health coaching sessions. Current information suggests that this has been a positive experience for all involved, although recruitment can be somewhat of a challenge.

Implications for practice: Using student nurses as beginning health coaches on a rural college campus provides excellent learning experience for the students, and environment for desired behavior change for faculty, staff, and students, and can be used to influence a positive culture change for all involved.

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## CLIN PST 2 - Clinical Poster Session 2

### The Alarming Prevalence of HIV/AIDS in African-Americans and Recommendations for Prevention and Treatment Based on Epidemiological Concepts

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#### Purpose

The purpose of this presentation is to educate providers about the multifactorial causes of HIV/AIDS in the African American population and how the researcher may implement interventions based on epidemiological concepts to decrease this prevalence.

#### Target Audience

Nurses, health care providers, and other health care workers responsible for the daily clinical aspects of prevention and treatment modalities for this vulnerable population.

#### Abstract

African Americans make up only 12% of the United States population, but they have the highest HIV rates of all races and ethnicities, accounting for over 46% of all HIV diagnoses (CDC, 2013). HIV is the fifth leading cause of death in African American men and seventh among African American women (Kaiser Family Foundation, 2014). There are a variety of factors that result in higher rates of HIV transmissions among African Americans, including social, cultural, economic, environmental, and political causes. Traditionally, health promotion and disease prevention interventions were focused on individual patients and were not necessarily based on the broader social and cultural contexts of scientific research principles.

Identifying and targeting interventions that coincide with the needs of multiple populations such as men who have sex with men, intravenous drug users, and young people who are marginalized and discriminated against, is difficult. Stigmatized populations are often hidden and difficult to reach (UNAIDS, 2013). Therefore, approaches to reducing HIV and AIDS prevalence must be multi-faceted and multi-leveled. Current literature suggests that successful health promotion, disease prevention, and treatment efforts, including medication regimens, should be based on demographic data and epidemiological concepts such as population-level assessments of disease burden, risks, and outcomes (Dorrucchi, 2010). In order to achieve more favorable outcomes, protocols and clinical practice guidelines should be based on random control studies (RCTs) that examine patterns and the distribution of the principles of HIV/AIDS in high-risk populations and certain geographical regions locally, nationally, and globally. Furthermore, interventions should include biomedical, behavioral, and social services with a focus on quality of life.

A number of studies have examined contributing factors to the high prevalence of HIV/AIDS in African Americans, such as discrimination and stigma, homophobia, poverty and sexual relationships, unemployment, lack of access to healthcare, and the high cost of HIV/AIDS treatment. Fear of stigma and discrimination and widespread perceptions about the escalating rates of HIV/AIDS in African Americans and the misconceptions about routes of transmission are barriers that impede dialogue, create barriers to accessing key populations, and derail early preventive measures and treatment (CDC, 2013).

Incarceration can also play an integral role in discrimination and stigma. In mid-2013, African Americans accounted for more than 36% of prison inmates and 65% of prison deaths (in 2007) from AIDS-related illnesses, which provide another avenue for HIV transmission (CDC, 2012). Homosexuality is highly stigmatized in the African American community with the majority of African American churches preaching that homosexuality is a sin (McCree, Jones, & O'Leary, 2010). As a result, African American men may prefer to keep their sexuality a secret.

A cause and effect relationship oftentimes exists between poverty and sexual relationships. According to a recent article, twenty eight percent of African American families live in poverty (Avert, 2014). African Americans often live in heavily populated residential areas where high-risk sexual behavior and drug abuse is prevalent. This is known as 'residential segregation' and accounts for the high rates of HIV infections in these communities (Avert, 2014).

Unemployment is another issue that many African Americans and other minorities may encounter. In the workplace, people living with HIV/AIDS may suffer stigma in the form of social isolation or ridicule from their employers and/or co-workers or may fear discriminatory practices such as termination (CDC, 2013). Without a job or underemployment, the high costs of treatment increases the likelihood that African Americans may delay treatment until they are seriously ill. Unfortunately, unaware of their status, many have engaged in unprotected sexual acts with multiple partners by this time. Health care providers must address these missed opportunities to decrease racial disparities (CDC MMWR, 2010).

Lastly, another contributing factor to the rising prevalence of HIV/AIDS in African Americans is lack of access to healthcare. After an AIDS diagnosis, survival and death rates are higher among African Americans than other racial and ethnic groups due to poor access to health care (CDC, 2013). People who live in poverty often have state-funded insurances such as Medicaid or Medicare while others are uninsured altogether. In July 2010, the National HIV/AIDS Strategy underscored these facts in HIV treatment in the Affordable Care Act. In 2014, these changes expanded Medicaid eligibility and provided protection to people with pre-existing and chronic illnesses such as HIV/AIDS (U. S. Department of Health & Human Services, 2014).

In order to make a significant difference in the escalating rates of HIV and AIDS in African Americans, the DNP educated nurse practitioner may serve in various roles, including clinician, educator, consultant, collaborator, researcher, and legislator. In these multiple roles, the nurse practitioner can advocate for change at the local, state, national, and even global levels; appeal to community leaders, faith-based organizations, and key institutions that help mold and reinforce societal norms and values; work collaboratively with other disciplines to address the multiple factors such as stigma and discrimination, poverty, unemployment, and housing; and advocate legislatively with policymakers to pass laws that increase awareness of HIV/AIDS and pinpoint contributing factors that play an integral part in this epidemic.

### **Epidemiological Basis for Preventive Strategies**

**Primary prevention – Clinician and Educator.** The nurse practitioner should conduct individual and group screenings and prevention programs in churches and other common meeting places for African Americans.

**Secondary prevention – Consultant and Collaborator.** Health care practitioners should provide routine screenings on high-risk persons and institute the early initiation of antiretroviral therapy based on current research, including random controlled trials; conduct widespread social marketing and advertising campaigns that target churches and other heavily populated African American organizations; serve as consultants for patients and other disciplines, and conduct educational programs for peers and other community providers (Grant et al., 2010; Thigpen et al., 2011).

**Tertiary prevention – Researcher and Legislator.** Providers should remain in constant contact with health care facilities and community organizations and implement changes based on evaluations and current epidemiological research which include, but is not limited to, qualitative and quantitative population-based studies; actively participate in legislative policies, serving as an advocate, so that changes can be made locally, nationally, and globally (CDC, 2013)

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## CLIN PST 2 - Clinical Poster Session 2

### Measuring and Influencing Noise on an Intensive Care Unit Using a Visual Warning System

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#### Purpose

The purpose of this presentation is to present the effects of a visual noise warning system on noise reduction in an intensive care unit and the contribution of unnecessary noise generated by persons to the disturbance created by noise.

#### Target Audience

The target audience of this presentation are nurse leaders and nursing managers who want to improve the hospital environment to better the patients' recuperation.

#### Abstract

**Introduction/ aim:** The experience of background noise can hamper the recovery of a patient. It can cause sleep deprivation, agitation and delirium. (Darbyshire\_ & Young 2013, Bartick et al 2010) For this reason the World Health Organisation advises to keep the mean noise level below 35 to 40 decibel. The noise level in a hospital setting is generally high and on an intensive care unit it is generally very high . On an intensive care unit, an unavoidable part of the noise is generated by the equipment, but a substantial part of the noise is produced by the people present (staff, patients and visitors). How much noise is produced by the people present depends on their awareness that they generate unnecessary noise and their willingness to change their noise generating behaviour. In this study the noise reduction was researched that could be reached when the persons present in the room were notified of the (too high) sound level. Additionally it was investigated what the nurses considered unnecessary noise.

**Method:** In a prospective study, the sound levels were measured for 3 weeks in a 4 person intensive care room of a class 3 intensive care. Subsequently a visual noise warning system was fixed to the wall on a highly visible place. Thereafter the sound levels were again measured for 4 weeks. The sound level measurements were done using a BG-5 class 2 sound level meter, which recorded the sound level every minute. This meter was fixed to the roof in the middle of the room. The visual noise warning system looked like a traffic light and displayed an amber light at 45 to 55 dB and a red light above 55 dB.

The perception of the nurses of unnecessary noise factors was investigated using the Topf's Disturbance of Hospital noise scale. (Topf, 2000) It exists of a list of 29 items each describing a particular sound. The respondent has to indicate using a 5 point Likert scale to what degree a particular sound disturbed him or her during work. The questionnaire was translated to Dutch.

**Results:** The mean sound level before the introduction of the traffic light was 54.6 dB, after the introduction it was reduced to 53.9 dB (ttest,  $p < 0.001$ ). The Topf's Disturbance of Hospital noise scale had an internal consistency (Cronbach's alpha) of 0.883. All 120 intensive care nurses were approached to complete the questionnaire, 83% of the questionnaires were returned. The 4 most disturbing noises beside alarm signals were all noises which are dependent upon the behaviour of the persons present: loud conversations in the corridors at night, mobile phone usage, conversations among nurses in the rooms and slamming of doors. The 5 least disturbing noises were all noises which are not dependent upon the behaviour of persons present: traffic noise, flushing of toilets, washing of hands, sounds created by cutlery or serving trays, airconditioning or heating.

**Conclusion:** In this study, the influence of a visual noise warning system was limited. Noise which was generated unnecessarily disturbed the nurses most. Therefore a visual noise warning system seems to contribute to noise reduction but additional interventions are necessary to effectuate a change in behaviour towards noise. The nurses are well aware of which behaviours need to change.

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## CLIN PST 2 - Clinical Poster Session 2

### Fathers' Experience with Autism Spectrum Disorder (ASD)

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#### Purpose

The purpose of this presentation is to describe the experience of fathers of children with ASD, the depression and anxiety they may experience, and their resources needed to help them actively engage in their roles as fathers of children with ASD to improve the outcome for the children and families.

#### Target Audience

The target audience of this presentation is anyone in clinical practice working with pediatric patients with developmental delays and ASD and their families, particularly fathers.

#### Abstract

**Purpose:** The purpose of this study was to describe the experience of fathers of children with autism spectrum disorder (ASD), the depression and anxiety they may experience, and their resources needed to help them actively engage in their roles as fathers of children with ASD.

**Background and Significance:** ASD is a lifelong neurological disorder that causes impairments in communication skills and social interactions, and unusual behaviors that interfere with the children's ability to function independently and interact appropriately with other people. In 2010, the prevalence was 1:68 children, a significant increase from 1:88 children in 2008. As the prevalence rate increases, the cost and negative consequences for the children and their families will also increase. Actively engaged fathers were a strong predictor of outcomes for children with developmental delays, an early sign of ASD. Actively engaged fathers also improved family cohesion, family stability, and well-being of the family. The experience of fathers of children with ASD must be understood and addressed to encourage the fathers to become actively engaged to improve the outcomes for the children and their families.

**Design:** A phenomenological case study was conducted to expand knowledge, understanding, and gain insight to improve clinical practice and outcomes for children with ASD and their families. Data collection included open ended questions about the children with ASD, the effect of ASD on the fathers', challenges they faced, reaction to the diagnosis and other people to their children, advice for other fathers of children with ASD, and their needs to meet the challenges of ASD. Data collection and analysis occurred simultaneously to identify common themes in the data. Data analysis by the primary investigator was conducted using line by line coding of each transcript using emotion and in vivo coding. Atlas.ti.7.5 software was used to organize the transcripts, quantify the codes, organize the codes into themes, maintain a codebook, and provide an audit trail. Rigor was maintained by evaluating credibility, applicability, dependability, and neutrality. Methodological and investigator triangulation was used to improve rigor.

**Findings:** All of the fathers stated this was the first time they were asked about their experience with ASD. The three major themes were family life: making adjustments, a father's needs, and grief and loss. ASD became the center of family life requiring the family to adjust and adapt to the challenges of ASD. Fathers' needs were money, teamwork, honesty/information, getting involved/taking action, and time. Fathers experienced the loss of their ideal children and dreams for the children's future. The stages of grief and loss for the fathers include denial and isolation, anger, bargaining, depression, and acceptance, similar to the classic stages of grief and loss when experiencing a death.

**Clinical Implications:** Nurses are in a unique position to serve locally to improve the lives of families and children with ASD. Nurses can proactively listening to fathers, advocating for fathers and their children, addressing their needs, providing information about beneficial interventions, including fathers in meetings and conversations about their children with ASD, and identifying ASD services and the increasing need for services for these children. Serving the children with ASD and their families on the local level can have

the same transformation regionally by increasing awareness and number of services available improving the outcomes for the children and their families. Serving locally and transforming regionally can help nurses become leaders globally to improve the quality of lives and outcomes for the families and children with ASD.

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## CLIN PST 2 - Clinical Poster Session 2

### Failure to Communicate

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#### Purpose

The purpose of this presentation is to present literature that supports the use of interpreters for non-English speaking patients in health care and identify barriers and facilitators in interpreter usage.

#### Target Audience

The target audience of this presentation is health care providers in clinical settings.

#### Abstract

The use of interpreters in health care is a growing concern among providers and organizations with the increase of non-English speaking populations. A 2005-2009 American Community Survey reported that 20% of the population does not speak English as their primary language (Grover, Deakyne, Bajaj, & Roosevelt, 2012). Twelve percent of those surveyed are Spanish speaking (Grover, et al., 2012). Language barriers in health care can prevent patients from receiving care, obtaining proper follow up, and making informed decisions about their care (Grover, et al., 2012). Health care organizations have identified interpreters in health care as professionals at a facility who are fluent in another language, family members, friends, other patients, and nonprofessional staff at the facility (Schenker, Perez-Stable, Nickleach, & Karliner, 2011).

In several studies, the use of interpreters have improved patient outcomes and even decreased hospitalizations and emergency room visits (Hacker et al., 2012; Grover et al., 2011). Non-English speaking patients have a higher rate of 30-day readmissions when compared to English speaking patients (Lindholm, Hargraves, Ferguson, & Reed, 2012). In one study the time from seeing a physician to disposition was increased with use of a telephone interpreter compared to in-person interpreter usage (Grover et al., 2012).

Health care facilities have identified the cost of a full-time professional in-person interpreter as a barrier to providing interpretation to non-English speaking patients. Many facilities may even use part-time interpreters who can be called in when needed. Inconsistency among part-time interpreters can lead to errors in communication. They may omit issues pertinent to non-English speaking cultures. Likewise patients may not disclose all health care concerns needed to provide appropriate care (Lindholm et al., 2012).

With over 300 different languages spoken in the United States and over 24 million who speak little English, health care providers are faced with providing competent care to patients that includes understanding of their treatments, diagnosis, and preventive services (Lindholm et al., 2012). The patient has a right to information and it is the responsibility of health care providers to ensure every patient receives the best quality care.

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## CLIN PST 2 - Clinical Poster Session 2

### Behind Closed Curtains on Eighteen Wheels: The Risk Factors and Consequences of Intimate Partner Violence in Female Long-Haul Truck Drivers

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#### Purpose

The purpose of this presentation is to present what is currently known about intimate partner violence as it applies to long-haul trucking and to outline the physical and psychological health outcomes of intimate partner violence in female long-haul truck drivers.

#### Target Audience

The target audience of this presentation is researchers and professional nurses who may come in contact with female long-haul truck drivers.

#### Abstract

**Background.** Intimate partner violence affects more than 1.3 million women in the United States (US) each year and 50% of all female homicides are committed by current or former intimate partners. Intimate partners are defined as a spouse or sex partner who cohabitate together. There are nearly 122,000 female long-haul truck drivers in the US who drive as part of a team with their intimate partners. Their jobs require them to be in close proximity with their intimate partners 24-hours a day for days to weeks at a time increasing the potential for intimate partner violence. Little has been published in the nursing literature about intimate partner violence in female long-haul truck drivers, the risk factors of intimate partner violence associated with female long-haul truck drivers, or the health outcomes related to intimate partner violence in female long-haul truck drivers. It is important for nurses, who are often the first to see evidence of intimate partner violence, to understand the risks and consequences of intimate partner violence within the trucking industry. **Purpose.** The purpose of this poster presentation is to present what is currently known about intimate partner violence as it applies to long-haul trucking and to outline the physical and psychological health outcomes of intimate partner violence in female long-haul truck drivers. **Method.** A literature search was conducted utilizing the key words intimate partner violence, women, and workplace in four databases: PubMed, CINAHL, PsycInfo, and MedLine. Peer-reviewed articles in English published between 1993 and 2014, with adult females were inclusion criteria. Those articles which focused on only males or medical personnel were excluded from the review. Prevalence rates, factors associated with intimate partner violence, experiences with intimate partner violence, and physical and psychological health consequences relating to intimate partner violence were abstracted for this review. **Results.** Victims who were young to middle age, had a lower socioeconomic status, had less education, and had a prior history with abuse have been identified at a higher risk for experiencing intimate partner violence. The health outcomes associated with intimate partner violence are both physical and psychological including headaches, generalized chronic pain, depression, anxiety, and post-traumatic stress disorder. **Recommendations for future research** include examining the relationship between length of time on the road and the increased risk for intimate partner violence and evaluating the relationship status between team drivers and the incident rate of intimate partner violence. In addition, comparing the similarities and differences in risk factors for female long-haul truck drivers and women in non-male dominated professions in order to develop interventions to reduce the risk of intimate partner violence in female long-haul truck drivers needs to be examined. The target audience for this presentation includes researchers and professional nurses who may come in contact with female long-haul truck drivers.

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## CLIN PST 2 - Clinical Poster Session 2

### Nurses Leading the Fight Against Chronic Diseases: Are You Ready?

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#### Purpose

The purpose of this presentation is to highlight the high prevalence and impact of non-communicable chronic diseases (NCDs) on global health and economy and nurses role in primary, secondary and tertiary levels of prevention of these diseases.

#### Target Audience

The target audience is nurses practicing in any setting, with any level of education and in any capabilities. Nurses in any role has potential to influence the global fight against chronic diseases.

#### Abstract

Chronic diseases are “diseases of long duration and slow progression” and World Health Organization (WHO) defines non communicable Chronic Diseases (NCD) as diseases, not typically caused by an infectious agent but from genetic susceptibility, lifestyle or environmental exposure. According to WHO, NCDs contribute to 60% of global deaths & 43% of disease burden and by 2020, 73% of global deaths & 60 % of global disease burden will be due to NCDs. Cardiovascular diseases, cancer, chronic obstructive pulmonary disease, and diabetes are common NCDs . There are four modifiable health risk behaviors which cause these NCDs. They are lack of physical activity, unhealthy eating, tobacco use, and excessive alcohol consumption.

Nurses have an important role in primary, secondary and tertiary levels of prevention of NCDs. Primary prevention includes addressing the risk factors, increasing awareness and motivating for life style modification by encouraging realistic & affordable healthy choices. Nurses can be change agents and work towards policy revision at government level to make healthy choices easy choices. Secondary prevention focuses on early identification of the disease. Tertiary prevention focuses on appropriate disease management. Successful management of chronic diseases occurs only when prepared, informed, and motivated patients and families, health care teams and the community work together for a common goal. Nurses have a great role in this. As the most trusted profession, patients and families accept them and discuss their concerns. Patients live with these conditions and they need to modify their lifestyle to improve the management outcome. Nurses can very well work with patients to identify a working strategy for them. In a complex health care system, patients often get overwhelmed. Care coordination is another area where nurses have an important role.

As NCDs continue to be a global concern, nurses are ready to be in forefront to make waves and lead the fight against this tsunami.

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## CLIN PST 2 - Clinical Poster Session 2

### Low Parental Health Literacy: A Pediatric Nursing Concern

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#### Purpose

To provide nurses with information regarding low parental health literacy (HL) and its impact on pediatric health outcomes. Adoption of a “universal precautions” approach to health care communication will be discussed and evidence-based interventions for clear communication will be presented.

#### Target Audience

all nursing professionals who provide care to children and their families.

#### Abstract

**Purpose:** The purpose of this presentation is to provide the pediatric nurse with information regarding low parental health literacy (HL) and its impact on pediatric health outcomes. Clinical assessment of HL versus adoption of a “universal precautions” approach to health care communication will be discussed. Evidence-based interventions for clear communication to parents at risk for low HL will be presented.

**Background:** Health literacy (HL), which comprises numerous skills beyond those of reading and writing, including speaking, listening, and numeracy, allows individuals to obtain, process, and understand basic health information and services needed for making appropriate health decisions. Nearly half of all adult Americans possess low levels of HL. Limited HL appears to profoundly affect a myriad of health indicators.

Given the reciprocal nature of health communication, patient-nurse interactions play an important role in care, particularly among patients with low literacy. Nursing knowledge regarding the prevalence of and patient characteristics associated with low HL may influence these interactions. Lack of knowledge among nurses regarding issues related to parental HL can alter communication and hinder benefits expected from medical care.

Despite expanding research on HL and health outcomes in adult populations, few studies have assessed the relationship between parental, caregiver or child literacy and pediatric health outcomes, or the association between patient/parent-provider communication and health outcomes, among patients/parents with limited HL. Given nursing's role in direct patient care and its responsibility in the delivery and management of health services, nurses must gain an improved understanding of this phenomenon and those interventions which mitigate the negative impact of low HL, particularly among parents and caregivers.

All patients/parents, not only those with limited HL, will benefit from interventions which improve health care communication, offer clear and unambiguous instructions, and simplify use of services—all of which play a substantial role in improving the safety and quality of health care.

**Practice Implications:** Nurses caring for pediatric patients and their families must enhance those skill sets that are most useful for communicating appropriately with parents of low education or socio-economic status, those at risk for low HL, and those for whom English is not their first language. Evidence-based techniques that improve interactive communication skills include using plain language, sitting down to achieve eye-level with a parent, breaking information into sentences, using visual models and pictures when possible, and promoting a safe environment where parents can ask questions are simple steps that will foster self-efficacy, improve communication, and support cultural expectations. In addition, a Health Literacy Universal Precautions Toolkit (United States Department for Health and Human Services, Agency for Healthcare Research and Quality, 2013) can be used by

pediatric primary care practices and health systems to design and implement strategies to minimize the impacts of low HL and support the delivery of culturally and linguistically sensitive pediatric health care.

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## CLIN PST 2 - Clinical Poster Session 2

### Autonomic Dysreflexia: An Update, How Serious Is It?

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#### Purpose

to increase knowledge for medical staff to identify and treat autonomic dysreflexia (AD) to maintain the health and well-being of spinal cord injury (SCI) individuals susceptible to life threatening even.

#### Target Audience

Medical professionals who will provide care for SCI individuals who are at risk for AD.

#### Abstract

Autonomic Dysreflexia (AD) is a medical emergency for individuals who have sustained a spinal cord injury (SCI) at or above the thoracic sixth vertebrae (T-6), which can cause complications with seizures, stroke, cardiac complications or death if not treated. The general public, family physicians, non-rehabilitation hospitals, Emergency Departments and rehabilitation hospitals for spinal cord injury play a crucial role in maintaining the health care and well-being for SCI individuals. Male-to-female ratio for SCI is 4:1; however AD is not sexually predetermined. SCI complete injuries (no motor or sensation) have a higher risk for experiencing AD, 91% vs 27% for incomplete SCI. Although motor vehicle crashes are still the most common cause of SCI, an alarming rate of falls in the elderly (individuals over the age of 60) over the past three decades by far are the fastest growing age group of individuals sustaining spinal cord injuries. Cervical injuries are greater than 56.5%. Individuals are presenting with cervical stenosis and often require rehabilitation for a SCI due to injury to the spinal cord. Increasing knowledge for individuals at risk with a SCI at or above T-6, medical staff, family members, care providers and the general public is critical to maintaining the health and well-being of individuals who are at risk for AD.

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## CLIN PST 2 - Clinical Poster Session 2

### Near Misses in Health Care: Nurses Perceptions and Experiences Associated with Omissions, Commissions, Scheduling Misperceptions and Complications with Adherence through the Investigation of Power Distance and Recovery

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#### Purpose

The purpose of the study was to understand nurse's perception of errors, recovery processes, the concept of power distance and poor communication that have led to the near-miss incidents.

#### Target Audience

Practicing nurses, from novice to expert, who are concerned with the on-going dilemma of medical and medication errors; actual or near misses.

#### Abstract

Medication errors continue to be a major problem (IOM, 1996). Research investigating what factors contribute to medication errors continues in an attempt to reduce the incidence and save lives. A near miss is an incident that could potentially cause harm, but didn't. Little is known about near misses and research is needed. Nurses' perceptions, what led up to the incident, and how they went about correcting these incidents (recovery) provide great insights to understanding what near misses are. In nursing, one variable that relates to errors and near misses is the concept of power distance (Hofstede, 1980) and how it affects communication between nurses, colleagues and families. Power distance is based on the premise that inequality exist between individuals and this perception of power may contribute to errors, near misses, poor adherence and poor compliance with medications. Poor communication is directly linked to medication errors and near misses (Henneman, 2010).

**Objectives:** The aim of the study was to understand nurse's perception of errors, recovery processes, the concept of power distance and poor communication that have led to the near-miss incidents.

**Methods:** A survey was either taken online, or filled out by a total of 87 registered nurses and students.

**Results:** Analysis of the descriptive data is in progress and the results will be shared at the conference via the presentation.

**Conclusion** Nurses' experiences with near misses, recovery and power distance contribute to defining what a near miss is, recovery, prevention and ultimately improve communication and patient's safety.

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## CLIN PST 2 - Clinical Poster Session 2

### Critical Care Nurses' Pain Assessment and Management: A Survey in Taipei

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#### Purpose

The aims of this study were to (1) investigate critical care nurses' pain assessment/management practices for critically ill patients, and (2) understand enablers and barriers related to critical care nurses' pain assessment/ management practices.

#### Target Audience

The target audience of this presentation is healthcare providers, clinical professionals from varied areas who are interested in the healthcare for critically ill patients.

#### Abstract

**Purpose:** Pain is a common problem among critically ill patients in intensive care units. Critical care nurses employed at intensive care units play an important role on pain assessment/management for critically ill patients. The aims of this study were to (1) investigate critical care nurses' pain assessment/management practices for critically ill patients, (2) understand enablers and barriers related to critical care nurses' pain assessment/ management practices, and (3) explore associated factors of critical care nurses' frequent utilization of pain assessment tools among non-communicative critically ill patients.

**Methods:** This study was a cross-sectional, descriptive, correlational study. In total, 381 critical care nurses who were full-time employed at intensive care units in Taipei area were recruited. A structured questionnaire was used to collect related information. The Chinese scale developed to assess pain assessment/management practice comprises 29 items. SPSS 19.0 software was used to analyze collected information. Statistical significance was established at  $p < .05$ . Descriptive statistics was used to demonstrate critical care nurses' individual characteristics, pain assessment/management practice for critically ill patients, and enablers/barriers related to critical care nurses' practices of pain assessment/management. Logistic regression was used to examine associated factors of frequent utilization of pain assessment tools for non-communicative critically ill patients. For the final model of logistic regression, estimated odds ratios and associated 95% confidence intervals of frequent utilization of pain assessment tools for each independent variable were obtained.

**Results:** Of the 381 critical care nurses, the majority were female ( $n = 366, 96.1\%$ ), had bachelor degrees ( $n = 276, 72.4\%$ ), and had received intensive care training ( $n = 310, 81.4\%$ ). For communicative critically ill patients, the majority of critical care nurses ( $n = 370, 97.1\%$ ) reported that they would use pain assessment tools, and considered patients themselves could provide the most accurate pain assessment ( $n = 297, 78.0\%$ ). The majority of critical care nurses ( $n = 328, 86.1\%$ ) reported that they would use pain assessment tools for non-communicative critically ill patients, and considered nurses as the persons who could provide the most accurate pain assessment ( $n = 252, 66.1\%$ ). A small portion of the critical care nurses did not use pain assessment tools for non-communicative critically ill patients ( $n = 50, 13.1\%$ ), and indicated that frequent assessing/recording pain was slightly important or not important at all ( $n = 40, 10.5\%$ ). The critical care nurses reported that availability of standardized pain assessment tools ( $n = 262, 68.7\%$ ) and pain management guidelines ( $n = 251, 65.8\%$ ) at working settings, and physicians' prescriptions of sufficient analgesic dosage ( $n = 252, 66.1\%$ ) were the enablers of their pain assessment/management practices. The barriers of their pain assessment/management practices were taking care of non-communicable patients ( $n = 203, 53.2\%$ ), taking care of patients with unstable conditions ( $n = 196, 51.4\%$ ) (e.g., hemodynamic instability), and working load ( $n = 195, 51.1\%$ ). Factors

associated with critical care nurses' frequent utilization of pain assessment tools among non-communicative critically ill patients were hospital type, working unit, and availability of pain assessment tools. Critical care nurses employed at the Joint Commission International (JCI) accredited hospitals (OR=5.51, 95% CI 2.93-10.34,  $p < .001$ ), the units with patients receiving surgical treatments (OR=2.49, 95% CI 1.52-4.06,  $p < .001$ ), or the institutions implementing pain assessment tools for non-communicative patients (OR=3.35, 95% CI 1.55-7.24,  $p < .01$ ) were more likely to frequently utilize pain assessment tools than those employed at the hospitals without JCI accreditation approvals, the units without patients receiving surgical treatments, or the institutions without implementing pain assessment tools for non-communicative patients.

**Conclusion:** Pain is a major stressor for critically ill patients. Our study findings could be applied to the following areas: clinical practice, education, and research. Implementing standardized pain assessment tools and pain management guidelines at healthcare institutions is suggested to improve healthcare providers' pain assessment/management practices for critically ill patients. Delivering education or training related to pain assessment/management for critically ill patients at healthcare institutions or medical education institutions is recommended to improve healthcare providers' capabilities of performing pain assessment/ management for this specific population. The Chinese scale developed to assess healthcare providers' pain assessment/management practices for critically ill patients could be used in education settings or future research to examine healthcare providers' pain assessment/management practices and effects of related education interventions.

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## CLIN PST 2 - Clinical Poster Session 2

### The Perceptions of Learners on the School Nutrition Programme in Msukaliwa Sub District Mpumalanga

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#### Purpose

The purpose of this presentation is to explore and describe the perceptions of learners on the School Nutrition Programme in Msukaliwa, Mpumalanga.

#### Target Audience

The target audience of this presentation is academics, clinical practitioners, educators and administrators

#### Abstract

**OBJECTIVE:** The objective of the study was to explore and describe the perceptions of learners on the School Nutrition Programme in Msukaliwa, Mpumalanga.

**METHOD:** The qualitative approach was used to conduct the study. The data was collected by means of focus group interviews and field notes. The data was tape-recorded and transcribed verbatim. The learners on the School Nutrition Programme were purposely selected based on the knowledge regarding school nutrition.

**SETTING:** The interviews were conducted at the school, which was the familiar environment.

**FINDINGS:** The data was analysed according to the Tesch method whereby a series of steps were followed. The categories, subcategories and themes were identified. The categories that form the basis of the discussion were: the effects of nutrition on learners, quality of food, preparation and taste, lack of resources, problems experienced and learners' preferences.

The effect of nutrition on learners was identified as the first category. The learners had difficulty in concentrating and learning due to hunger. They needed breakfast because some learners come to school hungry and it became difficult for them to concentrate and learn on an empty stomach. After food consumption they became productive, alert and not tired in class. An intake of starchy food and glucose kept them active and they were able to cope with their studies.

Learners had their preferences, preferring to eat meat rather than soya mince and vegetables to be added. Depending on the weather the juice or tea was added.

**Recommendation:** It was recommended that learners be involved when planning the menu for the School Nutrition Programme, to know learners' food preferences and to avoid food wastage.

**Conclusion:** The School Nutrition Programme is important in alleviating hunger and motivating learners to come to school in order to learn.

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## CLIN PST 2 - Clinical Poster Session 2

### Integrated Nursing Program Improves Symptom Distress, Depression, and Heart Rate Variability in Patients with Heart Failure

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Hui Ling Hsieh, MSN, RN, Taiwan  
Chi-Wen Kao, PhD, RN, Taiwan

#### Purpose

The purpose of this presentation is to report the findings of the effects of an integrated nursing program on improving symptom distress, depression, and heart rate variability in patients with heart failure.

#### Target Audience

The target audience of this presentation is clinical nurses, nursing educators, and nursing administrators.

#### Abstract

**Background:** Physical symptoms of heart failure impair patients' functional capacity and affect their psychosocial well-being. A common comorbidity in heart failure patients is depression. Depression may contribute to a poor prognosis for patients with heart failure. In fact, depression is related to increased morbidity and mortality in patients with heart failure.

**Purpose:** The aim of this study was to examine the effect of a "Integrated Nursing Program" on symptom distress, depression and heart rate variability (HRV) in patients with heart failure.

**Methods:** Total of 78 heart failure patients participated in this longitudinal experimental study. The subjects in experimental group (n= 36) received the "Integrated Nursing Program", and subjects in control group (n= 42) received routine care. Data were collected at four times: baseline, and one time per month for three months. The Beck Depression Inventory-II was used to measure the depressive symptoms. The Generalized Estimating Equation (GEE) was used to analyze the effect of the "Integrated Nursing Program" on symptom distress, depression, and heart rate variability.

**Results:** The majority of subjects were male (58.5%), with New York Heart Association class II (75.6%), a mean age  $71.04 \pm 11.01$  years, and left ventricular ejection fraction  $51.80 \pm 11.13\%$ . The patients receiving the "Integrated Nursing Program" have a significant decrease in the symptom distress ( $\chi^2= 4.792$ ,  $p= .029$ ), and depressive symptom ( $\chi^2= 3.668$ ,  $p= .05$ ), compared to the patients without obtaining this program. Even though the heart rate variability was not significantly increased in experimental group patients when compared with the control group patients, there was an improvement trend in heart rate variability.

**Conclude:** The "Integrated Nursing Program" is able to decrease the symptom distress and depression, and improve the heart rate variability in patients with heart failure. The clinicians may use this program to instruct heart failure patients how to deal with their symptoms and self-care.

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## CLIN PST 2 - Clinical Poster Session 2

### A Staffing Matrix for Support of Alternate Care Sites

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*Jean M. Roberts, MSN, RN, PHN, CNL, USA*

#### Purpose

The purpose of this presentation is to demonstrate a staffing matrix based on Hospital Incident Command System (HICS) job positions selected to support medical staffing of an alternate care site. This matrix was developed to address a gap identified in disaster response.

#### Target Audience

The target audience for this presentation is healthcare professionals involved in disaster response in hospital and public health settings

#### Abstract

One approach proposed to fulfill the need for additional hospital beds during emergency and disaster situations has been establishment of alternate care sites. An alternate care site (ACS) is defined by the State of California as a location typically not intended for provision of medical services that can be quickly converted to enable provision of care after a declared emergency. CDPH specifies that the need for and authorization to open an ACS are designated by local government, usually as a function of emergency management or public health departments, and that an ACS is not an extension of an existing healthcare facility. An ACS might include mobile field hospitals, schools, hospitals that were closed previously ("shuttered"), an arena, or any other building capable of housing multiple individuals and meeting basic requirements for health and safety.

Kern County, California, with a population of about 856,000 and approximately 1,500 hospital beds, is at significant risk for inability to care for the medical needs of its residents in the face of a disaster or an emergency. Recognizing the need for alternatives to manage hospital surge, the local public health department, the state, and federal officials collaborated with community partners to identify and contract with sites where emergency medical facilities can be established to help deliver medical care in a catastrophe.

This project was developed to address this gap in disaster response involving staffing of alternate care sites. A tool was developed based on Hospital Incident Command System (HICS) job positions selected to support medical staffing at an alternate care site. These job descriptions were coupled with mandatory and recommended training to create a matrix intended to support staffing efforts should establishment of an alternate care site become necessary. Most of the training is available online, with additional courses that may be offered by states, locally, or the federal government. The matrix also can serve as guidance for training efforts directed toward staff or volunteers. The matrix is completed with a sheet for recording of individual contact information and training completed. This combination allows emergency planners to identify individuals with the training and experience required to fill critical positions in support of alternate care sites. The matrix supports the training of healthcare providers, governmental entities, volunteer groups, and others who would be expected to participate in emergency activation.

The project in establishing an ACS program follows a quality improvement approach modeled on the National Response Framework, the Homeland Security Exercise and Evaluation Program (HSEEP), and Plan-Do-Study-Act (PDSA) and is grounded in complexity theory. Sustainability and maintenance of the developed program is based on ongoing feedback from additional and current ACS partners. Details of the program components are included as part of an annex emergency plan document explaining the full life cycle of an ACS, updated regularly based on receipt of evidence-based innovations that have proven successful and are evaluated periodically for compatibility with other emergency plans.

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## CLIN PST 2 - Clinical Poster Session 2

### Culture and Marriage: The Dual Barriers to Condom Use among Health Care Providers in Tshwane, South Africa

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*Sanah Mataboge, BCur, MCur, DCur, RN, South Africa*

#### Purpose

to communicate similar barriers the health care providers experience regarding condom use as being in the forefront for HIV and AIDS prevention and condom promotion

#### Target Audience

reproductive health promoters, HIV and AIDS health care providers

#### Abstract

The use of condom will provide men and women 100% protection against HIV and AIDS infection. However, the acceptability of condom use in sexual relations including marriage is confronted with culturally entrenched barriers. Health care providers as being socialised within the communities with specific cultures also experience barriers regarding condom use.

The purpose of the study was to explore and describe culture and marriage as barriers regarding condom use among health care providers in Tshwane.

A qualitative, focused ethnography design was used. Data collection was through semi-structured interviews using three research questions. The population included health care providers who were responsible for provision of HIV and AIDS programmes in selected health care settings in Tshwane. Purposive sampling was used and ethical principles were upheld. Trustworthiness was ensured.

Results indicated that irrespective of health care providers being knowledgeable on condom use, when faced with condom use in their sexual relationships they are confronted by culturally entrenched barriers. Marriage becomes a barrier for condom use as it is culturally embedded. Norms and values determining men and women's behaviour in a relationship stipulate that men are decision makers. As such, health care providers' sexual partners refuse to use condoms.

It is recommended that culturally sensitive programmes be developed and health care providers receive appropriate training to address culture and marriage as barriers regarding condom use in their sexual relationships.

Key words: health care providers, condom use, barriers, culture and marriage.

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## CLIN PST 2 - Clinical Poster Session 2

### Progressive Clinical Performance Evaluation Tools Incorporating the QSEN Competencies

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*Amanda Eymard, DNS, PMHNP, MSN, BSN, RN, CNE, USA*

#### Purpose

The purpose of this presentation is discuss suggestions regarding implementing clinical evaluation tools, faculty and administration experiences with implementing the tools, and many benefits of implementing the tools. Nursing programs can enhance evaluation of students' clinical performance by incorporating the newly developed clinical performance evaluation tools.

#### Target Audience

The target audience of this presentation is undergraduate nursing faculty as well as possibly graduate faculty who are interested in improving evaluation strategies in the clinical setting while also incorporating the QSEN competencies.

#### Abstract

Members of the baccalaureate research and evaluation committee developed a set of Clinical Performance Evaluation Tools incorporating the knowledge, skills, and attitudes for each of the Quality and Safety Education in Nursing (QSEN) competencies. Eight course/level specific tools were developed demonstrating progression throughout the program. Remediation strategies for each course were addressed with a separate tool, the Clinical Performance Remediation (CPR) Tool. Walsh (2010) and University of Portland (2011) shared clinical evaluation information and contributed to the development of the tools. Input from faculty representing all levels within the program was also welcomed and considered. In addition to incorporating the QSEN competencies, the faculty felt strongly about including a professionalism section within the tools. This presentation describes the process and outcome for creating an evaluation tool that blended an effective combination of QSEN's core competencies, the BSN Essentials, and the baccalaureate program's conceptual model.

The tools were piloted spring of 2012 and have been in use since this time. This presentation will discuss suggestions regarding implementing the tools, faculty and administration experiences with implementing the tools, and many benefits of implementing the tools. Nursing programs can enhance evaluation of students' clinical performance by incorporating the newly developed clinical performance evaluation tools. The tools are available on the QSEN web site for use by other nursing faculty interested in incorporating the QSEN competencies into their clinical evaluation process.

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## CLIN PST 2 - Clinical Poster Session 2

### Care Needs and its Related Factors of Primary Caregivers for Patients Waiting for Brain Tumor Surgery

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*Yu-Shin Cheng, MSN, RN, Taiwan*  
*Hsing-Mei Chen, PhD, RN, Taiwan*  
*Ann-Shung Lieu, PhD, MD, Taiwan*

#### Purpose

The purpose of this presentation is to discuss the caring needs of the primary caregivers and the respective factors .

#### Target Audience

The target audience of this presentation is to provide references to future researches regarding clinical care and nursing education.

#### Abstract

Brain tumors may result in patients with different clinical manifestations, including headaches, mental and memory loss, personality changes, blurred vision, unsteady gait, and limb paralysis. Even after receiving treatments, the patient may remain some sequelae such as, paralysis, incontinence, language barriers, and cognitive function, affecting their daily living skills and may require help from caregivers 24 hours a day. The primary caregivers play a very important role on reduced readmissions, medical expenses, and infection prevention and monitor of the patients. They often need to learn how to take care of the patient, generating a lot of care needs, but their care needs are often ignored or may not be met. Therefore, the purpose of this study was to explore the care needs and its related factors of the primary caregivers for patients with brain tumor.

A correlational descriptive research design was used and 80 caregivers completed the questionnaires in a neurological unit of a medical center located in Southern Taiwan. Instruments included the Karnofsky Performance Scale, Hospital Anxiety and Depression Scales, and Supportive Care Needs Survey-Partners & Caregivers 45 (SCNS-P&C 45). Data were collected from March 2013 to May 2014.

The results showed that two subscales of the SCNS-P&C 45, Information Needs and Health Care Service Needs, received the highest scores among the SCNS-P & C 45. Pearson correlation analyses showed that higher anxiety ( $r = .37, p < .01$ ) and higher depression ( $r = .31, p < .05$ ) were correlated with greater level of care needs. The multiple linear regression analysis revealed that anxiety was the only significant predictor of care needs in primary caregivers of patients with brain tumor ( $R^2 = 12.8\%$ ).

This study findings support that the primary caregivers of patients with brain tumor experience great level of care needs, especially for the information needs and healthcare service needs. Therefore, healthcare providers should always evaluate the caregivers' care needs and emotional states, so that appropriate and adequate medical information and services could be provided on time, and in turn avoid any events that will cause or exacerbate their anxiety and depression states. This study can provide references for healthcare providers to future researches, clinical care, and nursing education regarding this important issue.

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## CLIN PST 2 - Clinical Poster Session 2

### The Use of the TyMed™ Wheel in Postoperative Pediatric Pain Management at Home

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*Celeste Rene Knoff, MAN, MBA, BS, RN, CRRN, USA*

#### Purpose

The purpose of this presentation is to describe the TyMed™ Wheel and its creation, development, study, and use in managing pain, minimizing side effects, and tapering opioid and benzodiazepine medications in postoperative pediatric patients at home.

#### Target Audience

The target audience of this presentation is clinicians who work with patients and families managing pharmacological pain management at home. This would apply to almost any inpatient or outpatient surgical setting as well as other facilities that treat acute pain.

#### Abstract

The treatment of postoperative pediatric pain has historically been suboptimal (Avansino, Peters, Stockfish, & Walco, 2013; MacLaren Chorney, Twycross, Mifflin, & Archibald, 2014; Rony, Fortier, Chorney, Perret, & Kain, 2010; Sutters et al., 2012; Vadivelu, Mitra, & Narayan, 2010). Reasons for this deficiency are many and include personal biases of clinicians and parents, inconsistencies and difficulties in pain assessments, obstacles to educating caregivers on pain management, and a lack of research on best practices for pediatric pain management. Reduced hospital stays and increased outpatient procedures are shifting the onus of pain management for children to their primary caregiver, usually a parent.

Teaching parents how to provide safe and effective pain management is a priority in the care of postoperative children at home (MacLaren Chorney, 2014), especially after complex orthopedic surgeries. The protocol for pain management after these surgeries includes opioids and benzodiazepines and the potential for underuse, misuse, and adverse drug events presents a particular challenge for parents and potential safety issues for children. Educating parents in the safe, effective use of pain medications, the reduction of medication side effects, and the appropriate tapering of the medications is paramount. This education is complex and multifaceted. Best practices for patient education have yet to be refined and the needs of this group of learners are extensive (MacLaren Chorney, 2014).

It is not enough to teach on just the cognitive level. Psychosocial, cultural, and environmental factors impact both the learning and the perceived need for managing children's postoperative pain management at home. Educating caregivers on this important task requires a learning device that addresses these barriers and provides a simple guide for medication management. Such a learning device was created and designed for the purpose of assisting parents in the timing, the dosing, and, ultimately, the elimination of opioid and antispasmodic medications for their children at home. This tool is called the TyMed™ Wheel.

The TyMed™ Wheel is a simple device that looks like the face of a 24-hour clock. There are four, moveable, colored arrows on the device that represent 4, 5, 6 and 8 hour increments. Using the TyMed™ Wheel, parents time the next dose of their child's pain medication. As they continue around the wheel, they can also plan subsequent doses of the medications for 24 hours. Using the accompanying medication worksheet, parents record the times of medication administrations, pain assessments, and any significant side effects. This record assists parents in creating a tangible, visible plan for daily management of the child's pain. It also helps minimize potential problems such as overmedication, duplicate dosing, missed doses, and overlooked side effects.

The TyMed™ Wheel was developed and evaluated over a three-year period during two pilot studies. Both studies were reviewed by an Institutional Review Board and deemed exempt. The first

study focused on tool design and usability, using input from 13 nurses and 18 parents. All nurses and parents completed an interview after a demonstration of the TyMed™ Wheel. All participants expressed an understanding of the wheel and over 90% of the parents indicated an expectation of its use at home. Both groups provided insight that added clarity to the design and use of the wheel and the medication worksheet.

The second study evaluated parental understanding and subsequent home use of the TyMed™ Wheel. The target population was children who had undergone a complicated orthopedic surgical procedure and were discharged on a complex pain management protocol that consisted of four oral medications: oxycodone (every 4 hours), valium (every 4 to 6 hours), Tylenol (every 4 hours but not more than 5 doses in 24 hours), and vistaril (every 6 hours). All inpatient orthopedic nurses were instructed on the use of the wheel by demonstration and received a written guide. These inpatient nurses taught 25 families how to use of the TyMed™ Wheel prior to discharge. Families were given the wheel and ten medication worksheets for home management of their child's prescribed pain medications. Parental understanding of the TyMed™ Wheel was evaluated using a ten question written survey completed by parents after the discharge teaching by the inpatient nurse. Parental use of the wheel at home was evaluated using a structured follow-up call to each family 14-21 days post-discharge.

Most families (n=23) completed the ten question parental understanding survey. These families indicated a quick understanding of the purpose and use of the wheel. Most expected to use the wheel at home and anticipated it would be useful. Eighteen families completed the post-discharge follow-up call. These families showed some mixed responses. While some families used the wheel in conjunction with the medication worksheet, many preferred to use only the wheel or the worksheet. Regardless of the tool used, the majority of families indicated that by using one or both of the tools, their child had good pain management and none identified any significant side effects. The majority of respondents planned to keep their wheels and use them for other types of pharmacological administration.

Inadequate treatment of pain contributes to higher rates of complications, lower quality of life, and has significant financial consequences for individuals and society (Zhang et al., 2008). A study conducted by Rony et al. (2010) reported that parents gave subtherapeutic analgesic doses 70% of the time at home and 58.8% of the children received less than the recommended daily dose of pain medication. Because this problem is so pervasive, it must be addressed. Pain can lead to multiple physical and psychological complications. The TyMed™ Wheel was created to provide parents with a tool to maximize the safe administration of complex pain protocols while minimizing pain medication side effects and complications. This tool can be particularly useful when there are multiple caregivers such as two parents or grandparents. Once a plan is established for the day, all caregivers can easily follow it. The TyMed™ Wheel can also be useful when increasing the times between doses as patients begin to taper off their medications. By using a different colored arrow for the next dose timing, parents are reminded to decrease their child's medication once their child's symptoms warrant it.

Our findings suggest that the TyMed™ Wheel effectively assists parents in providing optimal, safe pain medication management at home. Full implementation of the TyMed™ Wheel in the inpatient and same day surgery departments is planned for 2015.

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## CLIN PST 2 - Clinical Poster Session 2

### The Effect of Multimedia Symptom Management Program on Coping Strategies and Quality of Life in Patients with Heart Failure

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#### Purpose

The purpose of this presentation is to report the findings of the experimental study on the effect of multimedia symptom management program on coping strategies and quality of life in patients with heart failure.

#### Target Audience

The target audience of this presentation is clinical nurses, nursing educators, and nursing administrators.

#### Abstract

**Background:** The incidence of heart failure is increasing in recent twenty years. Most of patients with clinical symptoms delay the best timing for treatment due to lack of coping capability. Despite many domestic researches focus on the clinical issues of heart failure patients, there was no study to investigate the effect of multimedia symptom management program on improvement of coping strategies in patients with heart failure, and increasing quality of life in patients with heart failure.

**Purpose:** This study aims to examine the effect of multimedia symptom management program on improving coping strategies and quality of life in patients with heart failure.

**Methods:** Total 78 subjects were enrolled from a cardiovascular out-patient department in a medical center. The 36 subjects were randomly assigned to the experimental group (EG) and 42 subjects to the control group(CG). The subjects in the experimental group received multimedia symptom management program in symptom management, while the subject in the control group received traditional nursing instruction. The subjects were evaluated once a month for four times. The instruments included Brief-COPE and Minnesota Living with Heart Failure Questionnaire (MLHFQ). The Generalized estimating Equation (GEE) was used to analyze the effect of this multimedia symptom management program.

**Results:** Total of 78 heart failure patients participated in this longitudinal experimental study. There were statistically significant more problem oriented coping strategies ( $p < .001$ ) and less emotional oriented coping strategies ( $p < .001$ ) performed in the experimental group, compared with the patients in control group.(2) There was statistically significant greater improvement on quality of life in the experimental group compared with control group ( $p < .001$ ).

**Conclusions:** The multimedia symptom management program may help heart failure patient more frequently use the problem oriented coping strategies to deal with their symptoms, and then improve their life quality. Clinical professionals can provide this program to heart failure patients to improve patient's outcomes and the clinical care quality.

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## CLIN PST 2 - Clinical Poster Session 2

### Nursing Grand Rounds for Patient Teaching: An Innovative Clinical Education Strategy

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Margie A. Hull, MEd, MSN, ACNS-BC, CDE, RN, USA  
Jennifer L. Kitchens, MSN, BSN, RN, ACNS-BC, CVRN, USA

#### Purpose

The purpose is to implement and evaluate nursing grand rounds as an innovative clinical education strategy to strengthen nurses' ability to teach patients who have been diagnosed with Diabetes/Heart Failure.

#### Target Audience

The target audience is bedside nurses or other nurses responsible for patient teaching about Diabetes/Heart Failure.

#### Abstract

**Purpose:** To implement and evaluate nursing grand rounds as an innovative clinical education strategy to strengthen nurses' ability to teach patients with Diabetes/Heart Failure.

**Background:** In the nursing literature, the effectiveness, processes and outcomes of nursing grand rounds has received minimal attention. Grand rounds is one strategy to address clinical education needs.

**Description:** The nursing grand rounds for patient teaching was implemented by: prioritizing and integrating topics; developing an evidence-based presentation; coordinating the nursing contact hour process; designing handouts; advertising; acquiring media technology; cultivating a learning environment; engaging participation; analyzing evaluation data; and disseminating findings. Objectives were: describe the key principles of adult learning; list key patient teaching points for patients with diabetes and/or heart failure; assess teaching effectiveness by the Teach Back method and patients' abilities to repeat at least two main teaching points. The effectiveness of the nursing grand rounds as an effective clinical education strategy was evaluated for: meeting program objectives; method effectiveness; and presenter effectiveness. A 4-point Likert scale was used with 1= strongly disagree; 4= strongly agree (higher scores equaling a more positive evaluation).

**Outcome:** There were 3 duplicate nursing grand rounds sessions offered at various times/locations (0.5 nursing contact hour each). Attendance was 46 nurses. The mean evaluation scores were positive: meeting program objectives 3.63; methods effectiveness 3.63; presenter effectiveness 3.69.

**Interpretation:** Results indicate that nursing grand rounds for patient teaching was an effective clinical education strategy to address learning needs of nurses about patient teaching. Additional grand rounds programs should be held in the future using a similar approach.

**Implications:** Future evaluation of nursing grand rounds programs should include items to assess: application of knowledge into clinical practice; contribution to collegiality; and impact on professional growth and preference for grand rounds versus online offerings.

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## CLIN PST 2 - Clinical Poster Session 2

### Nurse Residency and Interprofessional Collaboration: Inspiring Novice Nurses in Professional Development

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*Lya Michele Stroupe, DNP, MSN, BSN, RN, CPNP, USA*

#### Purpose

The purpose of this presentation is to increase awareness among attendees how a program of shadowing interprofessional disciplines impacts new graduate nurses' perceptions of how all disciplines and departments work together to improve patient care.

#### Target Audience

The target of this presentation are educators in schools of nursing and acute care settings that are interested in exploring new avenues to enhance professional development of nursing students and new graduate nurses.

#### Abstract

Nurse Residency Programs promote nursing professional development through interprofessional collaboration shadowing experiences. Interprofessional collaboration requires a deliberate commitment by each profession to create an experience that focuses on improving patient care and quality outcomes. Utilizing current evidence based research related to interprofessional collaboration and its effect on the quality of nursing care, the Nurse Residency Program at this 531 bed tertiary care Magnet facility partners with nine departments to provide 88 nurse residents with eight hours of collaboration/shadowing experiences. Our partners in practice include Pain Management Practitioners, Respiratory Services, Rehabilitation Services, Diabetes Education Center, Adult and Pediatric Palliative Care, Tray Line and Room Service, House Supervisors, Pharmacy, and Wound Care. A total of 519 collaboration experiences are provided with each individual experience evaluated by the nurse resident. Each experience is evaluated on overall experience and relevance to future nursing practice. The collaboration/shadowing experiences provide an opportunity for the nurse resident to observe how departments work together to impact quality patient care and increase patient satisfaction. The overall goal of the experience is to create an increased awareness among new nurses regarding how all disciplines and departments work together to improve patient care. Residents take valuable knowledge with them from each experience so that they can also grow in their own professional development.

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## CLIN PST 2 - Clinical Poster Session 2

### Patients' Coping Process of Having Acute Myocardial Infraction Attack and Receiving Urgent Percutaneous Coronary Interventions (PCIs): A Grounded Theory Study

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*Ya-Wen Lin, MSc, RN, Taiwan*  
*Chiung-Fen Shih, MSc, RN, Taiwan*

#### Purpose

The purpose of this presentation is to explore coping process of AMI patients underwent emergent percutaneous coronary interventions(PCIs)

#### Target Audience

The target audience of this presentation is for clinical nurses and nursing academic.

#### Abstract

**Background:** Cardiovascular diseases represent the second cause of death in Taiwan, resulting in annually 4,000 to 5,000 people die by AMI. However, limited studies focus on investigating AMI patients' coping process of PCIs.

**Objective:** This study explored coping process of AMI patients underwent emergent PCIs.

**Methods:** A total of 29 AMI patients receiving emergent PCIs were recruited from 2 hospitals in Taiwan and participated in the semi-structured interviews. Data were analysed through a multi-step synthesized grounded theory analysis developed by the researchers. Methods of asking questions, reviewing references, constant comparison, and theoretical sampling were utilised throughout the data collection process for achieving theoretical saturation and research integrity.

**Results:** Hypertension, diabetes mellitus, hyperlipidemia, hardworking, huge stress, no exercise, poor life style, were the high risks to induce AMI. When AMI attacks, it causes physical, psychological, social, and economic problems for patients and their families. Blank mind, dying, powerless, regretful, goodbye, and helpless were patients' experiences of AMI attack. Pain, nervous, unconscious, difficult times, or no idea, were their perceptions of receiving emergent PCIs. AMI patients regretted to live inappropriately and tried to have good life styles in getting healthy back. They used positive coping strategies, such as life style change, medication compliance, and exercise, to face AMI.

**Conclusions:** Patients only perceived disease seriousness as they had AMI attack. We suggest that early prevention and enough education of AMI diseases are necessary in clinical practice and community care. However, due to small number of participants, we suggest further study is needed.

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## CLIN PST 2 - Clinical Poster Session 2

### Resilience and Connectedness in Graduate Psychiatric Nursing Students: Influence of a Virtual Community of Practice (VCoP)

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*Kathleen Tusaie, PhD, APRN, BC, USA*

#### Purpose

The purpose of this presentation is to describe a pilot study conducted to determine feasibility of including a virtual community of practice (VCoP) in a graduate psychiatric nursing curriculum and effects of that participation upon the students' resilience and sense of connectedness to the psychiatric nursing profession

#### Target Audience

The target audience of this presentation is advanced practice nurse educators, advanced practice nursing students, advanced practice nurses.

#### Abstract

**Purpose:** A pilot study was conducted to determine the feasibility of including a Virtual Community of Practice (VCoP) in a graduate psychiatric nursing curriculum and to determine the effects of participation in VCoP upon students' resilience and sense of connectedness to the psychiatric nursing profession. Analysis related to feasibility were previously published (Jevack, Tusaie, Jones, Purcell, & Huff, 2014) and this paper will focus upon resilience and connectedness.

**Problem:** Approximately one-third of Nurse Practitioners change their employment within the first year after graduation. Reported reasons include conflicts with acceptance of their role, changes and losses in relationships, feelings of isolation, uncertainty and guilt for not knowing information they believed they should know, and inability to function in a holistic manner. During this evolving role and multiple transitions in health care delivery, would the structured participation in a VCoP for Psychiatric Nurses increase new graduates' sense of connectedness and level of resilience?

**Methodology:** A mixed methods pilot study was conducted with a convenience sample. Graduate students (n=6) enrolled in their final year of the psychiatric nurse practitioner track at a large Midwestern university were assigned to become members of the American Psychiatric Nurses Association and to participate in the VCoP available on their website. The Connor-Davidson Resilience Scale (Connor & Davidson, 2003) was used to assess levels of resilience before and after participation and graduation in the VCoP. The Sense of Community Index 2 (Chavis, Lee, & Acosta, 2008) was used to assess changes in development of a sense of connectedness/community with colleagues.

**Analysis:** Thematic analysis, peer debriefing and verification were used to ensure credibility of peer group analysis. Paired sample t-tests were used to determine differences in resilience and sense of community pre and post active participation in a VCoP.

**Findings:** Total mean scores for resilience and sense of connectedness increased posttest. Students reported using the VCoP more after graduation than when it was required as a class assignment. Only one graduate (16%) changed employment in the first year after graduation.

**Implications for Nursing:** Although sample size is a limitation, data trends demonstrate increased levels of resilience and sense of community as well as increased use of the VCoP after graduation. While health care environments struggle to shift to new models, perhaps graduate education can utilize social networking to build connectedness and resilience within new graduates. Future plans include repeating the study with a larger sample and additional variables.

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## CLIN PST 2 - Clinical Poster Session 2

### Designing the Nation's First Critical Care Transport Helicopter Simulator

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#### Purpose

The purpose of this presentation is to describe an innovative inter-professional academic center featuring the Nation's first high-fidelity Sikorsky helicopter simulator which provides training in crew resource management, collaboratory practice, pre-deployment training, and practice edification for civilian air medical crews to promote quality and safety across the life span.

#### Target Audience

The target audience for this presentation are nurse faculty, nurse practitioners, and nurse leaders interested in developing innovative teaching strategies using high fidelity simulation to prepare interdisciplinary teams for collaborative practice, research, and leadership.

#### Abstract

Air medical transport requires the practitioner to develop clinical and diagnostic reasoning abilities and manage the dynamic needs of the patient in unstructured, uncertain, and often unforgiving environments. High-fidelity simulation can be instrumental in training interprofessional flight teams to improve competency through quality and safe patient care during medical transport that may otherwise take years to learn because of the inconsistency in real-life experience. Because of the particularly unfavorable conditions in critical care air transport, a helicopter simulator designed to replicate the phases of flight and train teams in critical care transport scenarios has been developed for an academic center for flight nursing. The center's goal is to provide quality nursing and medical instruction in a simulated flight center while also presenting relevant clinical experiences to prepare interdisciplinary teams of students for collaborative practice, research, and leadership.

Since 2013, the school's Learning Resource Center (LRC) director has been engaged as the simulation information expert for the academic center for flight nursing to acquire, adapt, and implement a fully articulating helicopter simulator to train advanced practice acute care nurse practitioners in critical care transport. Taking a collaborative approach to the project, the LRC director and the school's Flight Program director have networked with industry leaders and faculty from medicine and biomedical engineering. Taking center stage in the flight center is a Sikorsky S-76® helicopter fuselage adapted for interprofessional education, team training, and collaborative research to promote quality and safety in critical care transport across the lifespan. This innovative interprofessional academic center and team training facility will be the first in the United States, with only one similar center at St. John's Rescue Academy in Hanover, Germany. Working with industry leaders in flight simulation, substantial engineering and manufacturing resources were dedicated to adapting simulation technology to the scale and weight of an S-76 fuselage and to integrate motion, visual and sound effects into prescribed training scenarios with a high level of realism. The flight simulator is outfitted with a Federal Aviation Administration approved medical interior for the most realistic training of nurses, physicians, emergency medical service, and ambulance personnel. A sound system and lighting controls allow faculty to manage the audio and video image capabilities inside the fuselage, replicating the noisy and sometimes poorly lit conditions of flying. The fuselage windows have been replaced with a double pane Lexan™ screen utilizing a rear projection system to simultaneously display real-world views of particular mission scenarios that include takeoff, landing, hover, and transition of the various phases of flight. Video-recording capabilities give faculty the ability to record and store data for post training debriefings, research analysis, scholarly publications, and presentations. Training activities include crew resource management, pre-deployment training and practice edification for civilian air medical crews, as well as providing a resource for faculty research topics related to team-building and collaboratory practice. The critical care transport simulation scenarios are shared locally with community providers, nationally with government flight teams, and internationally with our academic exchange partners at Aichi Medical University in Nagoya, Japan. The flight simulator was delivered on 12/15/14 and the grand opening of this facility is scheduled for May 2015.



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## CLIN PST 2 - Clinical Poster Session 2

### Mnemonics in Health Care: Do They Really Work and Can They Save a Person's Life?

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#### Purpose

This presentation will review two studies conducted that investigated the effectiveness of mnemonics for the rapid recall of information; skills performance or knowledge. Mental mnemonics, used for decades, have shown help in recall of complex material, especially in emergent situations. This interactive presentation will engage participants in using and developing mnemonics.

#### Target Audience

Practicing nurses in any clinical setting and in any practice specialty. This presentation will benefit novice nurses and expert nurses. Nurse managers and nurse administrators may find that the use of medical mnemonics can assist with error reduction and improved confidence.

#### Abstract

Mnemonics in Health Care: Do they really work and can they save a person's life?

Mental mnemonics have been used in health care for decades. A series of letters, words or phrases that help with recall of complex material, mnemonics are widely used in all settings and across various professional disciplines. Validating their effectiveness has been overlooked and under-represented in the literature.

The goal of this presentation is to share where we are in the use of mnemonics and to disclose the results of two research projects whose aim was to demonstrate the validity of a mnemonic. This author conducted two pilot quantitative quasi experimental single group research projects investigating the use of a mental picture, a mnemonic, for a means to organize one's thinking in a logical order. One study that will be shared is on a rapid code blue response for novices. The other was a mnemonic developed, validated and tested for the complexities of administering chemotherapy to children. Findings of these two studies will be briefly shared and implications for practice guided by the use of mnemonics will be discussed. A group activity will follow that will illuminate the wide spread use of, but infrequently validated, use of mnemonics in health care.

Objectives: At the completion of this oral presentation, the participants will be able to:

- Describe the various settings and clinical situations where mental mnemonics are used in health care.
- Analyze the effectiveness of two examples of mnemonics used in emergency responses and oncology nursing.
- Evaluate the need for mnemonic testing in various stressful situations

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## CLIN PST 2 - Clinical Poster Session 2

### Correlates of Barriers to Medication Adherence in Patients with Coronary Artery Disease

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#### Purpose

The purpose of this presentation is to explore the predictors of barrier to medication in patients with coronary artery disease. Findings from this study can provide nurses as references to early detect and prevent poor medication adherence of the patients.

#### Target Audience

The target audience of this presentation is patients with coronary artery disease.

#### Abstract

Adherence to medications can effectively reduce the recurrence of mortality, myocardial infarction or cardiovascular events in patients with coronary artery disease. However, around 50% of the patients do not adhere to medication. The purpose of this study was to explore the predictors of barriers to medication. A cross-sectional, descriptive correlational research design was used, and a non-probability sample of 250 participants was recruited from the cardiology outpatient department and ward of a medical center located in southern Taiwan. Inclusion criteria were as follows: (1) being 20 years or older, (2) having a diagnosis of CAD (ICD-9-CM Diagnosis Code 410-414) as determined by cardiologists, (3) having received CAD medications for at least three months, (4) being able to communicate either by Mandarin or Taiwanese, and (5) willing to participate in this study. The instruments included demographic data, medication-related variables, Cardiac Symptom Survey, Charlson Comorbidity Index, and Medication Adherence Scale (knowledge, attitude, and barriers). Data were analyzed using SPSS version 20.0 for Windows and SAS version 9.3. A tobit regression was conducted to identify significant predictors of barriers to medication adherence.

The results showed that the majority of the participants had high medication adherence with a mean knowledge dimension score of 1.92 (range, 0-3), a mean attitude dimension score of 26.71 (range, 11-30), and a mean barriers dimension score of 5.90 (range, 0-68). The significant predictors of barriers to medication adherence included poor attitude ( $p < .0001$ ), younger age ( $p = .012$ ), employment ( $p = .016$ ), irregular follow-up ( $p = .041$ ), and cardiac symptoms ( $p = .037$ ). Findings from this study can provide nurses as references to early detect and prevent barriers to medication adherence of the patients. It can be done by strategies such as, reviewing the patient's prescribed medications by a physician in order to simplify the medication use and monitoring the side effects of medications by nurse specialists. Likewise, merely 21.2% of the participants had been received a comprehensive medication counseling. Implementing comprehensive medication counseling services is particularly needed to help improve medication adherence of the patients.

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## CLIN PST 2 - Clinical Poster Session 2

### What Would the Patient Say? Satisfaction with Nursing Care during a Simulation Experience

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#### Purpose

The purpose of this presentation is to explore the patient's perception of nursing care during a simulated experience.

#### Target Audience

The target audience of this presentation is nurse educators and simulation specialists.

#### Abstract

Clinical practice hours in a simulation environment with manikins that replicate physiologic responses are becoming an integral part of nursing education. Simulation experiences are popular because they provide a safe learning environment for students. In the process of learning how to deliver nursing care students can perform a variety of technical, communication and inter-professional skills. The simulation ends when the students and faculty leave the simulation room and the manikin is reset and readied for the next group of student. However in the real world of nursing practice, patient are not reset and their perception of and satisfaction with the care received is part of important benchmarks used by the organization and external agencies to assess the quality of care.

As part of the clinical experience in a maternal-newborn clinical practice course nursing students engage in a simulation of a woman in labor with a prolonged deceleration of the fetal heart rate and a birth followed by a post-partum hemorrhage. To provide variety to the experience the use of the Mama Natalie obstetrical simulator and the Noelle obstetrical simulator are alternated. Mama Natalie is a portable obstetrical simulator that is worn by an actor who controls the birth of the infant and the release of blood for the post-partum hemorrhage. Noelle is full-body manikin and the birthing event and bleeding is controlled by a computer program. An actor is used to supply Noelle's voice.

As part of the evaluation of the simulation experience and the quality of nursing care, the actor was asked to document their perception of three aspects of nursing care during the simulation. Three items related to nursing care were adapted from the HCAHPS Survey:

- During this hospital stay, how often did nurses treat you with courtesy and respect?
- During this hospital stay, how often did nurses listen carefully to you?
- During this hospital stay, how often did nurses explain things in a way you could understand?

These item was rated on a 4-point scale (1=never, 4=always) similar to the HCAHPS survey tool. In addition the actor was asked to provide a statement describing or providing an example to support their rating of these items and was asked if as the patient they felt safe with the care being provided.

A total of 16 simulation sessions were conducted: 8 with the actor wearing the Mama Natalie simulator and 8 with the actor as the voice of the Noelle simulator. The lowest rated item was did the nurses explain things in a way you could understand. The actors indicated that the nurses did not explain to the "patient" what was happening until the patient asked. The actor (who knew the scenario included a complication) indicated that the nurses often provided false reassurance "everything will be alright" or "the heart rate is a little low but it is OK". These scores were lower in the scenarios with the Noelle simulator than with the Mam Natalie simulator. Similarly the scores for feeling respected and treated with courtesy were lower with the Noelle simulator. The actors identified that in most of the scenario the nurses initially addressed the patient by name and introduced themselves, but the use of names and actions indicating

respect for the patient, such as keeping the perineum exposed even if nothing was being done or watching the monitor or computer screen while the patient was making a request became more frequent as the scenario proceeded. The actors also scored the item related to the nurse listening carefully to the patient lower when the Noelle manikin was used as the patient. The responses to feeling safe demonstrated wide variation but the scores were lower when the actor was wearing the Mama Natalie Simulator than with the Noelle simulator. In part this may be explained that the actor is in the room and the blood pressure and other non-invasive assessments are actually performed on the actor's body with the Mama Natalie Simulator, whereas with the Noelle simulator the actor is in the control room and assessments are performed on the manikin with the data provided from an external source. As one actor shared, when the nurse couldn't get the oxygen to work I became anxious –even though I could breathe just fine!

Nursing is more than the performance of technical skills. In the nursing practice environment attention to addressing patient centered care and promoting patient satisfaction is important. In the simulation environment we need to consider how to develop these skills concurrent with leaning the technical aspects of nursing care. This presentation will share the qualitative comments from the actors as well as observations of the simulation coordinator and strategies for the future.

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## CLIN PST 2 - Clinical Poster Session 2

### Vitamin D and Immunity: Walking on Sunshine, Does it Make Us Feel Good?

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#### Purpose

**Purpose:** To identify evidenced-based data to support the hypothesis that vitamin D is essential to maintaining a healthy immune system, and maintaining serum blood levels within a “normal” reference range which may be one way advance practice nurses can prevent the onset of multisystem disease.

#### Target Audience

Nurse Practitioners who need a comprehensive review of evidenced based literature concerning Vitamin D levels and benefits to immunity. This could prevent diseases that have been shown to have connections to the maintenance of "normal" clinical serum Vitamin D levels.

#### Abstract

**Background:** Vitamin D has long been known to have an active role in innate and adaptive immunity in humans. Historically vitamin D has been found to play a major role in the regulation of the immune system in by Cantorna, M., Zhu, Y., Froicu, M., & Wittke, A. (2004) due to the location of vitamin D receptors on peripheral blood mononuclear cells. Low vitamin D levels have been linked to many diseases such as cardiovascular disease, lung and respiratory disease, bone disease and certain cancers according to Scacchetti, A., Cariani, E., Manieri, G., Vecchi, C., & Trenti, T. (2014). Ginde, A., Mansbach, J., & Camargo, C. (2009), have found low vitamin D levels to be associated with the presence of serum IgE manifesting in increased allergy symptoms in individuals. Martineau, A., Wilkinson, R., Wilkinson, K., & Newton, S. (2007) established that a single dose of vitamin D can enhance immunity to mycobacteria, which may have benefits in the prevention of Tuberculosis. While vitamin D and the benefits to bone health have been known for years, it is the new evidence in the literature that supports the belief that suboptimal circulating serum vitamin D levels has a significant abrogating effect on healthy autoimmune function, cardiovascular health and protection against certain cancers according to Hewison (2012). These preventative effects seem to rely on the localized activation of vitamin D, Hewison (2012). Vitamin D levels and the immune protection it offers is not solely reliable on supplementation, the American Diabetes Association (2012) found a profound effect on the body's Immune cells and their ability to function if there was insufficient circulating vitamin D. Part of the recommendations, according to researchers, is that sunshine is just as effective and important in treating those with Tuberculosis, due to it's ability to alter body vitamin D levels in a positive manner.

**Purpose:** To identify evidenced-based data to support the hypothesis that vitamin D is essential to maintaining a healthy immune system, and maintaining circulating serum blood levels within a “normal” reference range which may be one way advance practice nurses can prevent the onset of multisystem disease. To prepare a comprehensive review of the literature on the subject of vitamin D and the relationship to immunity. This state -of-the -art literature review would serve as a foundation upon which researchers could focus future research in order to establish practice guidelines on vitamin D supplementation in an effort to prevent disease.

**Methods:** Fifty-six articles were selected from a review of literature using key words (vitamin D, immunity, cardiovascular disease, respiratory disease, cancer, allergies, bone disease and serum vitamin D levels in humans). CINAHL and PUBMED data bases were explored with a five year date restriction except when establishing significant historical scientific data to capture the range of disease that has been found to have associations with serum vitamin D levels. Articles were selected based on establishing the best-evidence based guidelines, standards of care, and relevance to advanced practice nursing in providing disease prevention.

**Results:** A review of the literature on vitamin D and immunity supplied evidence that a relationship exists between vitamin D and innate and adaptive immunity. The literature also supported the hypothesis that low serum vitamin D levels may be related to the existence of multiple disease states in human beings. Supplementation of vitamin D was shown to enhance immunity to bacteria such as mycobacteria in Tuberculosis and potentially inhibiting the reactivation of latent Tuberculosis in individuals.

**Conclusions:** Clinically efforts should be aimed to supplement vitamin D levels to boost both innate and adaptive immunity to prevent and alleviate diseases linked to low circulating vitamin D levels.

**Implications:** Further research needs to be done to specifically determine the link between the supplementation of vitamin D with the goal to keep serum vitamin D levels within a normal to high of the normal reference range likely augmenting innate and adaptive immune responses in humans to prevent or alleviate multiple disease states.

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## CLIN PST 2 - Clinical Poster Session 2

### Assessment of the Provision of Education Materials on HIV/AIDS Prevention among Boys Who Undergo Male Circumcision at Hospitals in the Vhembe District, Limpopo Province, South Africa

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#### Purpose

The purpose of this presentation is to assess if there are educational materials on HIV/AIDS prevention provided to boys who undergo male circumcision at a hospital setting.

#### Target Audience

The target audience for this presentation includes, Health professionals and policy makers

#### Abstract

**Background:** Literature shows the importance of health education coupled with educational materials as important tools towards HIV/AIDS prevention. HIV/AIDS remains a major obstacle against the achievement of the millennium development goals (MDGs). Male circumcision as one of the HIV prevention strategies endorsed by the World Health Organization (WHO) can be of great assistance in the reduction of the high HIV statistics as well as aiding in the achievement of the MDGs. Although male circumcision has been practised traditionally, boys are found to prefer medical than traditional due to safety concerns associated with the latter.

**Objective:** The educational role played by traditional male circumcision seems missing in the medical male circumcision. This article aims to assess if there are educational materials provided to boys who undergo male circumcision at a hospital setting.

**Method:** Quantitative descriptive survey was used to conduct the study. Data was collected amongst males aged between 12 and 21 years through a self-designed standardised questionnaire, administered through face-to-face interviews. Convenience sampling was applied to select the participants and to identify hospitals where data was collected. STATISTICA and Microsoft Excel were used as software to analyse the data.

**Results:** The results of the article revealed that there is limited provision of educational materials regarding HIV/AIDS prevention among boys who undergo male circumcision at a hospital setting.

**Conclusion:** The development of an educational package for HIV/AIDS prevention for boys, who undergo medical male circumcision which is culture sensitive, was recommended.

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## CLIN PST 2 - Clinical Poster Session 2

### Dress for Success: Increasing Self-Efficacy Baccalaureate Nursing Students

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#### Purpose

The purpose of this presentation is to inform the attendees of the significance that self-efficacy plays in the success of novice baccalaureate nursing students in their first clinical course.

#### Target Audience

The target audience of this presentation is nurse researchers, educators, clinicians, and nursing students.

#### Abstract

My research focused on the impact, if any, on novice nursing students' perception of their self-efficacy when the intervention of requiring professional attire is utilized in their first clinical course? Novice nursing students' are faced with many challenges when beginning a baccalaureate program. The challenges include time management, academically thought-provoking coursework, and learning a new skill-set for patient assessment. The purpose of this exploratory interventional study was to measure novice baccalaureate nursing students' self-efficacy perceptions in their first clinical experience. "Does self-efficacy increase if given professional attire therefore increasing the students' perception of their roles as nursing students and in turn their self-efficacy?" A sample size of 8 for the experimental group and n=8 for the control group is realistic for this proposed intervention; consequently a pilot study format was utilized. A quasi-experimental research design is anticipated. Demographics were obtained at the beginning of the study. The General Self-Efficacy Scale was administered to both the control group and the experimental group at the beginning and the conclusion of the pilot study. Data was evaluated using the SPSS statistical package.

Self-Efficacy is defined as: a personal judgment or belief concerning one's ability to successfully perform a particular task or behavior (Bandura, 1986). It has been theorized that self-efficacy may influence the likelihood of success. The significance of this interventional research study that evaluated the advantage of requiring novice nursing students to dress in professional attire and the effect this intervention had on their self-efficacy perception. The investigator anticipated and found that when given professional attire, a lab coat, the novice nursing student demonstrated a significant improvement in their self-efficacy perception.

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## CLIN PST 2 - Clinical Poster Session 2

### Examining the Health Behaviors of Frontline Nurses

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#### Purpose

The purpose of this presentation is to examine the health behaviors of frontline nurses, their self-care practices and the strategies that contribute to sustained healthy behaviors.

#### Target Audience

The target audience of this presentation is nurses and health care professionals with interest in self-care practices related to health and wellbeing.

#### Abstract

**Background.** Professional nursing views health promoting behaviors to be foundational for holistic wellbeing. Through advocacy and education, nurses encourage patients and families to practice healthy behaviors. It is logical to assume that nurses are knowledgeable regarding the value of health promotion and healthy behaviors. Yet, as a group, nurses are recognized to have less-than-optimal health practices. Recent studies have found that large numbers of nurses reported personal fatigue, inadequate exercise and irregular diets. Motivated by rising health care costs, employers offer incentives to healthcare workers who meet selected criteria goals, such as blood pressure, blood glucose and cholesterol levels as well as body mass index parameters. Few studies have reported the effectiveness of such strategies for direct care nurses.

The purpose of this study was to examine frontline nurses' reports of their personal health behaviors and frequency with which health behaviors are practiced. The study's framework draws on the Artinian Intersystem Model for adapting research-based evidence. The model emphasizes that effective strategies must be meaningful and manageable. Prior to identifying interventions and areas for advocacy, planning is approached as an interactive process with target participants.

**Methods.** The study used a descriptive design and convenience sample of RNs and LPNs who provide care directly to patients and families at hospital bedsides or ambulatory clinics. Data were collected at a mid-sized medical center with an active wellness program in a northeast Pennsylvania. Following IRB approval, nurses were emailed an invitation to participate and link to the electronic survey. Informed consent was implied when the survey was completed and submitted.

Self-care behaviors were examined using the Health-Promoting Lifestyle Profile II (Walker, Sechrist, Pender, 1995). The tool consists of 52 statements about self-initiated health behaviors that are rated according to frequency (1 = never to 4 = routinely). It is organized into 6 subscales: health responsibility, nutrition, physical activity, stress management, interpersonal relations and spiritual growth. An additional 6 items collected demographics and qualitative comments about professional practice. Validity is established and acceptable reliability is reported. It required 10-15 minutes to complete.

**Results.** Surveys were received from 160 nurses, representing a 21% response rate. Participants' ages ranging from under 30 years (15%) to over 50 years (43%). Most identified themselves as RNs (84%) who work over 36 hours/week. When Lifestyle Profile scores were examined according to age groups (<35 yrs., 35-50 yrs., >50 yrs.), the oldest group nurses reported the highest total and subscale scores. Significant, albeit small, differences found for Health Responsibility ( $F(2,157) = 4.28$ ;  $p = .016$ ,  $\eta^2 = .23$ ), Nutrition ( $F(2,157) = 3.45$ ;  $p = 0.34$ ,  $\eta^2 = .24$ ), and Stress Management ( $F(2,157) = 2.13$ ;  $p = 0.34$ ,  $\eta^2 = .21$ ). Qualitative comments pertained to the difficulties of balancing work, family, and self-care among younger nurses and those over 50 years of age.

**Conclusions.** Participants reported moderate levels of healthy behaviors. Contrary to expectations, the highest frequencies of healthy behaviors were reported by older nurses. This may reflect fewer competing priorities, stronger adaptive strategies or an increased awareness of the impact of lifestyle choices. Additional study is needed to identify potential strategies to motivate and sustain healthy behaviors among frontline nurses.

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## CLIN PST 2 - Clinical Poster Session 2

### Factor Analysis of Professional Nurses' Lifelong Learning, a Private Hospital, Thailand

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#### Purpose

The purpose of this present was to study the components of lifelong learning of professional nurses working in Private hospital, Bangkok, Thailand

#### Target Audience

Professional nurses, Nurse manager, Nurse Educator and Nurse who may concern about professional development.

#### Abstract

The purpose of this study was to study the components of lifelong learning of professional nurses working in Private hospital, Bangkok, Thailand. Study sample selected by using simple sampling were 250 professional nurses. The research instrument was the professional nurses' lifelong learning questionnaire which was examination for content validity and test for reliability. The Cronbach's Alpha Coefficient of professional nurses' lifelong learning questionnaire was .94. The data were analyzed by using Principal Components axis analysis and orthogonal rotation with varimax method.

The findings were as follow: The lifelong learning of professional nurses in tertiary hospital of consists 6 components. The accounted for 72.99% of variance:

1. Systemic thinking described by 17 items accounted for 19.38 such as having a good communication including listening, speaking, writing and reading, problem solving skills, creating, remembering and making judgment base on evidence
2. Learning resource adaptation described by 6 items accounted for 15.97 such as applying knowledge to work, applying knowledge to improve work, develop in working system, sharing knowledge to other, getting a new idea and building learning network .
3. Interpersonal skills described by 6 items accounted for 11.36 such as be able work with team, responsible in job and assign job and making friend easily.
4. Goal setting and achievement described by 4 items accounted for 8.52 such as having clearing goal, application of knowledge and skills and having learning plan.
5. Being self directed learner by 3 items accounted for 5.56 such as having ability to learn, having own opinion and having world view.
6. Looking learning opportunities described by 4 items accounted for 5.32 such as improve self development , participating scholarly activities and access knowledge source.

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## CLIN PST 2 - Clinical Poster Session 2

### Community-Based Collaborative Action Research Supports Academic-Community Partnerships in a Service-Learning Project

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#### Purpose

To disseminate how the Community-Based Collaborative Action Research (CBCAR) framework can be used by nursing faculty to design and guide service-learning opportunities for baccalaureate nursing students that enhance their knowledge of public health nursing.

#### Target Audience

Nursing faculty, public health nurses, and nurse researchers interested in improving the health of the community.

#### Abstract

**Purpose:** The purpose of this service learning project was to assess the effectiveness of the Community-Based Collaborative Action Research framework in providing real-world learning opportunities for enhancing baccalaureate nursing students' public health knowledge.

**Background/Significance:** Service-learning teaches the value of leadership skills, promotes students' personal growth, academic achievement, and opportunity for strengthening interpersonal skills, self-efficacy, and social responsibility. Academic-community partnerships provide opportunities for students to apply newly learned skills in real-world settings. These opportunities meet a community's need and facilitate greater understanding of the nursing profession and meaning of being a professional.

**Theoretical/Conceptual Framework:** This case study analysis used the six phase framework of the Community-Based Collaborative Action Research (CBCAR) to guide a community health needs assessment of a rural community within a service-learning project while students applied public health nursing core competencies. The six phases of the CBCAR framework are: 1) Partnership: Collaboration; 2) Dialogue: Research question and direction determined; 3) Pattern recognition: Data collection and analysis; 4) Dialogue on meaning of pattern: Representation of research findings; 5) Insight into action: Community dialogue about meaning of research findings-Action planning; 6) Reflecting on evolving pattern: Evaluating actions and considering new questions.

**Methods:** The CBCAR framework linked service learning and community health needs assessment with public health nursing core competencies. Fifteen nursing students partnered with collaborative members. Student observational field notes and narrative reflections were analyzed qualitatively for fidelity to the CBCAR framework and to evaluate student public health knowledge. Community data and student stories were extracted from this comprehensive real-world, service-learning experience of students to provide meaningful data.

**Results:** Nursing students successfully utilized the CBCAR framework in collaboration with the critical access hospital and community members to design and conduct the community health needs assessment. Service learning themes were real-world solutions, professional development, community collaboration, and making a difference. Students developed skills in six of the eight domains of the Quad Council's core competencies for public health nurses.

**Conclusions:** Community-Based Collaborative Action Research facilitates collaborative partnerships and relationships throughout the service learning process. Students benefited by applying what they have learned from their education to a real community who lacks resources. The CBCAR framework provided a safe environment where open, non-judgmental dialogue encouraged and strengthened community voices

which had not always been heard by health care professionals. CBCAR created space where meaningful work by community members, nursing students and nurse researchers could collaborate to enhance the health and wellness of the rural community. CBCAR provided gratifying work for nursing students and nurse researchers which benefited community growth through dialogue, and promoted meaningful long-term relationships with those involved in the process. Outcomes for the students, university, and community suggest continued use of the CBCAR framework with service-learning projects. When educators provide service-learning opportunities, students learn to recognize barriers and social determinants of health within the community, prioritize primary prevention, and use available resources to help improve societal health. Use of the CBCAR framework is recommended to facilitate academic-community partnerships and relationships when designing and implementing service learning opportunities.

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## CLIN PST 2 - Clinical Poster Session 2

### An Interdisciplinary Study to Examine Obesity and Inactivity as Early Predictors of Gestational Diabetes

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Katherine H. Ingram, PhD, MS, USA

#### Purpose

to discuss an ongoing interdisciplinary research study that explores early identification measures (body composition, inactivity) as early indicators of gestational diabetes in primigravida women.

#### Target Audience

Clinical nurses and other healthcare professionals in the area of Women's Health.

#### Abstract

Gestational Diabetes (GD) is a serious condition that affects approximately 9% of pregnancies and is characterized by an insufficient response of blood glucose to the actions of insulin. In early pregnancy, GD can result in birth defects, over-nutrition, and large babies that increase risks of childbirth. The offspring are more likely to develop obesity and diabetes within their lifetimes. The risks of these disorders perpetuate a transgenerational cycle of obesity and diabetes, underscoring the need for effective interventions that reduce maternal obesity and GD. The current standard of care involves testing for GD during month six of pregnancy, however earlier prediction of GD could lead to earlier lifestyle intervention and a better outcome for both mother and baby.

Obesity and inactivity are major modifiable risk factors for GD. It is unknown which of these risk factors is most predictive of insulin resistance during pregnancy. This interdisciplinary study involving nursing and exercise science examines which early measures of obesity and inactivity can serve as early clinical predictors of gestational insulin resistance or GD.

First time pregnant women, aged 18 to 34, are recruited during their first prenatal visit. Participants receive body composition measurements in the exercise science laboratory and complete a physical activity questionnaire. Participants also wear an accelerometer to collect motion data. At 24-28 weeks, fasting plasma glucose and insulin levels are collected to compute the homeostasis model assessment of insulin resistance (HOMA-IR).

Preliminary data on the impact of early measures of obesity and inactivity on gestational insulin resistance and GD in primigravida women will be presented. Predicting GD early in pregnancy will provide healthcare workers an opportunity to intervene in order to prevent or delay the onset of this disease. The goal of this collaborative project is to create a predictive model for early identification and prevention of GD.

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## CLIN PST 2 - Clinical Poster Session 2

### Curriculum Development and Service Learning to Bring Theory into Practice

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#### Purpose

To describe a course which incorporates Student Learning Outcomes; with a two week service learning in Haiti. Nursing students had the opportunity to immerse and provide services to an underserved population. They worked along other health professionals in the community; at Mission of Grace Clinic, Orphanage, School and Senior Home.

#### Target Audience

The target audience for this presentation is faculty both in clinical and lecture settings; who are interested in innovative curriculum development with a global service learning partnership component.

#### Abstract

An elective course was developed incorporating the Student Learning Outcomes; which included the need to advocate for health policies that address local and global health issues, effectively communicate with diverse client populations and disciplines using a variety of strategies and respecting client's cultural beliefs and practices, as well as the essential curriculum concepts: Communication/Collaboration, Safety/Technology, Critical Thinking/Nursing Process, Leadership/Management, Professional Accountability/ Advocacy, Legal, Moral, Ethics and Research. A two week service learning component in Haiti, gave the nursing students the opportunity to immerse and provide needed services to an underserved population. Senior and junior level nursing students were selected. Nursing students and faculty worked along other health professionals in the Carries community; at the Mission of Grace Medical Clinic, Orphanage, Elementary School, and Senior Home. Course preparation involved: development and review of syllabus, completion of assigned readings and research on Haiti's history, culture, healthcare, social and economic issues as well as immersion in the Kreyol language. Students also attended seminars and an eight hour orientation before travel. Emphasis was placed on communication, critical thinking, client education, cultural considerations and evidence-based clinical guidelines in nursing practice. Conferences and lectures were held to assist the students to reflect, synthesize. Overall the course provided a service learning experience where students could contribute; to delivery of health care; to underserved population on a global level; as well as to provide engaged learning that integrates theory into practice. Comparison and contrast could be made within and among the communities. While a fair comparison could not be made, inequality and inequity among the local people was undeniable. Another is the need for infrastructure (health care, education, sanitation, water, and housing). We left being more appreciative of the things we take for granted living the United States, such as clean water, shelter, and access to health care.

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## CLIN PST 2 - Clinical Poster Session 2

### Debriefing In Laboratory Experiences in Undergraduate Nursing Education: Consolidating Learning and Creating Meaning

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#### Purpose

The purpose of this poster presentation is to report the findings of a pilot project conducted to explore the cognitive, affective and social learning outcomes of debriefing of laboratory experiences. This project was conducted in the Faculty of Nursing at the University of Alberta by instructional faculty.

#### Target Audience

The target audience includes; registered nurses, nursing educators, and nursing students.

#### Abstract

Debriefing is a pedagogical strategy used in nursing education to allow students to create personal meaning of learning experiences, which is fundamental to understanding who one is as an individual in both learning and practice. For nursing students, recognizing one's spirit and what it personally means to be a nurse is foundational to their moral growth. When nurses acknowledge their personal identity, they are able to set themselves aside to understand the lived experience of the patients that they care for. Encouraging learners to talk about their practice can contribute to their personal transformation, professional growth and lead to accumulation of nursing knowledge. When nursing students can articulate who they are as professionals, they can meet their spiritual needs, as well as meet the spiritual health needs of their patients. Debriefing also socializes nursing students into practice through recognizing the importance of establishing safe spaces to engage in collaboration, caring communication, role clarification and reflection about learning experiences within a peer group. Debriefing strategies with nursing students can include; group reflection at the end of classes, tutors providing immediate feedback to students after performing learning activities, and dialogue after interactions with patients and their families. In nursing education, learning outcomes from debriefing can be reflected in cognitive, affective and social growth over the duration of their nursing program. Debriefing about learning experiences helps learners to engage with the lived experience of others, and facilitates appreciating the humanity of others which is necessary for providing safe, competent care in nursing practice. The practice of debriefing is an essential component of the nursing students' learning process towards their spiritual and professional transformation into becoming a nurse. The results of a pilot project, "Debriefing in Laboratory Experiences", that was conducted at the Faculty of Nursing, University of Alberta are presented.

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## CLIN PST 2 - Clinical Poster Session 2

### Related Factors to the Use of Psychotropic Medicines in Primary Health Care Units

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*Kathleen Mary Hegadoren, PhD, Canada*

#### Purpose

The purpose of this presentation is to identify psychotropic medicines use in patient visiting the units; and, its association with: the presence of Mental Common Disorders (CMD), socio-demographic profile, use of other pharmacotherapy and presence of clinical comorbidities.

#### Target Audience

The target audience of this presentation is health professionals and academics.

#### Abstract

**Purpose:** Not always psychotropic drugs are used for specific mental disorders. Sometimes the doctor who prescribed the psychotropic can not point accurately the reason for its utilization. There is a gap in the literature to investigate in primary health care the factors related to the psychotropic drugs consumption; and, if people using psychotropic medicines without a defined psychiatric diagnosis are positive to Mental Common Disorders. This study aims to identify psychotropic medicines use in patient visiting the units; and, its association with: the presence of Mental Common Disorders, socio-demographic profile, use of other pharmacotherapy and presence of clinical comorbidities.

**Methods:** This study was performed with a quantitative approach, cross-sectional and descriptive correlational character. A stratified sample of 430 patients was interviewed in five primary health care units at Ribeirao Preto city, Brazil. Data collection included questionnaires with socio-demographic information, medication history and the SRQ-20 (Self-Reporting Questionnaire - to assess Mental Common Disorders). The health records were also examined. To assess those associations was used chi-square test, with accepted association when p is less than or equal to 0.05; and, logistic regression models.

**Results:** The prevalence of psychotropics use was 25,8% (N=111). The most prevalent prescribed psychotropic were antidepressants (73% - N=81). Chi-square test indicated association between psychotropics use and SRQ-20 result (the prevalence of CMD:41,4% - N=178), other medicines use, number of prescribed medicines, number of pills prescribed per day, clinical comorbidities, age and education. However, according to multivariate analysis the predictor factors were: Mental Common Disorders (OR=3,9; IC95% 2,36-6,55), clinical comorbidities (OR=5,4, IC95% 2,84-10,2) and lower level of education (OR=1,7; IC95% 1,02-2,92). This study is the first in Brazil to have contemplated the question of the presence of CMD and use of psychotropic medication at Basic Health Units.

**Conclusion:** Considering the association between use of psychotropic medicines and socio-demographic factors, the results highlight the need for an assessment focused on psychosocial aspects so that patients would have their symptoms seen by health professionals and be attended in their needs.

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## CLIN PST 2 - Clinical Poster Session 2

### Increasing Student Competence and Clinical Confidence Using a Multimodal Approach Poster

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*Deborah A. Tapler, PhD, RN, CNE, USA*

*Nola Schrum, MS, RN, CCRN, USA*

#### Purpose

To improve first level student success in learning introductory clinical skills using a multimodal approach. Our focus was on reducing student anxiety, improving competence, confidence, and continuity in performance. Modes utilized included faculty demonstration videos, standardized skills checklists, simulated experiences and supervised open lab practice. Post-survey results were overwhelmingly positive.

#### Target Audience

The target audience is clinical nursing educators in high schools (HOSA), colleges, universities and hospitals.

#### Abstract

First level nursing students are often overwhelmed with the demands of nursing school. They are taught introductory clinical skills that are basic to a solid foundation for clinical practice. To increase competency, confidence and continuity between all nursing instructors, including adjuncts, as well as decrease student anxiety; the course team developed a multimodal approach to ensure student success. The purpose of our approach was to improve first level student competence, confidence, and continuity and decreased anxiety through using a multimodal approach to teaching skills. 4 modes were utilized to achieve this. The first mode was use of a Faculty Skill Demonstration Video which was available on blackboard for student viewing. Each lab practicum skill was demonstrated and videotaped by a seasoned faculty member. These videos provided a resource that the student could access at any time with an internet connection. The videos reinforced the skills learned in lab. Promotion of continuity between instructors and students was enhanced by a single, correct skills procedure for validation in check-offs. The second mode was utilizing consistent Standardized Practicum Skills Check off Sheets for students that matched the faculty video. Each lab practicum skill was incorporated into a standardized check-off form with specific evaluation criteria including critical behaviors. The check-off forms stipulated the steps of the skill and the grading criteria. Both the students and faculty now had matching expectations for a passing score. Another method used was practicing of the skills using Simulated Experiences. Simulated case studies with the skills integrated were developed to improve the students' psychomotor aptitudes. The experiences provided opportunities for critical thinking with faculty guidance. Important safety procedures were demonstrated by the students when giving medications including the "5 Rights." Lastly, we utilized Supervised Open Lab Practice Times for students to practice in a nonthreatening environment. This extra time afforded opportunities to acquire reinforcement of correct technique or remediation for incorrect techniques. At the conclusion of the experience, students were surveyed about their experiences utilizing the various modalities. They were asked if they accessed the skills videos produced by the faculty and if they thought the videos contributed in their success. Ninety-four percent of the responding students accessed the online videos and attended the simulation. Student comments regarding the faculty skills demonstration videos were collected and were overwhelmingly positive. Eighty-six percent of students stated that the demonstration videos reduced their level of anxiety about check-offs. Eighty-two percent of students attended an open lab session for practice of skills outside of scheduled course lab time. The future recommendations of the project were that the skills demonstration videos should consistently follow the check-off procedures exactly. The fundamental scientific principles should be consistent between lab sessions and between the nursing faculty. Students now knew what the skills performance expectations were so they felt less stressed and therefore more confident during check-offs. The faculty were

encouraged to stress the importance of the fundamental principles of safety and sterility in response to dynamic clinical situations.

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## CLIN PST 2 - Clinical Poster Session 2

### Prevention Decline in Older Cardiac Surgery Patients (PREDOCS) Programme

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#### Purpose

The purpose of this presentation is to learn more about a preadmission multicomponent intervention for frail older patients in cardiac surgery.

#### Target Audience

The target audience of this presentation are nurses working in the clinical setting.

#### Abstract

**Background:** Complications after cardiac surgery are common in older patients and are associated with prolonged hospital stay, a reduced quality of life (QoL), and increased costs of healthcare. High prevalent complications after cardiac surgery in older patients are delirium (11.9% - 43.1% ), depression (15% - 18% ), pressure ulcer (13% - 18% ), and infection (1.3% - 2.4%). The risk of developing postoperative complications is not the same for every older cardiac surgery patient. Frail older patients are more likely to experience postoperative complications than non-frail older patients.

Because postoperative complications occur more frequently in frail-older patients, nurses will increasingly be charged with the care for these patients. Simultaneously, sources claim that the nursing care for these patients is insufficient. Research has shown that if they optimize the preparation of older cardiac surgery patient prior to the hospital admission period, postoperative complications can be prevented.

We therefore developed a multi-component preadmission nursing intervention called 'PREvention Decline in Older Cardiac Surgery patients' (PREDOCS) to prepare older patients better for elective cardiac surgery and to prevent postoperative complications. The PREDOCS programme includes a comprehensive geriatric nursing approach aimed to prevent four frequently occurring postoperative complications in cardiac surgery: delirium, depression, pressure ulcers and infections. The programme can be offered to patients 65 years and older who are scheduled for cardiac surgery. It consists of one nursing consult, two to four weeks prior to surgery.

**Method:** A multicomponent preadmission intervention was developed using several previously performed studies, these are; a systematic review for effective preventive interventions; an etiological study on links between preadmission patients characteristics and the occurrence of postoperative complications; a prognostic study resulting in instruments for predicting the risk of occurrence of the four postoperative complications; interviews among cardiac surgery patients about their needs before and during hospitalization; and a survey among nurses to their views on prevention, diagnosis and treatment of the four postoperative complications. These studies resulted in five international publications. In addition, the intervention was reviewed by four experts in the areas of delirium, depression, pressure ulcer, infection, and anaesthesiology. It was also reviewed by six employees (doctors and nurses) in the hospitals participating in this multicenter study.

Before the clinical effects of such a complex multicomponent intervention can be evaluated, the feasibility was determined to detect possible problems with the acceptability, compliance and delivery. Two large cardiac surgery centres and one university hospital in the Netherlands participated in the assessment of feasibility. The cardiac surgery centres were St. Antonius Hospital in Nieuwegein and the Isala Clinics in Zwolle, where respectively over 1900 and 1400 cardiac surgeries are performed each year. At the University Medical Centre of Utrecht, over 800 cardiac surgeries are performed each year. This resulted in a sixth international publication.

**Results:** To improve the patients' physical, social, and psychological condition in the preadmission period and thereby reduce the occurrence of delirium, depression, pressure ulcer, and infection after cardiac surgery, at preadmission the PREDOCS programme is introduced.

In February 2014 nurses at the cardiac thoracic ward at the St. Antonius Hospital started to use this program for patients 70 years and older, four weeks before admission at the preadmission.

The intervention included three parts:

1. The intervention is administered during a consultation by the nurse two to four weeks before the surgery procedure. The consultation includes three parts: a general part for all patients of 70 years and older, patients received general advice regarding nutrition, social support, pain management, and the upcoming surgery
2. A second part, in which patients with an increased risk are identified. The patients' risk to develop postoperative delirium, depression, pressure ulcer, and infection was calculated using scorecards.
3. A third part in which selected patients are informed about how to prepare themselves for the hospital admission to reduce their risk.

**Conclusions:** The average time the nurses spent on the intervention is 20 minutes. This includes a social-talk and recruitment. For the nurses, the preadmission intervention is complete and concrete. There are tools for the preparation of the coming surgery for the patients. Moreover, patients and relatives appreciated the given advices. The preadmission intervention is complementary to usual care.

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## CLIN PST 2 - Clinical Poster Session 2

### Innovative Teaching Strategies for the Community Clinical Student: Engaging Students Where They Live

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#### Purpose

The purpose of this presentation is to demonstrate ways the community clinical experience engages nursing students in the community where they live. With shorter length of stays in the acute care setting, the community health care nurse has assumed the responsibility of caring for more patients on an outpatient basis.

#### Target Audience

The target audience will be educators (RNs, faculty) who wish to learn more about unique clinical experiences for traditional and non-traditional nursing students.

#### Abstract

The purpose of this presentation is to demonstrate ways the community clinical experience engages nursing students in the community where they live. With shorter length of stays in the acute care setting, the community health care nurse has assumed the responsibility of caring for more patients on an outpatient basis. To meet the challenging needs of health care, a mid-southern university used a wide array of community resources to immerse their students into various types of nursing opportunities in the community setting rather than the typical acute care setting. The students were introduced to community nursing in settings such as diabetes management, dialysis, wound care, school nursing, cancer centers, and a variety of other outpatient venues.

Community health nursing provides care not only to the individual patients, but to the families and the communities in which they live. The BSN nursing students are immersed into the community experience, allowing an opportunity to become well-rounded and explore a variety of nursing challenges. With the changing health care system, and the advancing age of the population, nurses are needed more in the home and in the community setting.

Nurses in the community setting serve as educators, advocates for the patients, counselors, and patient liaisons/case managers, as well as providers of direct patient care. Students have observed that these clinical opportunities have opened their eyes to new avenues which nursing has to offer that were nonexistent prior to this clinical experience and have realized that community nursing plays a vital role in caring for the chronically ill and the aging population as well as the under privileged and under-served populations.

This presentation will give specific examples of community health nursing facilities utilized to provide an opportunity for senior students to be exposed to a variety of nursing opportunities within the community. The students were able to utilize critical thinking skills, advocate for individual patients and families, and provide direct patient care.

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## CLIN PST 2 - Clinical Poster Session 2

### Action Research on Health Providers and Consumers' Collaborative Initiatives for Provision of Community-Based Health Promotion Services in a Sub-Urban Community of South-East Nigeria

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#### Purpose

The purpose of this presentation is to empower the target audience with knowledge of steps and strategies needed for sustained, inter-professional, collaborative community-based health promotion services with focus on empowering clients to take control over their health and its determinants, which invariably is expected to improve their health.

#### Target Audience

The target audience of this presentation is conference attendees who are currently or potential providers of community health services, nursing students and all cadres of current or potential nurse educators who should be in positions to teach others.

#### Abstract

**Introduction:** Globally, for over three decades, many member nations of the World Health Organization, including Nigeria had adopted primary health care as the focus of their health policy with emphasis on community-based health promotion and disease prevention. However, many studies have confirmed that emphasis of healthcare in many parts of the world has been on curative, short-term, institution-based and individually focused prevention interventions. Several health promotion research literature also show that community health nurses have not yet demonstrated a clear practical role in implementing community-based health promotion activities in collaboration with other healthcare providers and consumers. These deviations in health practices have resulted in low health indices of citizens in several countries of the world as indicated in the 2014 Legatum Institute reports. To bring about a transformative community health nursing practice, this action research was proposed to empower members of the community to collaborate with healthcare providers for the provision of community-based health promotion services. The objectives were to: carry out a participatory fact-finding assessment of community-based health promotion needs and service provision structures; collaboratively plan and implement actions for the provision of community-based health promotion services and evaluate outcomes of the actions with in-built measures for sustainability of the services.

**Methods:** Mobilization of members of the research team and the participatory fact-finding assessment took place in the third week of November 2014. For the research team members, inclusion criteria were community health nurses, community health extension workers, policy makers, community leaders, church representatives, environmental health officers and social services providers. Following ethical approval from the Municipal Council and informed consent from the participants, data were collected using twenty-seven interviews and two focus group discussions (FGDs). Each of the FGDs involved nine participants with the pre-determined criteria, recruited through purposive and snowball sampling techniques. Altogether, two FGDs and four research team meetings were carried out, and twenty-seven members of the community who were not members of the FGDs were interviewed.

**Results:** Data were analyzed thematically following verbatim transcription of the interviews and the FGDs. The following themes emerged: Poor public drainage system in the community, improper waste disposal; inadequate supply of potable water; need for health promotion information; youth involvement in alcoholism and cannabis smoking; poor formal educational status of the children and youth; poor

infrastructure (including lack of power supply that has lasted several months; lack of Health Centre) and lack of knowledge of existing health policies for the benefit of the community.

These findings were critically reflected upon by the action research group and interventions were jointly prioritized, planned and implemented with the hope to bring about solutions.

**The actions included:** 1) Creating supportive environment for health promotion. This covered three perspectives: a) Establishment of health committees in the community and the two churches within the community to strengthen leaderships for health promotion; b) Advocacy meeting with the Chairman of the Municipal Council for improved health infrastructure, advocacy for the provision of a Health Centre and primary school and resource allocation and utilization for health promotion; c) For Inter-professional collaboration and multi-sectoral approach to service delivery, advocacy meetings were held with the General Manager of the electricity organization and the Manager of the Water Board for restoration of power supply to affected parts of the community and provision of potable water supply respectively. Similarly, the Sanitation Board was contacted to provide commercial waste receptacles at strategic locations in close proximity within the community to encourage safe and sanitary waste disposal. The services of a town-planner was engaged by the community to advise and assist house owners on appropriate ways of channeling rain water from their homes for proper drainage to avoid the menace of flooding and collection of stagnant water along the roads with the consequences of producing unhealthy environment. 2) Strengthening community action through community mobilization and education. 3) Capacity building through education of the action research group members and members of the health committees on health promotion and health education strategies as well as strategies for health surveillance. This action was aimed at developing their skills for health education of their people on identified areas of health promotion needs. Youth volunteers in the community were identified and trained as peer educators for prevention of alcoholism and smoking. 4) Promotion of public policies. This included new regulations agreed upon by the community leaders to control unhealthy waste disposal.

**Evaluation:** The first participatory evaluation of the actions was undertaken by the members of the action research group in the third week of January, 2015. The findings included the following: political will to build a Health centre and Primary school for the community and to achieve this goal, the community was requested to provide an empty land for the projects. Also, the health committee members and the co-researchers took a decision to disseminate health information monthly at the market place, the community hall and in each of the two churches within the community. This action had commenced in December 2014 and is ongoing with one health education programme monthly in each of the designated places. The health education topic is usually based on areas identified by members of the community and research team as the area of need. Furthermore, through this community-based health promotion action research effort, it was possible for the health committee to utilize the efforts of the youths in the community and the sanitation board to evacuate refuse and improve their drainage system. Additionally, every last Saturday of the month was fixed for compulsory sanitation within the community and this has been found to be very effective in promoting the sanitary condition of the community. In addition to that, the community also decided on sanctions for wrong channeling of rain water from individual homes to cause flood along the roads and indiscriminate refuse disposal, but successfully promoted compulsory ownership of toilet facility in every home within the community. Very importantly, members of the community have continuously expressed their delight at the opportunity of having healthcare personnel available to facilitate their education on health promotion and empower them for actions, which according to them “have been very useful”

**Conclusion** The community is an important resource which if mobilized through the process of action research, would be empowered for health promotion activities. The process fostered inter-professional collaboration among healthcare and social services providers and similarly empowered healthcare consumers to take control over their health and its determinants, which invariably is expected to improve their health. The implication of the findings of this action research is that community-based health promotion practices should be recommended globally to enhance transformative community health nursing practice for the sustenance of health benefits to the society.

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## CLIN PST 2 - Clinical Poster Session 2

### Critical Communication in Escalation of Care

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#### Purpose

To discuss a critical event, the barriers within escalation and what can be done within debriefing to improve outcomes. Debriefing can pinpoint areas of improvement for those involved in the events. These events need to be examined in a safe and effective way that improves patient safety and decreases cost.

#### Target Audience

The target audience is front-line nurses and nursing leadership.

#### Abstract

This presentation will discuss a critical event, the barriers within escalation and what can be done within debriefing to improve outcomes. Communication during critical events can be very stressful for the family, nurse, care team, and the patient. Critical events occur throughout hospital environments. Debriefing can pinpoint areas of improvement while providing emotional support for those involved in the events. Critical events occur when patients need escalation of care; such as the patient experiences a change in heart rate, blood pressure, levels of oxygen saturation, decreased level of consciousness. These events need to be examined in a safe and effective way that improves patient safety and decreases cost. Active involvement of the entire team involved (including floor nurses) encourages patient safety and improved management of patients during critical events. Debriefing identifies the knowledge gaps of the nursing staff. Debriefing allows the hospital to address inconsistencies in critical situations and educate to improve patient care. Debriefing reduces the costs by reducing errors and helps save lives.

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## CLIN PST 2 - Clinical Poster Session 2

### Re-Examining Metoclopramides' Role in the Prevention of Postoperative Nausea and/or Vomiting: A Secondary Analysis

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#### Purpose

While current practice guidelines recommend several antiemetics for postoperative nausea and/or vomiting (PONV) prophylaxis, metoclopramide was not recommended. These guidelines contain published research that has been discredited. Therefore, the purpose of this study was to re-examine metoclopramide's effectiveness, describing the incidence of subsequent PONV among adult ambulatory surgical patients.

#### Target Audience

All nurses that provide care for adult surgical patients to include preoperative, intraoperative, and postoperative care. Academic nurses that teach perianesthesia courses and administrative nurses involved in policy development for anesthesia and surgical services.

#### Abstract

Postoperative nausea and/or vomiting (PONV) continue to be two of the most undesirable and distressing complications following general anesthesia, affecting 20-30% of all surgical patients and up to 70% of patients with multiple known risk factors. Clinical guidelines recommended identifying PONV prophylactic interventions based on risk score. While the guidelines recommend several antiemetics, metoclopramide was not recommended. The guidelines were tainted by systematic reviews and meta-analyses that included the work of one widely published researcher that has been discredited. Therefore, the purpose of this study was to re-examine the use of metoclopramide and describe the incidence of subsequent PONV among adult ambulatory surgical patients. Secondary data from a 12-center, observational, cohort study of 2170 adult ambulatory surgical patients collected from 2007-2008 were analyzed. The parent study contained variables of interest that were recoded for this study including demographics, PONV risk factors, antiemetic use, and incidence of PONV. Descriptive statistics were used to characterize the sample in terms of PONV risk factors and incidence of PONV. Chi-square was used to determine differences between groups. Cohen's *d* was used to describe the effect size for reduction of PONV for each antiemetic group compared to the expected risk of PONV based on PONV risk score. Of the 2116 participants with sufficient data to calculate risk scores, participants were on average 49.7 (SD = 15.4) years of age and overweight (body mass index = 28.3, SD = 6.9), and primarily female (N = 1379, 65%). PONV risk scores ranged from 0-4 with a mean 2.6 (SD = 1.0). Metoclopramide 10 mg IV alone had a beneficial effect with risk scores of 1 and 2 (0% PONV vs. expected 21% and 39%) and 3 (50% PONV vs. expected 61%, *d* = 0.22). Metoclopramide 10 mg IV combined with ondansetron 4 mg IV had a large effect for PONV risk scores of 1 (0% PONV vs. 21%), 2, 3, and 4 (8% vs. 39%, 16% vs. 61%, 36% vs. 79%; *d* = .78, .97, .90; *p* = .046, < .001, .001, respectively). Metoclopramide 10 mg IV combined with dexamethasone 8 mg IV and ondansetron 4 mg IV had a beneficial effect for PONV risk scores of 1 and 2 (0% vs. 21%, 0% vs. 39%) and 3 and 4 (25% vs. 61%, 35% vs. 79%; *d* = 0.75, 0.92; *p* = .025, < .001, respectively). While this cohort study had limitations, future studies should investigate metoclopramide use based on risk score recommendations and guidelines should be re-evaluated.

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## CLIN PST 2 - Clinical Poster Session 2

### Knowledge and Practice for Prevention of Hepatitis B among Practicing Midwives in University of Calabar Teaching Hospital, Calabar Nigeria

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#### Purpose

The purpose of this presentation is to empower the midwives who come in frequent contact with clients blood/body fluids and other health workers with knowledge of hepatitis B virus universal precaution as a strategy to reducing Hepatitis B transmission and mortality in developing countries.

#### Target Audience

The target audience of this presentation includes the conference attendees, nurse clinicians, nurse educators, nurse administrators, student nurses and student midwives, health policy makers, who should be in position to educate, ensure practice and enabling environment to all preventive measures especially to Universal Precautions.

#### Abstract

**BACKGROUND:** Globally it is estimated that about 400 million individuals are chronic carriers of hepatitis B virus (HBV) and that more than a million people die annually from HBV related causes. Hepatitis B Virus (HBV) is the blood-borne communicable disease and the ninth leading cause of death worldwide. Though, a major public health issue world wide, the prevalence is higher in the developing countries than the developed. There is an average carrier rate of 10 - 20% in sub-Saharan African general population and 9 to 39% in Nigeria. The high carrier rate and hepatitis B being an endemic disease in Nigeria reveal the associated risk of infection among nurses and midwives who have frequent contact with infected blood through invasive procedures. The most frequent route of transmitting Hepatitis B Virus is through needle stick injury. HBV is a hospital acquired infection which could be transmitted from an infected health-care provider to patients or vice visa which calls for precautionary measures to be put in place to reduce the mortality associated with this disease. However, if the midwife is infected it becomes more precarious because the life of the mother and the baby that she come in contact with on a daily basis stands the risk in this one infection. This study, therefore, assesses midwives knowledge and practice towards the prevention and control of Hepatitis B infection in University of Calabar Teaching Hospital, Calabar Nigeria.

**METHOD:** A descriptive research design was utilized to obtain information on midwives' knowledge and practice for prevention of Hepatitis B. Purposive sampling technique guided the recruitment of 120 practicing midwives who work in labor, ante-natal, post-natal and gynecology wards of the University of Calabar Teaching Hospital from July to November 2013. A self-structured questionnaire with content validity index of 0.79 and a test-retest reliability coefficient of 0.81 was used to elicit information from respondents. Data was analyzed using simple proportion and parametric test-chi-square ( $X^2$ ) at  $p < 0.05$ .

**RESULTS:** The result showed that majority of the respondents 58 (48.4%) were between age 25 and 34 years; majority of these respondents 83 (69.2%) had worked between 10 and 20 years and were mostly diploma holders 96 (80%). The results also revealed that 78 (65%) respondents had good knowledge of hepatitis B virus, and 83 (69.2%) respondents practiced universal precautions while 37 (30.8%) did not. Majority of the respondents 117 (95.5%) had never contracted hepatitis B infection, while 3 (2.5%) had been infected with hepatitis through practice. Most of the respondents 96 (63.3%) had received hepatitis B vaccine while a high minority 44 (36.7%) had not. Further results highlighted a statistically significant relationship between knowledge regarding prevention of hepatitis B infection and practice of universal precaution to protect against hepatitis B among practicing midwives in UCTH (cal  $X^2 = 15.6$ ;  $p < 0.05$ )

This result finding is encouraging considering the fact that knowledge is usually the first step towards the modification of desirable behavior. However despite the respondents high knowledge of the infection and practice of universal precautions, about 22% had poor knowledge of infection while 37% did not practice



universal precaution. This gap calls for concern seeing that the only way to prevention of hepatitis B infection among practicing midwives is through effective vaccination and adherence to universal precautions which often times cannot be guaranteed.

**CONCLUSION:** The result of the study affirms a significant relationship between knowledge and practice of universal precaution. It was therefore concluded that deliberate programmes of continuing education and training be designed for the target population and other health care workers in general, and vaccines be continuously provided to enhance compliance to universal precautions and to prevent Hepatitis B in the clinical areas

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## CLIN PST 2 - Clinical Poster Session 2

### Clinical Nursing Experiences in Rural Aboriginal Settings

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*Steven M. Ross, MN, BSN, RN, Canada*

#### Purpose

The purpose of this presentation is to describe the implementation of a collaborative innovative nursing practice education hub at an Aboriginal Friendship Center in which the intent is to address the identified shortage of registered nurses and their high rate of turnover in First Nations communities.

#### Target Audience

The target audience of this presentation is individuals interested in developing practice opportunities with local Aboriginal peoples or minority groups with the intent of supporting future graduates that are prepared to provide culturally safe care and to recognize and address inequities experienced by Aboriginal peoples.

#### Abstract

**INTRODUCTION:** In 2011, a nursing education practice hub was established at the Conayt Friendship Centre in Merritt, BC to address the identified shortage of registered nurses and their high rate of turnover in First Nations communities. The intentions of this partnership were to:

- strengthen relationships between Conayt, Aboriginal peoples of the Nicola Valley, and faculty/students of the TRU School of Nursing (SON)
- develop students' competence to function in community health and relevant practice roles in Aboriginal rural communities
- promote students' ability to support Aboriginal peoples' health and well-being
- increase the number of new graduates planning to work within rural Aboriginal communities

**BACKGROUND:** Thompson Rivers University (TRU) is located in a region rich in both urban and rural Aboriginal communities that span a large geographical area which includes the traditional lands of five different Nations. TRU is committed to being the "University of Choice" for Aboriginal peoples and has one of the largest Aboriginal student populations in the BC post-secondary system.

The SON has worked in partnership with many Aboriginal individuals, organizations, and communities over the years to increase the number of Aboriginal nursing graduates, and to develop practice opportunities with local Aboriginal peoples so that all its graduates are prepared to provide culturally safe care and address inequities experienced by Aboriginal peoples.

The Conayt Friendship Center is located in Merritt, a small city in the Nicola Valley of the south-central interior of BC, Canada. "Conayt" comes from the Nlaka'pumux word for "helping others", and the Centre is devoted to improving holistically the quality of life and cultural distinctiveness of clients and families, and strengthening friendship and cooperation between the Aboriginal and Non-Aboriginal members in the territories. Conayt also offers numerous programs and services to address these aims.

**THE CONAYT PROJECT:** Drawing on the principles of community development, faculty worked with members of Conayt to develop opportunities for students that were responsive to both student learning and community health needs. Student and faculty engaged with Elders, members of interdisciplinary teams, and other community members to build trusting and reciprocal relationships as they worked in a variety of programs and services offered on and off reserve through Conayt and rural Aboriginal health centres and communities.

Students were involved in public health and home and community care when they worked with community nurses on reserve, they developed projects with community agencies addressing harm reduction, Youth programs in the community, pre and postnatal program for Aboriginal and families in

need, and developed initiatives within the supported housing programs at Conayt. Weekly seminars connected students' together and provided space and time to share their experiences, learnings and to address issues relating to race, power, privilege and cultural safety.

OUTCOMES: Elders valued opportunities to talk, share stories, explain and demonstrate elements of Aboriginal culture. This was seen as important in developing nurses that are holistic, understanding, connected, and respectful of the traditions of Aboriginal people. Elders embrace opportunities to pass along knowledge to youth and suggest it provides a sense of self-worth.

Faculty were valued as mentors, educators, and resources for some community health placements, particularly those with limited nursing supports.

Faculty identified the growth of both students and themselves in their cultural safety as a key outcome of the experience. They also noted the desire of the Aboriginal communities to work with students and share their knowledge and experience with both students and faculty. Embracing a community development approach, with emphasis on relationship building, was critical to the success of collaborating with Aboriginal people and communities

Students thought this practice placement provided many opportunities for them to:

- develop relationships based on trust and equity
- engage with and develop understanding of the lived experience of members of these Aboriginal communities
- understand the past and present impact of residential schools and colonization on the Aboriginal people of the region
- reflect on the impact that personal bias, misconceptions, and stigma could have towards culturally diverse populations
- recognize the prevalence, impact, and management of chronic health conditions in Aboriginal communities
- understand the value of alternative and traditional medicines
- consider career opportunities in Aboriginal communities

CHALLENGES:

- Some of the second year students expected that all their clinical placements were going to be in an acute care setting.
- Merritt, which is a 45-60 minute drive from the TRU campus, is a high mountain highway subject to significant weather changes in the winter months.
- Initially, faculty and students were used to more structured practice placements. They learned to be more flexible and open to learning opportunities as these unfolded.

REFLECTIONS :

- Cultural immersion experiences provide valuable learning for nursing students and are possible across a variety of geographic locations and cultures.
- Taking time to develop relationships and using a community development approach is critical to the success of collaborating with Aboriginal communities.

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## CLIN PST 2 - Clinical Poster Session 2

### A Concept Analysis of Caring

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#### Purpose

The purpose of this presentation is to closely examine the concept of caring to educated nurses unfamiliar with the depth and complexities of homelessness to improve nurse-patient relationship and increase nurses willingness to serve the homeless population.

#### Target Audience

This activity was developed for healthcare providers who are involved in treating patients experiencing homelessness.

#### Abstract

Caring represents a basic tenet of nursing that undoubtedly defines the profession. Yet, it remains a somewhat ambiguous term, with a plethora of different ways of conceptualizing it. Using the Walker and Avant methodology of a concept analysis, the internal structure and function of caring as a concept is explored within the context of healthcare for homeless. Research has shown that encounters between homeless population and nurses are not always positive. Faced with the inability to secure stable housing/employment and affected by chronic illnesses, limited access to healthcare, substance addiction and/or mental problems, most homeless persons are clearly disadvantaged. As a result, many homeless individuals feel unwelcomed when seeking healthcare. Homeless health care has to deal with many challenges as homeless individuals tend to experience feelings of disconnectedness and hopelessness. Therefore, it is important to revisit the concept of caring in order to demonstrate that the nurses have a clear potential to make an otherwise difficult situation of the homeless in U.S. today significantly more tolerable.

Key words: caring, homelessness, concept analysis

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## CLIN PST 2 - Clinical Poster Session 2

### Selected Factors Related to Quality of Life of Low Back Pain among Thai Patients in Orthopedics Clinic at Police General Hospital

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#### Purpose

to study the quality of life of low back pain among patients in orthopedics clinic at Police General Hospital and to examine the relationships between variables such as personal factors and job characteristics and environment in working factors and quality of life (QOL).

#### Target Audience

to prepare a nursing guideline for patients in low back pain. Nurses should advise to properly enhance prevention in their work is a key component to decrease some factors related to quality of life.

#### Abstract

**Background** : Low back pain is a very prevalent pain condition that is often associated with increased disability, decreased relationship satisfaction and diminished quality of life.

**Objective** : The purposes of this research were to study the quality of life of low back pain among patients in orthopedics clinic at Police General Hospital and to examine the relationships between variables such as personal factors and job characteristics and environment in working factors and quality of life (QOL).

**Measurement** : The samples consisted of 142 low back pain among patients in orthopedics clinic at Police General Hospital. The quality of life questionnaire was tested content validity and reliability with the Alpha of .87. Statistical methods used to analyze the data were frequency, percent, mean, standard deviation, and Chi-square correlation.

**Results** : The results of the study revealed that;

1. The overall quality of life of low back pain among patients in orthopedics clinic at Police General Hospital was at the moderate level with mean score of 3.30 .
2. Personal factors were not related to quality of life.
3. Factors which were statistically significant related to quality of life. ( $p < 0.05$ ) included : bending and twisting while working and the weight of the load lifted, the surface of floor and vibrated feeling while working.

**Conclusion** : Increasing higher QOL of low back pain among patients, nurses should advise to properly enhance prevention in their work is a key component to decrease some factors related to QOL.

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## CLIN PST 2 - Clinical Poster Session 2

### Are We Ready for Ebola?

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#### Purpose

The purpose of this poster is to describe a training program designed to prepare healthcare providers to safely give direct care to patients with confirmed or suspected Ebola Virus Disease.

#### Target Audience

The target audience of this presentation is nursing and physician staff who will be taking direct care of the patient with potential or actual Ebola Virus Disease.

#### Abstract

Ebola virus disease (EVD) is one of many viral hemorrhagic fevers. It is a horrible, often deadly disease in humans. Bodily fluids from a patient with EVD are highly infectious, and therefore use of special contact and droplet precautions while caring for patients with potential Ebola Virus Disease (EVD) is vital to preventing spread of the virus (CDC, 2014). Our hospital started preparations for these distinct precautions with use of specialized protective personal equipment (PPE) that follows the Centers for Disease Control guidelines. In preparation for a suspected or real case of EVD, there have been PPE trainings done with the Intensive Care Unit staff in the location in the hospital where these patients would be cared for. This training included a one hour practice session with a trainer on donning and doffing, staff being sent home with kits to practice on their own, and then a sign off, done by a trainer, of competence in the skills to don and doff the PPE. The training process was done during work hours and there were rooms dedicated just for use in training purposes for four weeks.

The objective of this quality improvement project was to determine whether health care providers (HCPs) felt adequately prepared in PPE use, should a suspected or confirmed case of EVD present to our hospital for care.

An online survey of 49 HCPs (41 nurses and 7 physicians) working in the medical intensive care unit was conducted. The years of experience as a nurse or physician ranged, with 16 (49%) HCPs having 5-10 years of experience. The 10 question survey, using the Likert scale, assessed comfort level with PPE training and care of the EVD patient.

There were 29 (68%) nurses and 4 (57%) physicians who responded to the survey. That is a 67% response rate to the survey (n=33). Prior to receiving PPE training, 4 (12%) of HCPs indicated they were comfortable with caring for an EVD patient, while 17 (52%) stated they were uncomfortable. Following training, 9 (27%) HCPs were comfortable with caring for an EVD patient, while 8 (24%) were uncomfortable. 21 (65%) HCPs practiced donning and doffing PPE between 3-5 times. 6 (18%) had practiced 6 or more times. 18 (55%) staff members felt that they had adequate practice using the PPE.

Understanding the factors that contribute to the willingness of health care providers to provide care during an Ebola outbreak is critical to emergency preparedness. Some studies have shown that keeping staff informed of the emergency plans, stocking PPE, and having the PPE available to HCPs, improves their willingness to work during a pandemic (Devnani, 2012). Another important factor is comfort with the contents of their PPE and how to use it. In order for people to be more comfortable and prepared, there need to be frequent training sessions (Loke, Fung, and Liu, 2013). Feistritzer, Hill, Vanairsdale, and Gentry (2014), stated that the HCP team at Emory in their biocontainment unit has rapid cycle education with competency verification, including the donning and doffing of PPE, to ensure the safety of their staff.

In the next iteration of our survey, we should include more questions that lead us to understand the background behind the discomfort that staff have, and how to improve their comfort level. The information from this survey leads our group to conclude that a smaller volunteer team with more hours of practice may be in the best solution to who should care for these patients.

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## CLIN PST 2 - Clinical Poster Session 2

### Transforming Care for Individuals with Developmental Disabilities: Innovations in Education

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*Lisa Sherry Ball, PhD, MS, BSN, RN, FNP-BC, USA*

#### Purpose

The purpose of this presentation is to share innovative graduate, undergraduate, and community education strategies and resources to improve care for individuals with developmental disabilities. Regional strategies adapted for local programs developed to empower clinicians to act as global leaders and change agents for this underserved population will be discussed.

#### Target Audience

The target audience of this presentation is nurse educators, clinicians, students, and healthcare administrators.

#### Abstract

Nursing faculty recognize individuals with developmental disabilities as an underserved community with unmet needs. Disparities in health care may be attributed to lack of health provider knowledge and comfort in caring for the population (Centers for Disease Control and Prevention, 2014; Ward, Nichols, & Freedman, 2010).

In response to the New York State Developmental Disabilities Planning Council's (NYS DDPC) call for proposals related to piloting, evaluating, and infusing innovative programs to educate and empower health care professionals to act as leaders in providing quality health care to people with developmental disabilities (NYS DDPC, 2012), innovative graduate, undergraduate, and community education strategies and resources were developed, implemented, and evaluated.

"Partners in Health Education for People with Disabilities," initially implemented in January 2013, is an ongoing innovative program that was developed to educate and empower nurse practitioners and physician assistants to act as leaders in providing quality health care to people with developmental disabilities. The program focused on improving abilities to (a) synthesize concepts from pathophysiology and epidemiology with societal and legal issues affecting individuals with developmental disabilities across the lifespan, (b) demonstrate leadership and evidence-based practice competencies as members of the interdisciplinary team, and (c) employ competent patient-centered care to individuals with developmental disabilities.

"Educating Nurses to Care for Medically Fragile Individuals with Developmental Disabilities" is a program presenting opportunities to develop advocacy and leadership skills when caring for medically fragile individuals with developmental disabilities and their families. Initially implemented in September 2013 for registered nurses, the program was expanded in Fall 2014 to include all health care students and professionals.

The purpose of the current presentation is to share strategies and resources for use in graduate, undergraduate, and community education to improve health care for individuals with developmental disabilities and their families. Regional strategies and resources used in local programs to empower clinicians to act as leaders and change agents for this underserved population will be presented. Implications for broader implementation in education will further be discussed.

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## CLIN PST 2 - Clinical Poster Session 2

### Truly Flipped Practicum: From Patient Safety to Community Safety Story Quilt

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#### Purpose

The purpose of this presentation is to imprint the development of tomorrow's nurses as community health and population health nursing students in innovative teaching/learning environments to facilitate the transitions from education to practice and reach toward the benchmark of the AACN Essentials VI.

#### Target Audience

The target audience of this presentation is for faculty exploring innovative and creative educational redesigns for population health and community clinical practicum with a goodness –of –fit for present-day nursing education.

#### Abstract

On Nov. 21, 2013 an EF-4 tornado raged through Washington, IL leaving a path of deadly destruction. And in the central Illinois region, the utility for nursing curriculum to develop and practice community emergency management is evident. In this student-learning centered poster presentation the "Truly Flipped Practicum: From Patient Safety to Community Safety Story Quilt" serves as a unique example of taking community health nursing students beyond traditional learning strategies to "being in the moment." This exceptional educational experience of walking beside community leaders was paramount in actively contributing to the city office (Office of Emergency Management), and for the community and population health curricula by revising the abridged "Call to Action" in-class program.

Oftentimes, as nursing students progress from acute care to community based clinical settings, the change of thinking, sensing, and seeing "community as client" may be obscure until the light fog begins to lift and broader ways of "thinking like a community and population health nurse" begin to emerge. As faculty, I joined the new journey of a senior nursing student group, and served to carry the light for these student's paths, to walk beside the students, and help them through the experiential learning process to catalyze the change in behavior that bears evidence of growth and personal satisfaction. In a short time, the fog began to dissipate, the vision became clear, and evidence flourished as the group moved through the assignments focusing on downtown Peoria, Illinois and the Office of Emergency Management. Included in the assignments were; a windshield survey, agency analysis, and a comprehensive community health assessment and analysis using the goals of Healthy People 2020. By working together the group developed a most creative and unique presentation; "From Patient Safety to Community Safety Story Quilt."

Notably, nursing faculty imprint the development of tomorrow's nurses as community health and population health nursing students are engaged in innovative teaching/learning environments to facilitate the transitions from education to practice and reach toward the benchmark of the AACN Essentials VI Inter-professional communication and collaboration for improving patient health outcomes; and VII Clinical prevention and population." While nursing students were "being in the moment" the distinct set of newly created pictorial storytelling blocks captured the underlying story, and yielded both formative and summative assessment data for the practicum. Up and coming practice challenges will surely be evidenced as nurses step out into the health care environment generating partnerships with practitioners and stakeholders to promote and support our national treasure-health. The "From Patient Safety to Community Safety Story Quilt" process and project is an educational redesign with a goodness –of –fit for present-day nursing education.

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## CLIN PST 2 - Clinical Poster Session 2

### Integrative Review of the Transitions of Emerging Young Adults with Type 1 Diabetes

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#### Purpose

The purpose of this presentation is to conduct an integrative literature review of the transitional experience among young emerging adults with type 1 diabetes. This poster will illustrate the barriers and facilitators experienced among those transitioning to adult care and college with type 1 diabetes.

#### Target Audience

The target audience of this presentation is all members of Sigma Theta Tau International, including students, clinicians, nurses, faculty, and researchers. All members will benefit from understanding the barriers/facilitators of individuals with type 1 diabetes and their transition to adult care settings/college, which is similar to other chronic illness.

#### Abstract

**Background/Purpose:** Approximately three million Americans have type 1 diabetes, which is the most common childhood metabolic disease. Transitional events among emerging adults from late adolescence to late twenties may cause physiological and psychological difficulties, especially for those with type 1 diabetes. Although research is more prevalent in the early and mid-adolescent age groups, there is a dearth in the literature among the emerging adults age group. This vulnerable population undergoes a critical transitional time with an overwhelming sense of developing independence. This critical phase may impact the trajectory of type 1 diabetes management not only physiologically, but also psychologically throughout one's lifespan. This integrative literature review evaluates the current state of the science of emerging adults with type 1 diabetes during transitional events.

**Methods:** A comprehensive multi-step literature search (published 1994–2014) of transition, type 1 diabetes, and young adults, which indexed in the CINAHL, Pubmed, PsychINFO and Cochrane databases was performed. A sample of 36 research and non-research reports met the inclusion criteria. All 36 articles were included in the review. A systematic and iterative approach was used to extract and reduce the data to draw conclusions.

**Results:** This analysis revealed that the most crucial transitional events among emerging adults with type 1 diabetes are those that promote independence, including attending college, leaving parents' home, obtaining new employment, and transferring from a pediatric to adult care. Stress was a common theme among emerging adults, especially those in college with erratic eating, sleeping, and course schedules. Balancing college living and diabetes management is essential but non-existent in the literature.

**Conclusions & Implications:** Despite the small sample sizes and descriptive research methods, this review suggests some barriers and facilitators for transitioning emerging young adults with type 1 diabetes. Further research including interventional studies of educating emerging young adults is essential to aid in the transition to college, which may improve diabetes management and quality of life.

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## CLIN PST 2 - Clinical Poster Session 2

### Knowledge, Risk Perception and Practice of Health Care Associated Infections (HAIs) Prevention and Control among Primary Health Care Workers in Cross River State, Nigeria

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#### Purpose

The purpose of this presentation is to highlight gaps in the knowledge and practice of infection prevention and control measures among community health workers at the grass root level in a developing country like Nigeria; with a view of proffering solutions on how to fill the gaps

#### Target Audience

The target audience of this presentation is all health care workers particularly nurses working / interested in offering services, clinical, education or carry out research activities at the grass root /primary/first contact level of the health care system.

#### Abstract

**Background:** Infection control refers to all policies, procedures and activities which is aimed at preventing or minimizing the risk of transmission of infectious disease at health care facilities to workers and general community. The emerging of life threatening infectious diseases have underscored the need for efficient infection control programs in all health care setting and capacity building for healthcare workers to prevent/reduce the transmission of pathogens within health care setting. Primary Care workers are highly susceptible to Healthcare Associated Infections (HAIs) in health care and community settings. In the past 20 years, the overall incidence of health-care associated infection has increased by 36 percent. Health-care Associated Infection occurs worldwide and affects both developed and developing countries. About 5% -10% patients acquire one or more infections in health care setting worldwide. It is also estimated that more than 1.4 million people worldwide are suffering from infections acquired in hospitals. Developing countries were reported to have up to 20 times the risk of contracting a nosocomial infection compared with developed countries (Hopmans, Blok, Troelstra, Bonten, 2007); World Health Organization, 2008.) Very few studies have focused on risk perception, knowledge and practices of HAIs' prevention and control among primary care/ first contact level health care workers. Nurses provide leadership for most of the health facilities at this level care. This study determined risk perception, knowledge and reported practice of infection control measures among Primary Health Care workers as a basis for planning continuing education for health care workers at the primary level. Specifically the objectives of the study were to:

1. Explore Health Care Workers (HCW) perception about susceptibility to nosocomial infections in the work place
2. Determine HCW' s level of knowledge universal and standard precautions HCW at the primary for protecting self and patients from nosocomial infections
3. Assess preventive and control measures utilized by Examine
4. Identify facilitators and barriers to effective practice of IPC measures

**Methods:** A descriptive cross sectional design was used. The study population consisted of 104 primary care workers selected through a purposive sampling technique, from all the LGAs in Cross River State. Responses to a validated 52-item self- reporting, semi-structured questionnaire provided the source of data. The questionnaire was tested for face and content validity by experts on the field. Consent was obtained from the respondents to administer the questionnaire.

**Results:** The mean age of the participants and years of practice were 39.2 +/- 9.1, and 16.8 +/- 9.0. Risk perception for acquiring HIV/AIDS was perceived high by 79(76.0%); HBV by 76(73.1%) and Ebola by 88(84.6%). Findings show that 40(38.5%) had poor knowledge of standard precautions while 64(61.5%) had good knowledge, 62(59.6%) had poor knowledge of hand hygiene while 42(40.4%) had good knowledge; 9(8.7%) had poor knowledge of EBOLA while 95(91.3%) had good knowledge. The major barrier for infrequent use of IPC measures was non-availability of PPE and other resources on a regular basis.

**Conclusion:** Study has shown that risk perception is high; gaps exist in critical aspects of IPC knowledge and practice. PHC workers would benefit from continuing professional education on prevention and control of HAIs including Ebola. This should be organized by professional associations, while government provides the funding. There is urgent need for employers to make available to worker at the primary level regular supply of personal protective equipment. Creating an enabling environment which include provision of wash basins, good hand hygiene agents, masks and frequent monitoring and feedback in addition to knowledge updates should be emphasized to enable health care workers comply with infection control recommendations consistently (Kamulegeya, Kizito, Balidawa, 2013; Mukerji, A, Narciso, J, et al., 2013).

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## CLIN PST 2 - Clinical Poster Session 2

### Entering the Red Zone: Establishing an Interdisciplinary Specialized Medical Team for Ebola Preparedness

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#### Purpose

The purpose of this presentation is to demonstrate the importance and process of proactive education and training for Ebola preparedness including the implementation of an interdisciplinary specialized medical team. Specific guidelines for SMT training and education are also discussed.

#### Target Audience

Any healthcare institution preparing to establish an education and training program for Ebola readiness. All healthcare workers should be able to respond to any contagious pathogen utilizing established protocols and specially trained response teams to decrease the chance of contamination.

#### Abstract

Once believed to be contained to a tropical area in Africa, medical care for a patient with the Ebola disease virus (EDV) remained isolated to the areas affected by this horrific disease. The recent spread of the virus to the western hemisphere has created an urgent need for training and preparation of healthcare workers. The Center for Disease Control (CDC) has recommended that all healthcare facilities establish procedures for the screening, isolation, and transfer of care for any patient suspected of having a highly contagious disease, in order to prevent a global health crisis. The EDV has proven to be a complex pathogen with a high infectious load; even a microscopic level of exposure can cause infection. Increased viral shedding and rapid spreading of the disease require specialized isolation and containment procedures. The Medical University of South Carolina (MUSC), a large academic medical facility with over 700 adult and pediatric beds and two emergency departments, recognized the need for global staff education in order to comply with CDC recommendations. MUSC also identified itself as a potential EDV treatment site and the need to establish an innovative training program with protocols and procedures for escalating care. All medical facility personnel were required to complete a basic educational PowerPoint with post-test to demonstrate knowledge of screening and isolation procedures for all patients. A specialized medical team (SMT) with advanced training in the procedure and care of the Ebola patient was then formed. This specialized team underwent a rigorous three day training course which was separated into two parts. A didactic approach was used to review Ebola disease virus pathophysiology, symptoms, and typical disease progression. Case studies and procedures for lab draws, telemedicine conferencing, and additional supportive equipment and tests were all also reviewed. The second portion of the training was interactive including the donning and doffing of personal protective equipment (PPE), practice in basic patient care while in PPE, and inter-disciplinary high-fidelity simulations including containment procedures, post mortem body shrouding, and the coordinated transition of care from a transport team to the designated unit. SMT members included pre-hospital staff, registered nurses, respiratory therapists, and physicians who volunteered for the training. The implementation of the SMT demonstrated a reduction in anxiety of staff by safely and proactively training personnel in a coordinated training environment. A specific tool "glow germ" was used in all simulation activities to mock Ebola disease transmission. Participants were screened for "glow germ" following any activity in order to detect any break in procedure and possible exposure. Further recommendations include a process for revalidation of skills including unannounced mock patient drills with team members donned in PPE. "Glow germ" measurement should also be used in all revalidation sessions. The recent spread of the Ebola disease virus to the United States has clearly demonstrated the need for preparation and training for healthcare personnel. All healthcare institutions should establish an education plan for staff in order to screen and isolate suspected patients. In addition, facilities preparing to care for an Ebola patient should form a specialized medical team (SMT) in order to provide advance training and practice. Meticulous adherence to policy and the ability to provide care in personal



protective equipment is essential to the safety of all team members. The formation of a specialized medical team utilizing interdisciplinary training establishes standardized protocols for care, prepares personnel in specialized protective equipment and disease containment, and proactively prepares healthcare workers for any global health crisis.

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## CLIN PST 2 - Clinical Poster Session 2

### Do Not Smoke Educational Campaign: Collaboration with a School District to Prevent Teen Smoking

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#### Purpose

The purpose of this presentation is to demonstrate how the clinical project, the do not smoke program, has significant implications to enhance clinical, patient and educational outcomes. The transformative program is designed to prevent and promote change in teen smoking behavior through early educational activities.

#### Target Audience

Nurse researchers, educators, clinicians, and administrators.

#### Abstract

Background: Smoking is a significant problem in the United States with health, societal, and financial cost. An estimated 42.1 million adults (18.1 percent) in the United States actively smoke cigarettes (Agaku, King, Dube, & Centers for Disease Control and Prevention (CDC), 2014; CDC, 2012). The purpose of this presentation is to demonstrate how the clinical project, the do not smoke program, has significant implications to enhance clinical, patient and educational outcomes. The transformative program is designed to prevent and promote change in teen smoking behavior through early educational activities. According to the CDC (2007) tobacco use among men and women is the single most preventable cause of death. Smoking causes cancer, lung disease, and cardiovascular disease. Exposure to tobacco smoke, including the total number of cigarettes smoked over the lifetime, smoking onset age, content of tar and nicotine, as well as smoking cigarettes that are unfiltered, directly relates to the development of lung cancer (Lewis, 2014). Active smoking causes 80 percent of lung cancers deaths (CDC, 2012). In the United States, lung cancer is the leading cause of death in both men and women with health care expenditures of \$289 billion (Jemal, et al., 2008).

Most smokers begin smoking during teenage years; therefore, prevention of teen smoking may be the most significant intervention in reducing incidence of lung cancer (Lewis, 2014). According to the Centers for Disease Control (CDC) (2006), 11.7 percent of middle school students reported using tobacco products, and 8.4 % used cigarettes. Daily, 3,900 youth younger than 18 years of age try cigarettes for the first time, and greater than 950 youth become new, regular smokers. According to Sargent et al (2005), movies that show smoking are a risk factor for youth smoking initiation. Exposure to marketing and media that promotes tobacco increases youth chances 2.2 times for starting tobacco use (Wellman, Sugarman, DiFranza, & Winickoff, 2006). Multiple approaches are in progress to prevent teenage smoking. Researchers are exploring the links between 1) a conduct problem and smoking, 2) advertising and smoking, and 3) policy implementation at the state and federal level such as higher cigarette prices, enforcement of minor in possession laws, and limiting advertisement on smoking. The development and implementation of an educational do not smoke program at the middle school level aims to prevent initiation of smoking. The educational program teaches youth about the negative physiologic and health consequences of smoking and discusses topics of interest to the youth that relate to smoking. These youth topics of interest include the effects of smoking on personal sport performance and smoking as seen in commercials, television shows, and movies. The program targets middle school age students to enhance their knowledge of negative health effects of smoking, and shape smoking beliefs.

Implementation: The do not smoke program purpose is to prevent youth smoking through education in a middle school environment. The science curriculum in the local middle school includes structure and function of the respiratory system. The do not smoke presentation is designed to correlate with the respiratory unit of study, and build on the middle school student's previously learned knowledge about respiratory physiology. The learning objectives of the do not smoke educational program include: 1) Effect of smoking on diffusion and oxygenation, 2) Cell mutation and development of cancer in structures of the

respiratory system, 3) Excess mucous production and frequent infections, 4) Strain on the heart and development of heart disease, 5) Yellow teeth color, 6) Smelly clothes, 6) Impact on daily activities and sports, and 7) media influence on smoking. In order to promote student interest and study of the effects of smoking on the human body, the middle school respiratory unit exam includes questions from the do not smoke program. The educational program incorporates images of excess mucous, bronchitis, lung infection, over distended alveoli, emphysema, lung cancer, and heart disease in the presentation to promote middle school student's comprehension and perception of real negative health consequences of smoking. The do not smoke program aims to reach large numbers of middle school students through smaller educational groups. The science classes in each period are grouped in the library for the do not smoke program. Smaller groups of 50 to 60 students promote learning activities, questions, and discussion. Some group activities include filling balloons with whip cream demonstrating mucous accumulation, infection, and pneumonia. Inflating paper bags and gathering the bags to form a barrel exhibiting over distended alveoli and the development of barrel chest.

Evaluation: Approximately 300 middle school students attended the do not smoke program in 2014. The middle school students responded and interacted positively during the educational program. Questions about smoking and oxygenation, performance in sports and activities, as well as teeth color changes, and smelly clothes occurred. The students identified many misperceptions of smoking such as smoking makes you skinny and smoking being cool. The middle school student's discussions centered on media literacy, smoking in movies, commercials about effects of smoking, cigars, e-cigarettes, second hand smoke, and smoking candy (crushing candies and inhaling the dust). The Student's demonstrated interest in knowing how long the effects of smoking last once someone stops smoking and smoking cessation resources. The middle school teachers expanded the core respiratory system curriculum to introduce the negative health effects of smoking.

Future plans: The do not smoke program clearly identified the value in following the smoking habits of middle school students that attended the educational program as compared to students without the education. Future studies will assess youth perception of smoking on health and wellbeing pre and post participation in the do not smoke program. Targeting the teaching strategies in the do not smoke program more specifically toward media literacy and gender themes, may reduce smoking risk (Mays, et al., 2014). Expanding the do not smoke campaign to other schools will increase the number of students exposed to the educational program and may further reduce the initiation of teen smoking and promote smoking prevention.

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## CLIN PST 2 - Clinical Poster Session 2

### Effects of the Simulation Education Program to Train Life-Saving Nurses

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*Toyoaki Yamauchi, MD, ND, PhD, FNP, RN, Japan*

#### Purpose

The purpose of this presentation is to explore the possibilities of simulation education program to nurture life-saving nurses.

#### Target Audience

The target audience for this presentation is students interested in simulation education, faculty interested in simulation education and nurse who wants to develop knowledge and skill to predict sudden changes in the patient's condition and to deal appropriately with these sudden changes.

#### Abstract

**PURPOSE:** Five programs have been developed with the aim of educating nurses in the first three years of their career, nurturing professionals who are able to predict sudden changes in the patient's condition, who can deal appropriately with these sudden changes, and who can play the role of both a leader and a team member in response to such situations. The programs that have been developed are planned so that a new nurse can participate in the first program and, after passing the relevant exams, he/she will then proceed to the next program. The purpose of this study is to verify the efficacy of the five educational programs that have been developed.

**METHOD:** A simulation exam covering the entire contents of the five educational programs has been conducted in two groups: a trained group of 114 subjects who have completed the five educational programs developed, and a non-trained group of 58 subjects who have not participated in the educational programs. Subjects who have participated step-by-step in the five educational programs and have successfully passed both the knowledge and practical skills tests of each program are eligible to take part in the simulation exam. The simulation exam was evaluated using a checklist of 34 items (with a perfect score of 34), including the following four evaluation criteria of the five educational programs: "observation of premonitory symptoms of sudden changes in condition from the aspect of ABCDE," "request for backup and report by SBAR," "emergency measures necessary for patients," and "participant's role as a leader or as a team member."

**RESULTS:** In the score of the skill test, a significant difference between the two groups ( $p < 0.05$ ) was observed. There was a median value of 31.0 for the trained group, and a median value of 29.0 for the non-trained group. For the four items of the checklist, "observation of the movement of the thorax," "confirmation of the presence or absence of fever," "auscultation of breath sounds," and "preparation for intubation," a significant relationship ( $p < 0.05$ ) was observed between experience of participating in the educational programs and the level of ability to implement the skills. The number of subjects who were able to conduct the above four tasks was higher in the trained group than in the non-trained group.

**CONCLUSION:** The five programs that have been developed can be considered effective in the professional education of nurses who are able to predict sudden changes in the patient's condition, who can deal appropriately with these sudden changes, and who can play the role of both a leader and a team member in response to such situations.

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## CLIN PST 2 - Clinical Poster Session 2

### Benefits, Challenges and Considerations to Academic-Practice Partnerships in Implementing and Utilizing a Dedicated Education Unit (DEU) Model of Clinical Education

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#### Purpose

The purpose of this presentation is to discuss the benefits, challenges/considerations, and costs to academic-practice partnerships in implementing and utilizing a Dedicated Education Unit (DEU) model of clinical education.

#### Target Audience

The target audience of this presentation is hospital nursing leadership, nurse educators, and nurses involved in clinical education of nursing students.

#### Abstract

**Purpose:** The purpose of this presentation is to discuss the benefits, challenges, and costs to academic-practice partnerships in implementing and utilizing a Dedicated Education Unit (DEU) model of clinical education.

**Methodology:** A systematic literature search was conducted using bibliographic databases, academic journals, and ancestry searching. Additional sources of information were found on The American Association of Colleges of Nursing Academic Practice Partnership and University of Portland Dedicated Education Unit databases. Search terms included dedicated education unit, academic-clinical partnerships, and academic practice partnership. The approach involved data analysis using a systematic iterative process. The authors went back and forth to analyze and interpret text and to categorize data. Notes were compiled regarding insights gathered during data collection. Data and notes were reviewed to answer the specific IR question: What is known about the benefits, challenges and costs associated with academic-practice partnerships that utilize a DEU for undergraduate clinical nursing education? From the data, major themes and categories were developed regarding the benefits, challenges, and costs to academic-practice partnerships in implementing and utilizing a DEU model of clinical education.

**Results:** Significant benefits, challenges, and costs of implementing a DEU to academic-practice partnerships were identified in this integrative review. Benefits included enhanced communication between the academic school of nursing and clinical agency, an environment with more productive and efficient use of learning time, and increased student exposure to skills and clinical practice without increasing clinical hours. In addition, students learned teamwork, collaboration, critical thinking, and independent problem solving. This arrangement may impact future nursing student enrollment capacity and clinical capacity.

**Conclusion:** This integrative review showed that there are a number of benefits, challenges, and costs related to implementing DEU's. Overall satisfaction appears high with the DEU model both in terms of student, staff nurse and faculty perceptions. The DEU has may have the potential to increase nursing faculty capacity and could be a possible factor in efforts to enhance the ability of schools of nursing to increase student enrollment as long as state regulations are taken into account. More collaborative research is needed especially in the area of cost implications to fully understand the impact of the DEU on the academic practice partnership.

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## CLIN PST 2 - Clinical Poster Session 2

### Development and Evaluation of Reflective Program Using Concept Mapping for Clinical Nurses

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*Yuna Lee, MSN, South Korea*  
*Hyejin Kim, BSN, South Korea*

#### Purpose

The purpose of this presentation is to share knowledge of development and evaluation of reflective program using concept mapping for clinical nurses

#### Target Audience

The target audience of this presentation is nursing faculties and nursing educator who are interested in teaching clinical nurses.

#### Abstract

Aims: To evaluate the effect of a reflective program based on self-regulated learning theory on competency of clinical nurses.

Background: Using concept mapping strategies have been used to help student nurses to achieve desired nursing competency, but their effectiveness has not been examined for clinical nurses. Also, reflection is an important education method for nurses. Thus, using concept maps for reflecting nursing experiences can improve their nursing competencies.

Design: A descriptive, comparative design was used. Comparisons between one group in different times using t-test were made. The same group did nothing for the first three weeks, and the group applied a reflective activity for next three weeks. Each time had checked of nursing core competency scales.

Methods. A total of 19 clinical nurses participated in this study in 2015. The reflective program using concept mapping based on self-regulated learning theory includes drawing concept maps and writing reflection diaries for three week. All 6 reflective episodes were completed for nurses.

Results: The overall scores of the nursing competency in the reflective group were higher than those not joined the reflective activity group. Also, the overall reflective level of reflective group improved after the reflective activity.

Conclusions: The findings of this study suggest that a reflective activity using concept mapping is useful for helping clinical nurses to gain competency and reflective continuum.

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## CLIN PST 2 - Clinical Poster Session 2

### Integrating Theory in an Alternative Community Health Nursing Clinical Experience

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#### Purpose

To integrate theoretical concepts into an alternative community health nursing clinical experience.

#### Target Audience

The target audience of this presentation is nursing faculty and administration.

#### Abstract

Today's nursing students engage in various learning styles, presenting challenges for faculty to educate and create meaningful learning. Numerous other factors, such as limited clinical sites and increased competition for these sites, add to the challenge. Moreover, nursing faculty are pressured to increase the number of graduates and improve retention rates as education has become increasingly focused on didactic lecture and skill attainment negating students' learning styles. Nursing education needs to be relevant and responsive as student learning evolves and transitions from passive recipients to self-authorship. In an effort to attain relevancy and respond to students' learning needs, an alternative approach to community nursing clinical in a baccalaureate program was created utilizing Kolb's experiential learning theory as a framework. Kolb (1984) deemed learning as the process wherein knowledge is created through experience. This process is achieved through four modes of experiential learning: concrete experience learning (CE), reflective observation skills (RO), abstract conceptualization abilities (AC), and active experimentation (AE). Utilizing Kolb's first two components, senior nursing students were assigned a bus ride on public transportation in order to immerse themselves fully, openly, and without bias in a culturally diverse environment and were to also reflect on and observe their experience from many viewpoints. Students journaled to capture reflective observation from these experiences to display modes of adaptation that occur during learning, that is, moving from one dimension to another in varying degrees. This assignment helped empower students to take responsibility for their learning and created a transformative clinical experience. The alternative community nursing clinical experience will be used to guide the future development of learning activities for the undergraduate nursing program whereby students can conceptualize observations into theories and implement those theories into problem solving and decision making. Future exploration of Kolb's experiential learning theory includes utilizing the Learning Style Inventory to assess individual student learning styles and evaluation of the undergraduate curricula in addressing the needs of students.

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## CLIN PST 2 - Clinical Poster Session 2

### Learning Tool to Assist with Understanding of Common Statistical Tests in Quantitative Research Studies

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#### Purpose

present a tool to improve understanding of common statistical tests in quantitative research studies.

#### Target Audience

Clinical nurse educators and nursing faculty

#### Abstract

Nurses and other healthcare professionals are engaged in evidence-based practice (EBP) to improve patient care in many settings. Nurses in the hospital setting may be members of teams to develop policies based on EBP. Quantitative research studies (non-random and randomized controlled trials) are frequently used as the basis for EBP. A barrier to reading published quantitative research reports may be lack of understanding of statistics and the data analysis used in quantitative studies. I developed a learning tool which is a simple diagram to help bedside nurses better understand the relationship between common statistical tests and their appropriate use based on the research hypothesis. Feedback from practicing nurses in the hospital and outpatient setting indicate this tool is helpful in providing a better understanding of statistical tests presented in reports of quantitative research studies. This diagram can be used for teaching in the clinical setting with nurses and healthcare professionals on interdisciplinary teams as well as for nursing faculty in undergraduate and graduate nursing courses.

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## CLIN PST 2 - Clinical Poster Session 2

### Nurse Caring Enhancements of The Caring Model® (TCM): Education Modules Improve Nurse Communication and Patient Satisfaction

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#### Purpose

The purpose of this presentation is to identify nurses pre and post education perceptions of affective and technical aspects associated with caring, compassion, and presence with the perceptions of the patient and family that impact satisfaction with nursing care every encounter, every day.

#### Target Audience

The target audience of this presentation is the nursing individuals involved in the improvement and enhancement of patient and family satisfaction with nursing at the point of care delivery enhancements in all health care venues.

#### Abstract

**Background:** Patient satisfaction is an established indicator of quality care measuring the perception and expectation of nurse caring in human-to-human interpersonal interactions. Nursing theory and empirical research substantiates the value of caring behaviors in nursing practice. Caring interactions between nurses, patients, and families are highly correlated with value-based performance incentive payments specific to nurse communication. The patient experience is associated with how well nurses provide information and attend to the needs of patient and families in every encounter, every day. The education modules focus on the nurse's role in value-based innovations to improve patient satisfaction.

**Intervention:** Four new education modules provided participants an opportunity to review aspects of caring from the patients' perspective. The modules included: (1) Concepts of Caring and Application of Caring Theory; (2) Caring Behaviors and Models of Nursing Practice; (3) Caring Environments and Workforce Engagements; and, (4) Outcomes of Caring, Consumerism, and Satisfaction. A Caring Dimensions Inventory (CDI) of 25 core statements has a Cronbach's alpha reliability from 0.91 to 0.92 was used to measure the perceptions of caring by nurses in a pre and posttest for changes in perception. Perceptions of caring increased ( $t(8) = 4.04, p = 0.004$  overall). Affective aspects of nursing increased ( $t(8) = 5.20, p = 0.001$ ). Perceptions of technical caring approached statistical significance ( $t(8) = 2.16, p = 0.06$ ). The difference in the mean score average of affective questions of 4.67 and technical questions of 2.98 appear to be in response to education. On their first shift after the education experience, nurse participants completed a Personal Observation and Reflective Observation Summary of patient and nurse dialogue identifying ways of being (affective) and ways of doing (technical) care provided. These observations were used to help determine their responsiveness to patients and families care delivery experiences and application of the education modules.

**Implementation:** The nursing theories of Watson (1996), Leininger (1994), Swanson (1991), Boykin & Schoenhofer (2001) and Roach (2002) were used to identify the potential affective nature of nurse caring behaviors. Caring indicators for improving the perceptions of nurse caring were identified by participants. Enhanced education modules included examples of affective and technical nurse caring behaviors, as measured by the CDI, to support the interpersonal nurse-patient caring relationship in practice. Rogers' Innovation Decision Process model was used as a guiding framework for the education intervention.

**Results:** The participants identified differences between their intended and demonstrated caring behaviors in affective and technical aspects of care. Posttest perceptions of affective caring increased with statistical significance after the nurses received the education instruction. Technical aspects of caring also increased, to a smaller degree, at a rate that approached statistical significance. Participants who had been in their position in health care greater than three years, there was a greater change in mean scores than those for less than three years. The trend in the mean scores suggests there is a

pattern than requires further analysis. Translating existing research into nursing practice promoting affective and technical aspects of caring makes good economic sense.

**Conclusions:** Caring behaviors displayed through nurse interventions can influence the patients' perceptions of satisfaction with nursing care. These behaviors can be translated into practice with focused caring educational experiences and the adaptation of caring behaviors to accommodate the patient-family-nurse relationship in value-based patient-centered care in today's health care environment. There is a predictive relationship between patient-family-nurse perceptions of caring and satisfaction with care delivered. The phenomenon of caring is influenced by multiple perspectives of nursing practice and patient experience expectations. The economics of nurse caring and compassion in health care reform requires nurses to provide knowledge and insights into nursing practice efficiencies, costs and outcomes.

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## CLIN PST 2 - Clinical Poster Session 2

### Situated Learning and Improved Simulations for Pre-Graduate Nursing Students

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#### Purpose

The purpose of this presentation is to describe the use of situated cognition learning techniques and impromptu student-driven simulations to prepare pre-graduate students for a final consolidation practicum.

#### Target Audience

The target audience of this presentation is nurse educators in the hospital or in academia and unit administrators.

#### Abstract

Nursing students in our accelerated undergraduate program participate in structured simulations in all clinical courses throughout their two-year program of study. This poster will discuss the pilot use of impromptu student-driven simulations to prepare pre-graduation students for their final clinical practicum. At least half of the student enter consolidation following a community placement and experience anxiety related to their skill level and lack of recent practice in a hospital setting. The purpose of the pilot was to help students develop their clinical reasoning skills, their clinical skills and feel more confident about their upcoming placement in the context of a situation as close to reality as possible.

Situated cognition or situated learning is a learning theory that lends itself to the preparation of pre-graduate nurses for higher order thinking in the context of an authentic environment such as simulation. In this pilot, students worked together collaboratively in impromptu simulations prior to their last clinical placement. Situated cognition learning techniques such as collaboration, coaching, use of multiple roles and perspectives, articulation of learning, use of technology and reflection were used to promote learning.

Senior students were invited to sign up ahead of time, specify their learning needs (e.g. giving injections, focused health assessment, prioritizing, etc.), and identify their upcoming clinical placement (e.g. medicine, surgery, etc.). Student groups of 3-4 students worked together in the lab for 2- 4 hours just prior to the start of their practicum placement. Two faculty members experienced in simulation-based learning led the scenarios and debriefing sessions. Little preliminary work was done on the simulation scenarios. Scenario development was tailored to the students in the scenario and created in the moment. Pre-simulation briefing was very important to ensure “a psychologically safe context for learning” and active engagement of student learners who did not know each other very well (Rudolph, Raemer & Simon, 2014). Highlights of this learner-centered activity as well as feedback from both students and faculty involved will be shared in this poster.

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## CLIN PST 2 - Clinical Poster Session 2

### Simulation: An Evolutionary Concept

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Margaret E. Curnin, MSN, RN, USA

#### Purpose

The purpose of this poster presentation is to present the use of simulation over time as found in the research, and to identify the most common attributes and consequences of the simulation experience.

#### Target Audience

The target audience of this presentation is individuals or groups using simulation as a teaching/learning strategy in nursing.

#### Abstract

Simulation has been used in nursing for many decades with little thought as to the actual definition. An early mention of simulation in nursing was made by Burns (1984) who used the term in competitive simulation or gaming, defining simulation as rules, challenges, or as a form of play. (pg. 214) Billings and Halstead (2005) presented one definition of simulation as "A near representation of an actual life event; may be presented by using computer software, role play, case studies, or games that represent reality and actively involve learners in applying the content of the lesson." (pg. 308) Changes in healthcare, such as lack of available clinical sites, shortage of nursing faculty, shorter patient length of stay, and increase in nursing schools/students, have impacted the clinical learning opportunities for nursing students. (Alinier, Hunt, Gordon, and Harwood, 2006; Brown and Chronister, 2009; Jeffries, 2005; Maran and Glavin, 2003; Weaver, 2011) Simulation has been identified as an acceptable alternative to learning experiences in the clinical arena. (Bearnson and Wiker, 2005) Beth Rodgers' Evolutionary method was used for this concept analysis as the method addresses the perspective held in nursing that human beings and nursing phenomena are in constant change, interrelated and overlapping, and interpreted in regard to multiple contextual factors. (Rodgers and Knafl, 2000, pg. 77) Using Beth Rodgers' Evolutionary method, the attributes of Simulation were found to include safety, teaching/learning, experiential, realistic or life-like, and elements of control. Antecedents were identified as acquisition of new skills, provision of safety in performing care, teaching of essential healthcare concepts, and achievement of learning objectives. The most recognized consequence of simulation is the provision of safety for both patients and learner. This poster describes research into Simulation using Beth Rodger's Evolutionary method to investigate the concept of Simulation over time.

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## CLIN PST 2 - Clinical Poster Session 2

### Telephonic Health Coaching for the Type II Diabetic

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Gale T. Klinshaw, MSNE, RN, USA

#### Purpose

The purpose of this presentation is to educate health care professionals about using a proposed telephonic health -coaching program that would assist patients who would otherwise not receive the education required to successfully control their diabetes. Telephonically this comprehensive intervention can assist diabetics without ever leaving their homes.

#### Target Audience

The target audience of this presentation is nurses who provide care to diabetics as well as educators. This evidence based telephonic health -coaching program could be applied to different diseases and applications, making it of interest to many health care professionals.

#### Abstract

This evidence based proposal is intended to reach new or unstable adult Type II diabetics who are members of a managed health care insurance program. The program proposed would be introduced immediately after diagnosis to improve patient outcomes. It would also provide a more comprehensive intervention for those in need of assistance with self-care. At the present time most diabetics receive care from a primary care physician. When the physician is busy or unavailable the diabetic turns to other places for a quick fix of their symptoms. They may also be more expensive options for care including the ED or an Urgent Care Clinic. Postponing care until their symptoms become more critical may lead to hospital admissions and long term negative effects on their health as a result of diabetic complications. The use of a telephonic health -coaching program would also assist those members who would otherwise not receive the education required to successfully control their diabetes. Telephonically more diabetics can be assisted without ever leaving their homes. Members will be monitored for the program's effectiveness including reductions in their HgbA1c, increase in diet, medication and overall self-care compliance, increase access to diabetic education resulting in increased customer satisfaction and health care cost savings for both the member and the health care insurance company. Telephonic health coaching, performed by specially trained registered nurses, with internet access to educational materials, may be an effective method of better educating patients with diabetes and controlling medical emergencies resulting in improved overall health for those members and a reduction in their health care costs.

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## CLIN PST 2 - Clinical Poster Session 2

### Nursing Practice, Working Environment, and Educational Needs of Nurses in Socialist Republic of Vietnam

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*Ayako Okada, PhD, RN, CNS, Japan*  
*Keiko Tanida, PhD, RN, Japan*

#### Purpose

The purpose of this presentation is 1) to describe the present situation of nurses' work environment in the clinical setting and their barrier or difficulties to provide patients care and 2) to identify the educational demands for clinical nurses to support continuous learning as one of health care providers.

#### Target Audience

A health related scholars and clinician who are working in and supporting in Southeast Asia, an administrator whose focus is on nursing practice and quality of care, nursing clinical educator who develop in-hospital nurses' training program, nursing educator whose focus is on continuous education for clinical nurses.

#### Abstract

Purpose: The purposes of this qualitative study were 1) to describe the nurses' experiences in daily nursing practice at the clinical setting, 2) to describe the nurses' perspectives on their clinical practice as a nursing profession, and 3) to explore the demand of educational supports for nurses to develop their own career as a nurse and to provide better care for the patients.

Methods: A convenient sample of 36 nurses who have more than three years of nursing experiences was recruited from three general hospitals in Socialist Republic of Vietnam. A semi-structured small group interview with open-end question method was used to collect data. The questions were 1) how is your daily nursing practice and any difficulty or problems that you concerns; 2) how would you like to obtain any skills or you wish to improve something about yourself; and 3) what would you request any learning opportunities or learning subjects for future. The set of data from interviews was analyzed through coding and categorization.

Findings: The nurses' experienced difficulties in daily nursing practice were characterized by 1) insufficient medical supply, materials or equipment that necessary for pressed patients care and treatment, 2) imbalanced between patients care demand and nurse staffing ratio which caused by the exceeding number of patients admitted to the hospital, 3) the gap between nursing skills implementing everyday nursing practice and being learned at nursing school, 4) required many nursing documents and other tasks, and 5) insufficient advocacy as one of the health care provider for claims or any clinical problem. Additional abilities that the nurses need to be acquired were 1) communication skills as a health care provider, especially to deal with the difficult patients and family and 2) disease specific knowledge and skills that fit with patients in their ward. The nurses wished to have more frequent opportunities of in-hospital training to learn communication skills especially for health care provider to deal with difficult relationship between nurses-patients and patients' family and the skills training that providing completely prepared or in condition for immediate action or use in their daily nursing practice. The nurses hoped to have opportunities to expose themselves to different health care institution both in Vietnam and foreign countries in order to observe and compare nursing working environment, nurse's scope of practice, and the relationships between patients and nurse, and nursing research.

Conclusion: The finding identified specific nurses' experiences and difficulties in daily nursing practice. Nursing in-hospital training demands were specified. The nurses wished to have training that providing completely prepared to use in some specific condition for immediate action, which implied nurses requested more practical and immediately usable "how-to" information instead of core universal knowledge or skills. In addition, nurses wished to have opportunities to expose different health care systems or environment such as outside of hospitals or countries.

Clinical relevance: Nursing practice, working environment in Socialist Republic of Vietnam is developing and progressing. It is crucial to support not only to meet their educational demand but also further follow up to improve the nurses work environment as well.

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## CLIN PST 2 - Clinical Poster Session 2

### Suicide Risk Assessment Education for Counselors Who Work with Clients with Substance Use Disorders

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Stacie L. Olson, DNP, APRN, PMHNP-BC, RN, NP (AdultPsych), USA

#### Purpose

The purpose of this presentation is to share how advance practice nurses can improve outcomes in suicide prevention education with evidence based suicide prevention training for licensed addiction professionals.

#### Target Audience

The target audience of this presentation is advanced practice and doctoral of nursing practice clinicians with a special interest in psychiatric mental health nursing practice.

#### Abstract

**Background/Significance:** Suicide is the leading cause of death in people who abuse alcohol and drugs. The role of the counselor is to assess a client's risk for suicide, yet according to the literature counselors have a limited background in formalized training on suicide prevention.

**Methods/procedures:** A suicide prevention training intervention designed for addiction counselors was conducted for 11 counseling and professional staff working in a substance abuse treatment center. The training intervention was compared and evaluated pre-intervention, post-intervention, and six weeks post intervention to assess changes in attitudes (using ASP scale), confidence (using COSE scale), knowledge (using knowledge quiz), and facilitative skills in suicide management (using SIRI 2) on suicide prevention.

**Outcomes/findings:** There were no statistically significant changes in subjects' scores post intervention in reference to counselors' attitudes, confidence, and facilitative suicide skills. However, the power of this study was low (48%) and sample size small. (N=11). Despite the lack of power, there was a large clinically significant effect size (0.64) between the pre and post SIRI survey scores which demonstrated a change in competence in recognizing facilitative suicide responses. In addition, 64% of the participants had prior training in suicide prevention, which also may have affected this studies results. Knowledge did show statistically significant changes in subjects' scores post intervention  $t = -2.68$  ( $p < .023$ ), which demonstrated a positive benefit of training on suicide prevention.

**Summary:** In the future a larger sample size should be used to assess changes in attitudes, confidence, knowledge, and skills of counselors and professional staff using the suicide prevention training. Training was well accepted by the participants, and there continues to be a need for education on suicide prevention for clients with substance use disorders.

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# **Evidence-Based Practice Poster Presentations**

## **Session 1 (EBP PST 1)**

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# EBP PST 1 - Evidence-Based Practice Poster Session 1

## Implementing a Reverse Case Study Interactive Design in the Classroom Setting

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*Benjamin A. Smallheer, PhD, MSN, RN, ACNP-BC, CCRN, USA*

### Purpose

The purpose of this presentation is to discuss the reverse case study design and demonstrate the planning, construction, and implementation of a involved in the successful utilization within a didactic pharmacology course of study.

### Target Audience

The target audience of this presentation is the educator dedicated to the development of critical thinking, rationalization, group interaction, and prioritization. Though this presentation focuses on a didactic setting, adaptation to a clinical environment is highly feasible.

### Abstract

Introduction: The primary goal of nursing education is to prepare students to meet the diverse needs of patients in variable situations. In doing so, students must be prepared to function as a leader and advance science within the confines of safe and quality care delivery. In keeping with these goals, nursing education has been transforming to maintain the increasing demands and responsibility of the nursing profession. Nursing educators have therefore been challenged with developing and utilizing diverse and challenging methods to enhance critical thinking and knowledge of nursing students.

Previously, the use of the unfolding case study provides an adaptive and integrative strategy of learning, incorporating nursing care, critical thinking, prioritization, and pathophysiology with pharmacology into a developing scenario. The unfolding case study allows a culture of quality and safety to develop in the classroom setting. It is through these diverse methods that incorporation of the higher domains of Bloom's Taxonomy into the academic and didactic setting is achieved.

The Theory of Multiple Intelligence highlights individuals' unique skills and capabilities of learning through various intelligences. Based on the variable and distinctive methods through which students learn, a newer permutation to the standard unfolding case study is the reverse case study.

The reverse case study involves students in the development of multiple scenarios, thus using a constructive approach to learning. This method is considered a rich scholastic challenge, more capable of accurately representing the responsibilities of the nurse within the safety of the classroom setting. Utilizing a reverse case study design accentuates the student's critical thinking and integration across content and provides a rich academic challenge involving the higher domains of Analyzing, Evaluating, and Creating within Bloom's Taxonomy.

Background: Traditional case studies are highly adaptable teaching strategies and have been utilized in a variety of disciplines. Within nursing academia, case studies may be used to examine nursing care, review principles of pathophysiology and/or pharmacology, challenge values and attitudes (ethical dilemmas), and investigate causes of error while enhancing clinical reasoning, critical thinking, facilitating self-learning, and promoting empathy

Though a creative way to stimulate conversation, integration, and critical thinking, the traditional unfolding case study is limited to the domains of remembering, understanding, and applying of Bloom's Taxonomy. The reverse case study, however, provides a rich academic challenge while adequately representing the responsibilities of the bedside nurse.

Methods: The students were assigned randomly in groups of 5 or 6. The students were told that ANY and ALL resources may be used in construction of the final project. The patient presented in the case study was unable to provide sufficient information. In doing so, the minimal subjective information would create

the dynamics within the case to catalyze free thinking and rationalization of decisions. A physical “bag of drugs” belonging to the patient was also given to each group. Students then analyze what information is provided, create the background information of “what happened”, and then completing the case aspects of “what to do next.”

Findings: Groups were highly engaged, interactive, and conversational on how specific aspects of the patient’s physical exam correlated with components of the medication table and past medical/surgical history. Teams often had to divide components of the project among themselves to assure adequate time for completion. Collaboration, teamwork, and critical thinking were essential in bringing these components of the assignment together and having proper cohesion and incorporation from one section into another.

Students reported feeling very stressed which required them to stay focused and not go off on tangents or “chase down a rabbit hole”. Numerous students identified the assignment as “fun”, “challenging” and very realistic to how a nurse must play the detective with patients who are unable to provide complete and adequate information to the medical provider.

Students commented on the gained perspective of the bedside nurse’s responsibility when admitting a patient who cannot give a clear history. The significant contribution of the bedside RN to both the admission and discharge process was more readily experienced and understood through this assignment.

Conclusion: Nursing faculty continue to search for variable approaches to learning which will better prepare students for not only the alternative format questions posed by NCLEX, but also the complex nature of quality and safety required of a licensed provider. Unfolding case studies within the classroom allow students to experience the integrated nature of client centered care compared to learning through a focused system-by-system approach. Reverse case studies allow students to utilize the higher domains of analyzing, evaluating, and creating in Bloom’s Taxonomy. In doing so, students can demonstrate the full spectrum of the taxonomy and exhibit critical thinking and mastery of nursing content presented throughout a program of study.

#### References

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## EBP PST 1 - Evidence-Based Practice Poster Session 1

### Evaluation of the Pedi-CSI (Clinical Safety Investigation) Video Vignettes

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*Judith A. Vessey, PhD, MBA, RN, FAAN, USA*

*Amanda J. Lulloff, MS, RN, USA*

*Rachel DiFazio, PhD, RN, FAAN, USA*

#### Purpose

This presentation describes an innovative approach using video vignettes to teach pediatric patient safety to practicing nurses and students. Through a process of self-evaluation, participants learn didactic and affective knowledge that positively influences their practice behaviors. Information regarding free global access will be provided.

#### Target Audience

The target audience for this presentation is nurses providing direct care to pediatric patients, educators designing learning activities for students, and administrators dedicated to strengthening pediatric patient safety practices in their institutions.

#### Abstract

Patient safety is a major component of quality patient care (World Health Organization, 2006) and pediatric nurses are integral in assuring safe care to young, vulnerable patients (IOM, 2004). Comprehensive, formalized patient safety training is needed by pediatric nurses and nursing students because ill children often present with different and often more complex safety issues than their adult counterparts. Failing to provide specialized training can lead to safety failures; and although difficult to quantify, financial costs of safety errors resulting in adverse events are high. Although population-specific training is necessary, the majority of pedagogical patient safety activities are designed towards adult inpatient settings; valid patient safety training programs specific to pediatric nursing care could not be identified (Agency for Healthcare Research and Quality [AHRQ], n.d.).

This project's goal was to address this gap in pediatric patient safety clinical education; the evidence-based-practice paradigm (Schaffer, Sandau, & Diedrick, 2013) was used in its development. Initially, relevant research findings, professional guidelines, the National Patient Safety Goals, selected pediatric clinical literature, and clinical educational strategies were reviewed. Using these findings and in consultation with pediatric patient safety experts, a series of pediatric patient care video vignettes were created. The clinical video vignette format was chosen as it can convey didactic information, influence the learner's affective knowledge and attitudes (Robertson, Kaplan, Atallah, Higgins, Lewitt, & Ander, 2010) and improve the learner's clinical judgment and critical thinking (Fero, Witsberger, Wesmiller, Zullo, & Hoffman, 2008; Lasater & Nielsen, 2009). Thus video vignettes are especially effective teaching tools as they help nurses identify breeches in patient safety, create a desire to adjust their care delivery accordingly, and influence others to adopt safe practices as well.

A series of twelve brief pediatric patient safety vignettes were created. To ensure that the most common pediatric patient safety errors were included, a grid was created that incorporated patient safety information from the National Patient Safety Goals, the National Institute for Children's Healthcare Quality initiatives, and the Agency for Healthcare Quality guidelines to common pediatric clinical situations. Scripts for each vignette were drafted that incorporated specific obvious and subtle patient safety errors and vulnerabilities. The vignettes were then filmed in acute care settings (with actors) to illustrate these elements. The central themes of the vignettes are: 1) skin breakdown, 2) handoffs, 3) IV site contamination, 4) cross contamination, 5) environmental services cleaning, 6) patient discharge, 7) mislabeled specimens, 8) medication administration, 9) oxygen administration, 10) alarm fatigue, 11) high alert medications, and 12) fall prevention. Upon their completion, an expert panel of pediatric professionals determined the full range of safety violations in each vignette. Two copies of each vignette, one without and one with the violations clearly explicated, were then produced. Participants initially watch the unmarked video vignette and independently record patient safety errors. Upon completion, the

vignette with the errors highlighted is then shown, allowing participants to compare their responses with those embedded in the scenario. Supportive materials including a patient safety goal briefing/de-briefing teaching materials and a training manual have been developed.

Further validation of the video vignettes has been accomplished by having pediatric inpatient nurses from all levels of clinical practice participate in their testing. The video vignettes, along with the teaching materials, are being prepared for inclusion in OPENPediatrics ([openpediatrics.org](http://openpediatrics.org)). OPENPediatrics is a free online community that is peer-reviewed and academically rigorous, sharing best practices for pediatric patients globally. This will allow their use by pediatric nurses in pediatric clinical and academic settings worldwide. This presentation will present the project's development, allow conference participants to test their patient safety knowledge with a sample vignette, and provide information regarding accessing the vignettes and supportive materials.

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## EBP PST 1 - Evidence-Based Practice Poster Session 1

### The Psychometric Properties of the Portuguese Version of the Adolescent Pediatric Pain Tool (APPT-PT) in Children with Cancer

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*Luís Manuel Cunha Batalha, PhD, Portugal*

#### Purpose

To examine the psychometric properties of the Portuguese version of the Adolescent Pediatric Pain Tool (APPT-PT) in Portuguese children with cancer

#### Target Audience

Health professionals particularly nurses and doctors and researchers

#### Abstract

**Aim** As pain is both subjective and multidimensional, tools that allow the assessment of other dimensions of pain besides intensity are needed. The aim of this study is to examine the psychometric properties of the Portuguese version of the Adolescent Pediatric Pain Tool (APPT-PT) in Portuguese children with cancer.

**Methodology** Prospective methodological study with 150 Portuguese children with cancer aged 8-17 years-old. Data collection occurred both in outpatients and inpatients. Hospitalized children reported their pain during a maximum of 4 times. Children completed the Portuguese version of the APPT according to their pain at the moment or their last pain episode. At the same time, the Visual Analogue Scale (VAS) was used to report pain intensity.

**Results** Two hundred and eleven self-reports of pain were obtained. Multiple correspondence analysis showed a factorial 4 factor structure with acceptable internal consistency. Correlation between the three components of the APPT was positive and significant, albeit weak. Criterion validity with VAS was strong, positive and significant.

**Conclusion** The Portuguese version of the APPT has acceptable psychometric properties and its use is supported in Portuguese cancer children aged 8-17 years old.

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## EBP PST 1 - Evidence-Based Practice Poster Session 1

### The DEU and Effect on Self-Efficacy, Part II

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*Katrina A. Pyo, PhD, RN, CCRN, USA*  
*Lynn E. George, PhD, RN, CNE, USA*  
*Lisa Wetmore Locasto, DNP, RN, USA*

#### Purpose

The purpose of this presentation is to report the findings of the second part of an exploratory study aimed at examining the effect of the DEU on nursing students' confidence in knowledge and ability to achieve expected clinical performance. A larger sample size is included in this extended study.

#### Target Audience

The target audiences of this presentation are nurse educators, clinical coordinators, administrators and staff of patient-care settings, registered nurses, student nurses, and those who are interested in establishing innovative and collaborative educational opportunities.

#### Abstract

The Dedicated Education Unit (DEU) is an innovative model for clinical education. Nurse educators and nurses form a collaboration that combines the expertise of both with a focus on creating the most effective clinical learning environment for the nursing student. Although the DEU has shown promise related to collaboration in the learning environment and the ability to increase faculty capacity only a few published research studies have examined student outcomes.

This is Part II of a previously reported pilot study aimed at examining the effects of the DEU on nursing students' perceptions of self-efficacy with regard to knowledge and ability to achieve expected clinical performance. More than 100 undergraduate, pre-licensure, nursing students participated in this quasi-experimental, exploratory study. Participants were assigned to either the DEU or a traditional clinical education model as part of enrollment in a 7- or 15-week course with a clinical education component. The construct of self-efficacy was measured prior to and at the completion of the clinical rotation using a general self-efficacy scale (SE) adapted for this study. The results from the DEU and traditional clinical models were compared.

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## EBP PST 1 - Evidence-Based Practice Poster Session 1

### Assessing Interprofessional Competencies in an Asynchronous, Online Environment: A Roadmap to Success

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Heidi C. Sanborn, MSN, RN, CCRN, USA

#### Purpose

Integration of globally defined interprofessional IPEC competencies to transform an online baccalaureate completion program, through program-wide revision of course and unit-level objectives, learning experiences and assessments. The outcomes demonstrate that interprofessional competencies can be successfully incorporated into an online nursing curriculum to enrich understanding of the multidisciplinary practice.

#### Target Audience

The target audience of this project is nursing faculty. Application would be appropriate to all levels of nursing education, including Baccalaureate, Masters and Doctoral programs. The outcomes of this project can guide course development for both hybrid and fully online programs.

#### Abstract

Development of the Core Competencies for Interprofessional Collaborative Practice by the Interprofessional Education Collaborative (IPEC) in 2011 has supported faculty as they work to incorporate interprofessional skills into learning objectives and activities. Yet the majority of advances in competency-based education focus on face-to-face courses and clinical experiences. Developing meaningful interprofessional education activities for on-line programs has been a significant challenge due to lack of research specific to cloud-based, asynchronous education. This presentation will share the results of a program-wide effort to revise learning outcomes and associated learning activities and assessments to effectively develop interprofessional competency for learners in the online baccalaureate completion program curriculum at Arizona State University. The curriculum consists of ten nursing courses offered to both concurrent enrollment pre-licensure students as well as current registered nurses in an entirely online format. Through a collaborative process with the program faculty, the unit level objectives and assignments were reviewed and revised in order to more closely reflect the IPEC competencies. The revision of courses will take effect in the spring 2015 semester.

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## EBP PST 1 - Evidence-Based Practice Poster Session 1

### Developing Consistency in Capstone Preceptorship

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*Cynthia J. Bowers, MSN, RN, CNE, USA*

#### Purpose

The purpose of this study was to examine the self-efficacy (confidence) of Capstone preceptors before and after completing an evidence-based online Capstone preceptor preparation module. This quasi-experimental study utilized a pretest-posttest survey method to examine the change in confidence.

#### Target Audience

The target audience consists of nurse educators, faculty, nurse preceptors, and those in leadership that manage units where clinical education occurs.

#### Abstract

**Significance of problem.** Literature reveals that preceptorship is well defined as an evidence-based way for Capstone student nurses to experience the real world of nursing before graduation. Preparation of preceptors is identified as an important factor related to the success of Capstone preceptorship programs. Preceptors that are not adequately prepared lack confidence for their role in Capstone preceptorship. The Doctor of Nursing Practice (DNP) Capstone project was guided by the clinical question: Will an online approach to Capstone preceptor preparation improve the confidence of preceptors to perform in the role?

**Theoretical framework.** Bandura's social cognitive learning theory provides the framework for the DNP project. This theory bridges behaviorist and cognitive learning theories by encompassing attention, memory, and motivation. Motivation for behavior is controlled by self-efficacy (confidence). Competent performance requires both skills and self-beliefs of efficacy to use them effectively.

**Method.** Two objectives of the DNP Project include: 1) create evidence-based online Capstone preceptor preparation modules; and 2) evaluate Capstone preceptor confidence pre and post intervention of the online preparation modules. To determine the impact online Capstone preparation modules had on the confidence of nurses to perform in the preceptor role, the paired t-test was utilized to compare the pre and post self-efficacy questionnaire scores at a 95% confidence interval. Statistical significance for the project study was defined as  $p < 0.05$ .

**Results.** The online Capstone preparation modules had a significant effect on nurse participants by increasing their confidence to perform in the preceptor role. Overall, posttest confidence scores were significantly higher than pretest scores for each of the 21 questions included on the self-efficacy (confidence) questionnaire with significance of  $p < 0.00$ .

**Conclusion.** Evidence suggests that the success of Capstone preceptorship is affected by the level of preceptor preparation. Online education methods are effective in increasing preceptor confidence in their role for preceptorship. Cost savings, flexible access time, and consistent content delivery are benefits of online preceptor preparation programs. In this time of shrinking resources, innovative methods of clinical education are indicated.

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## EBP PST 1 - Evidence-Based Practice Poster Session 1

### The Effectiveness of the Chin-Down Posture in the Improvement of Dysphagia in Stroke Patients

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*Hui Mei Huang, MSN, RN, Taiwan*

#### Purpose

The Chin-down swallowing posture is generally considered a safe adjuvant clinical technique for patients with dysphagia to prevent tracheal aspiration and silent aspiration pneumonia. This study investigates the effectiveness of the Chin-down swallowing technique in the improvement of dysphagia in stroke patients.

#### Target Audience

Stroke often incurs varying degrees of neurologic deficits, such as mobility, language, swallowing, and cognitive impairment. About 25% to 32% of the stroke patients develop dysphagia, especially choking during eating. The severe ones may have silent aspiration pneumonia. For these patients, nasogastric intubation may be vital for adequate nutritional needs.

#### Abstract

**Introduction:** This study investigates the effectiveness of the Chin-down swallowing technique in the improvement of dysphagia in stroke patients.

**Methods:** This study was a quasi-experimental design conducted in January 2013 to December 2013. Subjects were selected by purposive sampling from in stroke patients with dysphagia the rehabilitation and neurologic department of a medical center. Patients with brainstem stroke, brain trauma, or past cervical vertebra damage were excluded; patients with unstable vital signs, those who could not follow instructions, and those who could not perform the maneuver were also excluded. Those patients who met the inclusion criteria were alternately assigned to the experimental group and the control group, for 30 patients in each group and a total of 60 subjects. The experimental group applied the Chin-down swallowing technique at least 3 times a day, 3-5 minutes at a time, for a period of 4 weeks. Nurse completed "The Dysphasia Assessment Scale" and "The Swallow Self-assessment" as the evaluation of the experiment outcome at the beginning and after 4 weeks of training.

**Results and Conclusion:** The results of this research showed 68.3% with cerebral infarction, 66.7% on oral feeding, 78.3% first-time stroke. The chi-square and paired t-test were used to compare the effect of Chin-down swallowing training. There were significant differences ( $p < .05$ ) in the dysphasia assessment scale between the difference of pretest and post-test among 2 groups in the questions: (1) the need of careful swallowing, (2) inability to maintain food in your mouth, (3) awake up choking with saliva, (4) having swallowing difficulty, (5) having ENT problems. Comparing the differences between pretest and post-test in swallow self-assessment showed significant differences ( $p < .05$ ) between experimental group and control group in (1) difficulty with swallow causes weight loss, (2) swallow causes pain, (3) cough during eating, (4) pressure in the throat swallowing. This study confirmed the effectiveness of the Chin-down swallowing technique to improve dysphagia among the stroke patients.

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## EBP PST 1 - Evidence-Based Practice Poster Session 1

### The Quality of Life Matters: The Benefits of Ethnic Nursing Homes for Ethnic Elders

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#### Purpose

The purpose of this presentation is to explore the best model of long term care for ethnic elders and their families.

#### Target Audience

The target audience of this presentations are care provider and policy maker for geriatric patients.

#### Abstract

The long term care needs for minority ethnic elders has grown dramatically across the western world due to an aging population and global migration. According to the National Minimum Data Set (MDS), covering the ten-year period 1999–2008, the number of elderly Hispanics and Asians living in U.S. nursing homes grew by 54.9 percent and 54.1 percent respectively. The care disparity and barriers that ethnic elders face in traditional long term care settings has been well documented and included access, difficulties in transition, inefficient communication, discrimination, isolation, misdiagnosis and inappropriate foods services. This article was based on a through systemic review aimed to explore the best long term care model for the ethnic elders and their families.

Current long term care guidelines focus on culturally sensitive and person centered care, however the implementation and the outcomes of these policies are not clear. Those ethnic nursing homes that cater to specified ethnic groups have gained strong acceptance among ethnic minority populations and are growing, especially in Canada, the UK and Australia. Such homes provide a more accommodating environment to implement the current guidelines of culturally sensitive and person centered care to specified ethnic elders. It was well reported that such homes can ease the transition to institutional care for these ethnic elders and their families. There are a limited number of research studies on some individual ethnic nursing homes, mostly in the U.S., a few in New Zealand, Australia and Sweden. They have consistent findings that such homes improve the quality of life of the ethnic elderly nursing home residents. Studies of a large number of such homes with consistent research methods are needed.

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# EBP PST 1 - Evidence-Based Practice Poster Session 1

## Eliciting the Childs' Voice in Patient Experience

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*Pamela Hinds, PhD, RN, FAAN, USA*

*Mia K. Waldron, MSN-Ed, RN-BC, CPN, USA*

### Purpose

The purpose of this feasibility project is using a survey, to obtain the child's perspective on patient satisfaction with nursing care. Incorporation of the child's voice enhances nursing practice by eliciting the care experience feedback from the child as well as potentially linking patient experience and discharge outcomes.

### Target Audience

The target audience of this presentation consists of nurses and nurse administrators in acute care and ambulatory facilities providing patient care services to children and families.

### Abstract

**Practice problem** – Patient satisfaction surveys have become a widely accepted measure of the quality of health care and are an important nurse sensitive indicator. However, these surveys have been focused on adults or the parents of children who receive care. To provide the best care for each patient, using a patient-family- centered care approach; the child's voice must be considered.

**Purpose** – The project goal is to determine the feasibility of obtaining the child's perspective, in regards to patient satisfaction with the nursing care received. Patient satisfaction was evaluated utilizing a 5-item electronic survey. The survey documented the perspectives of three age groups: 6-8 year olds, 9-12 year olds, and 13-17 year olds. The survey response options were illustrated on a separate sheet with three faces that ranged from smiling fully, to a neutral (straight line), to a frown. Corresponding word response formats (TRUE, SOMETIMES, and NOT TRUE) were printed below each face for all participants. Children approached, were inpatients for at least 24 hours, or outpatients, at the conclusion of their PACUs stay.

**Summary of literature** – Every year approximately 3 million children are hospitalized in the United States according to the National Center for Health Statistics<sup>1</sup>. The well and ill child's voice in reporting on subjective symptom and quality of life experiences is now well established in the literature with emphasis on children ages 8 years and older with selective examples of younger children, including 5 to 7 year olds<sup>2-6</sup>. The concept of children having a voice in their own health care has also gained credibility with children being included on inpatient rounds and in end-of-life decision making<sup>7-9</sup>.

**Outcomes** – The primary aim of this project was to demonstrate the feasibility of querying children about their satisfaction with nursing care experiences here at a free standing Children's Health system in Mid-Atlantic. The children and families were all receptive to participation in this survey; we had no refusals from families or children. The anticipated time for completion of the introduction, instructions, and implementation of the survey was 15 minutes; however in practice the time spent was less than 10 minutes for each encounter, inclusive of instructions and reading questions aloud in certain cases. A total of 36 children were interviewed from the three clinical areas representing all age ranges. Outcomes for this project were overwhelmingly positive and demonstrated both the feasibility and lack of burden for this type of patient satisfaction survey.

**Conclusion and implications** – Implications for pediatric nursing as a result of this project are the opportunity for patient experience recovery on occasions there are issues with nursing prior to their discharge. Incorporation of the voice of children in planning care and decision- making is an important enhancement to nursing practice by eliciting the care experience feedback from the perspective of the child patient at the point of care in addition to only the parent. The further implications of this work will be

the groundwork for establishing a link between patient experience perceptions of both parents and children, and post-hospital outcomes.

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## EBP PST 1 - Evidence-Based Practice Poster Session 1

### The Effect of a Nurse Centered Foot Care Protocol on Nurse Competency and Confidence

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*Monique Batchelor, MSN, RN, CFCN, USA*

#### Purpose

The purpose of this presentation is to describe the effects of a nurse centered protocol on foot care on nurse competency and confidence.

#### Target Audience

Nurses and multidisciplinary staff who may have to perform foot care, encourage staff to perform foot care, or those who may audit patient satisfaction in provider knowledge on foot care.

#### Abstract

**Objective:** To determine whether nurse training in foot assessment and foot care increases nurse confidence and competence in foot care.

**Background:** While working in a rural inpatient healthcare facility where there is a high incidence of lower extremity complications, it was noted that many nursing staff do not follow a centralized foot care protocol. Although there are policies in place to guide staff on foot care, the working reality is that feet are neglected, and nurse confidence is poor pertaining to the care of feet.

**Method:** Nurses at an inpatient facility were recruited to participate in a 30 minute workshop designed to improve nurse knowledge of foot care and assessment. Nurses were taught to use a 60 second foot assessment tool and also viewed a 3 minute nail trimming video. A pre and post-test study design was used to evaluate nurse confidence and competency in assessment and nail care. A 60-day post-test survey will also be completed by participants to determine ongoing use of the assessment tool and training.

**Results:** The expected findings are that nurse training does increase nurse confidence in providing foot care. Nurses are able to incorporate an assessment instrument that increases competency into daily care. Podiatry care in the facility will increase after the workshop but decrease over time as nurse assessments increase, and lower extremity complications are found early.

**Conclusions:** A successful foot care training program impacts nurse confidence and competence in several areas. First the use of a valid instrument for assessment standardizes nurse practice in foot assessment. Next, it adds to the evidence-based culture into which health facilities must transform in order to give cost-effective care. Lastly this research endorses findings from researchers in inter-related disciplines who have studied nurse confidence in foot care.

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## EBP PST 1 - Evidence-Based Practice Poster Session 1

### An Increase in the Number of Nurses with Baccalaureate Degrees is Linked to Lower Rates of Mortality and Improved Patient Outcomes

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*Katherine Connelly, BSN, RN, CCRN, USA*

*Nancy Ricciardi, BSN, RN, USA*

#### Purpose

The purpose of this presentation is to show that higher education levels in nursing are associated with improved patient outcomes.

#### Target Audience

The target audience of this presentation is all nursing professionals from nursing educators and administrators to staff nurses interested in increasing their educational levels.

#### Abstract

With more than 3 million members, the nursing profession is the largest segment of the nation's health care workforce. Patient needs have become more complicated, and it is essential that nurses attain requisite competencies to deliver high-quality care. The purpose of this research was to examine whether higher education levels in nursing are associated with improved patient outcomes. The information used for this study was obtained through online searches of journal articles. Most of the articles reviewed focused on Registered Nurse (RN) education levels and hospital mortality rates, while others expanded their research to include the effects of education on other nurse-sensitive outcomes. The Institute of Medicine (IOM) recommends increasing the percentage of RNs with baccalaureate degrees (BSN) from 50% to 80% by the year 2020 (Institute of Medicine, 2010). Articles that supported the growing body of research to move towards BSN education for RNs in order to decrease mortality and improve patient outcomes were explored. In reviewing these articles, the recommendations of the IOM's report to increase RN educational levels are supported. Policy makers, educators, and administrators have a strong evidence base on which to make their decisions regarding the encouragement and funding for nurses' higher education (Blegen, Goode, Park, Vaughn, & Spetz, 2013).

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## EBP PST 1 - Evidence-Based Practice Poster Session 1

### The Impact of a Standardized Handoff Tool on Student Communication in the Clinical Setting

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#### Purpose

The purpose of this presentation is to demonstrate the impact of a standardized patient handoff tool on student communication in the clinical setting for baccalaureate nursing students

#### Target Audience

The target audience of this presentation is nurse educators and staff nurse preceptors.

#### Abstract

**Purpose:** What is the impact of a standardized patient handoff tool on student communication in the clinical setting for nursing students?

**Background/Introduction:** According to the Joint Commission, approximately 80% of medical errors involve ineffective communication when patients are transferred between healthcare workers (Nether, 2009). Lack of standardization contributes to errors of omission during patient handoff (Ong & Coiera, 2011). Lack of professional education in effective ways to communicate leads to miscommunication and suboptimal care. Use of standardized communication techniques improve transfer of important patient information during handoff (Pothier, Monteiro, Mooktiar, & Shaw, 2005). Education in communication allows nursing students to share information effectively. Improved handoff report leads to fewer medical mishaps and lower liability for healthcare facilities (Nether, 2009; Pothier, Monteiro, Mooktiar, & Shaw, 2005). Nurse faculty should prepare nursing students to become effective communicators.

**Implementation:** This pilot project used a standardized tool to improve transfer during handoff. Participants were recruited from a convenience sample of students in a Baccalaureate of Nursing program. This project used a pre/post-implementation design. Two recordings of patient handoff were made by participants; the first recording was in an unscripted manner prior to instruction in use of the tool and the second recording was made after education and practice with the tool.

**Evaluation:** Recordings showed an improvement in the percentage of critical patient data transferred with use of the tool. Student participants recorded a mean of 22.75% of all patient data without the use of a tool and a mean of 92.5% with the use of a tool. This shows an improvement of 69.75% transfer of all critical patient data.

**Conclusions:** The findings of this pilot project demonstrated an increased percentage of patient information included with use of the tool. Nursing students need to communicate effectively to ensure safe, positive outcomes; nurse educators must prepare nursing students for this role by teaching effective communication skills and accurate transfer of information to ensure continuity of patient care and safety. Recommendations include further study with more participants to determine the benefits of educating nursing students to use a standardized tool during handoff.

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## EBP PST 1 - Evidence-Based Practice Poster Session 1

### Skin to Skin Bonding: Maternal Infant Nursing is Fun!

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*Laura L. Peters, MSN, RNC-OB, C-EFM, USA*

#### Purpose

To present a quality improvement project that demonstrates an increase in patient satisfaction scores, collaboration between Labor and Delivery and Postpartum, and gain in breastfeeding exclusivity.

#### Target Audience

Registered Nurses, Certified Nurse Midwives, Lactation Consultants, Physicians

#### Abstract

**Problem:** In the fast paced Labor and Delivery and Mother Baby Units, patient care is focused on care that is perceived by patients as family centered and providing a birth experience that is unique and memorable. Recent evidence has shown that allowing a mother and her healthy full-term infant a period of uninterrupted skin to skin bonding within the first hour of life will help the infant transition from fetal to newborn life with more stable temperature, improved glucose control and effortless respiratory transition. Numerous evidence-based research studies demonstrated that early mother-infant skin to skin stimulate the most innate biological instinct that evokes breastfeeding and early interaction. Skin to skin bonding is a unique experience that should occur during the first meeting of the parents and the infant. This is the golden hour that should be respected and treasured. Protocols in a hospital may be adapted to support the initiative of uninterrupted skin to skin soon after the birth of the stable infant and mother. The most recent results collected by Quality Improvement for exclusivity in breastfeeding and skin to skin revealed that interventions are needed to increase the scores. Current data for skin to skin = 58%, Breastfeeding in the first hour = 60% and Exclusivity in Breastfeeding revealed score of 38.9%. Nursing is focused on completing task rather than allowing family to experience uninterrupted bonding between infant and parents in the first hour of life.

**Purpose:** The purpose of the quality improvement project is to achieve the target measure of skin to skin to a minimum of 1 hour immediately after birth to promote achievability of the interventions and for staff to accept and achieve early adoption. The aim is also to increase the bonding time between the mother and baby dyad and promote Family Unit Nursing (FUN)

**Program Development:** Iowa Based Model of Evidence Based Practice and Lewin's Theory of Change were utilized to improve quality care.

- Two evidence based research articles were sent by email to the Transitional Workforce Team. This team consists of staff from Labor and Delivery and Mother Baby Units
- Transitional Team meeting was held and the need for change was discussed
- Survey was sent to staff to review skin to skin definition as it applied to the Golden Hour
- Golden Hour Optimization ( Skin to skin and initiation of breastfeeding in the first hour of life) for term newborn was addressed
- Golden Hour signs were made available to patients, families and visitors posted on each of the labor rooms and Family Waiting Area.
- Partnership between Mother Baby staff and Labor and Delivery staff is evident when admission process for the mother and infant is done at bedside. This collaboration fosters teamwork that is significant to best practice.

#### **Implementation:**

1. Identified trigger
2. Obtained support from leadership and administration that the change is necessary
3. Transitional Workforce Team was utilized as catalyst to the change

4. Assembled and reviewed the evidence at the Transitional Workforce Team meeting
5. Transformed research into practice through analysis
6. Piloted the change
7. Full implementation utilizing the pilot evaluation and feedback of staff from Labor and Delivery and Mother Baby units

**Evaluation/Outcomes:**

- The APN, Educator and Quality Team from Labor and Delivery and Mother Baby Units are currently collecting data for skin to skin and breastfeeding in the first hour.
- Exclusivity in Breastfeeding data is being collected by Quality Department
- Skin to skin as it relates to the Golden Hour survey was sent to 84 staff members
- 26 responses ( 30%)were received with 80% correct responses to skin to skin as it related to the Golden Hour
- Positive comments from patients, family and providers are consistent
- Collaboration between the Labor and Delivery continues to be strong
- Leadership rounding is maintained to obtain feedback from patients and families

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## EBP PST 1 - Evidence-Based Practice Poster Session 1

### Patient Medication Education: It's Impact on the Discharged Medical/Surgical Patient

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#### Purpose

The purpose of this project was to identify barriers patients and their caregivers face upon transition to home from a medical/surgical unit, and to implement a new process which will increase the likelihood of avoiding readmission.

#### Target Audience

The target audience of this presentation is for clinicians and leaders who are directly involved in the discharge process from an acute care facility. However, this work could be implemented during any transition of care.

#### Abstract

Acute care settings have an issue with readmission rates evidenced by the increasing frequency of their discharged patients returning as readmissions within a short time frame. A large contributor of these patients returning is due to their lack of medication understanding according to the Agency of Healthcare Research and Quality (2009). The issue of lack of, or limited, medication understanding has been on a steady incline as our population ages and with more patients being on a variety of medications upon discharge from the acute care setting. This widespread concern has caught the attention of healthcare providers, governmental agencies, as well as the nursing profession.

The purpose of this project was to identify barriers patients and their caregivers face upon transition to home from a medical/surgical unit, and to implement a new process which will increase the likelihood of decreasing their readmission potential. The goal was to provide a seamless transition of care, regardless of where they were being discharged to, while moving them on the next step of their healthcare journey.

The healthcare team is tasked with ensuring both patients and their caregivers have the necessary information to ensure optimal health outcomes. Nurses work to promote health, prevent disease, and help patients and their loved ones cope with their healthcare needs. They are advocates and health educators for patients, families, and consumers (Mayo Clinic, 2014). "Informed patients are more likely to comply with prescribed medication regimes and understand the risks related to medications and adverse events post discharge" (Allaudeen, Vidyarthi, Maselli, & Auerback, 2011, p. 54).

The literature review completed on medication understanding and its impact on the discharged medical surgical patient was found to wide ranging. From the obvious, patient understanding, all the way through to follow up care, and governmental agencies, patient education is extensive. For the purpose of this lit review, the focus was on patient education prior to and post discharge, government agencies and how they impact this issue, as well as the nursing profession and its impact on decreasing hospital readmissions.

While utilizing a theoretical framework which included Patricia Benner, Virginia Henderson, and the Cognitive Learning Theory, our unit based council evaluated our post discharge survey results from the National Research Corporation which were reflective of medication understanding, purpose, and side effects, and developed an educational module for patients and caregivers. The baseline metrics showed a combined score of 69.26 for the last two quarters of FY14. With these results, an enhanced medication education was soon developed. Laminated medication education cards were developed individualized to each patient and which included a picture of the medication, dose ordered, purpose, interactions, and side effects. These cards were left at the patient bedside for the duration of their stay and were utilized with each medication moment. As new medications were ordered, they were added to the education module. Upon discharge, these cards were sent home with our patients which gave them an accessible

resource of all medications they were prescribed. Not only were our patients being educated across the continuum of their stay, but were also provided a tangible tool that was familiar and individualized to their care for use at home.

Upon completion of this project at the end of FY15 Quarter 1, the combined score for the medical surgical unit had risen to 77.23% understanding of medication purpose and side effects. This far exceeded our goal of a 5% increase overall. These results clearly indicate early success of this tool, however, measurements will need to continue in order to sustain these results, which in turn will hopefully help in decreasing the overall hospital readmission rates.

Health advocacy supports and promotes patient's health care rights as well as enhances community health and policy initiatives that focus on the availability, safety, and quality of care. As a nurse, it is our responsibility to get the information out to the public and to advocate for our patients and their loved ones. Professional nurses are ideally placed as information providers given the nature of their contact with patients, and they will need to ensure they work within a philosophy of patient-centered care to ensure continuity of contact with their patients in order to meet the ongoing challenges of patient medication education.

Medication education is clearly a domain in which the professional nurse can take the lead. It is our responsibility to ensure patients have what is needed for safe, effective transitions of care. This project is a clear example of increasing the patient's comfort with medication purpose and side effects, and the positive outcomes it can reap including decreasing readmission rates.

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## EBP PST 1 - Evidence-Based Practice Poster Session 1

### Utilizing Simulation in Nursing Education to Develop Confidence and Diminish Anxiety in Clinical Practice

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*Rachel W. Cozort, PhD, MSN, BSN,, RN CNE, USA*

#### Purpose

to disseminate findings of a study to evaluate the impact of simulation-based learning experiences on nursing students' confidence and anxiety levels in clinical practice settings. This presentation demonstrates enhanced educational outcomes through the transformative educational intervention of simulation.

#### Target Audience

nurse educators and those who are interested in simulation-based learning experiences.

#### Abstract

The purpose of this study was to evaluate the impact of simulation-based learning experiences on nursing students' confidence levels and anxiety levels in clinical practice settings. This study enhanced nursing educational outcomes through the transformative educational intervention of simulation. The convenience sample consisted of 19 nursing students enrolled in a baccalaureate program at a small, rural university in the southern region of the United States. This study explores the influence of simulation on confidence levels in the nursing students' junior year and anxiety levels in their senior year of a nursing program. It is hypothesized that the use of simulation will increase confidence and decrease anxiety as a student progresses through their educational trajectory.

Confidence levels in the junior nursing students were measured by the Confidence Scale and the National League for Nursing (NLN) Student Satisfaction and Self-Confidence in Learning instrument. The simulation for the junior nursing students mimicked a typical day in the clinical setting of the students' first semester in the nursing program. The Confidence Scale was administered before and after the simulation experience. The NLN Student Satisfaction and Self-Confidence in Learning instrument was also administered after the simulation experience to provide additional information regarding the students' confidence.

Studies indicate that nursing students, as well as practicing nurses, experience high levels of anxiety while working with clients diagnosed with mental illness. Therefore, subscales of the Mental Health Nursing Survey Part 1 (MHN-1) and the Mental Health Nursing Survey Part 2 (MHN-2) were utilized to measure the senior nursing students' anxiety levels before and after a four-hour simulation-based learning experience that introduced them to mental health scenarios and symptoms of mental health illnesses.

Findings from this study underscore the utility of simulation as a means to impact students' confidence and anxiety as they approach new and different clinical settings; thereby, enhancing their learning experience.

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## EBP PST 1 - Evidence-Based Practice Poster Session 1

### The Effectiveness of Simulation in Increasing Nursing Student's Knowledge Regarding Their Role in Adverse Drug Events in an Undergraduate Medical-Surgical Theory Course

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*Rebecca H. Newton, DNP, MSN, BSN, RN, CHSE, USA*

#### Purpose

The purpose of this presentation is to measure the effectiveness of simulation in increasing students' knowledge regarding their role in recognition of risk factors, identification of errors and their ability to mitigate harm as it relates to adverse drug events.

#### Target Audience

The primary target audience for this presentation is nursing faculty. However, individuals responsible for staff development, nurse residency programs and other clinical educators may also find this information useful. In addition other health care disciplines involved in the patient medication administration process would benefit from this research.

#### Abstract

**Purpose:** The purpose of this presentation is to measure the effectiveness of simulation in increasing students' knowledge regarding their role in recognition of risk factors, identification of errors and their ability to mitigate harm as it relates to adverse drug events. errors and their ability to mitigate harm. in adverse drug events specifically:

1. Measure the effectiveness of simulation on the student's ability to recognize risk factors related to adverse drug events
2. Measure the effectiveness of simulation on the student's ability to identify errors and harm related to adverse drug events
3. Measure the effectiveness of simulation on the student's ability to mitigate harm related to adverse drug events

**Background:** High alert medications have the potential to cause harm to patients with an increased frequency and a greater degree of adverse effects than other medications produce. The Institute of Medicine estimates that 1.5 million preventable adverse events occur yearly in the United States resulting in an estimated \$3.5 billion in additional costs sustained my hospitals. The top four high alert medication classification identified as primary contributors to adverse drug reactions include: anticoagulants, opioids, sedative and antidiabetics (Institute for Healthcare Improvement [IHI], 2012).

Reversing the trend of inefficient medication management should not only necessitate reducing errors, but should incorporate changes in the root cause of adverse events. Pharmacology and medication administration are two crucial areas of nursing education that contribute to the knowledge and patterns of behavior nurses develop as primary caregivers with significant responsibilities for medication administration (IHI, 2012). A substantial body of evidence has been amassed scrutinizing the incidence of adverse events related to medication errors sustained by hospitalized patients. Educational preparation, nurse staffing and skill levels, years of clinical experience, communication, teamwork, patient acuity, and process limitations represent a multitude of causes that have been attributed as root causes (Aiken, Clark, Sochalski, Sloane, & Silber, 2002)

As the largest group of caregivers, nurses practice at the point of care and represent the greatest opportunity to intervene and mitigate the risk and potential harm to patients (DeBourgh and Prion, 2011). Experienced nurses understand the impact of systematic measures to ensure patient safety, but nursing students do not have the experience to fully comprehend this. As nurses practice in a clinical environment over time, they become able to identify and foresee patient safety risks. The ability to critically think plays



a significant role in patient safety, when the nurse is able to identify potential problems and intercede by catering care to individual patient needs (del Bueno, 2005). Nursing students have not developed critical thinking skills; rather they tend to be task-oriented when providing patient care. Nurse educators must revise the teaching learning experience for pre-licensure nurses to integrate a better understanding of the student role and responsibility in patient safety.

High fidelity patient simulation has become an integral part of nursing education as more research has been conducted to support its use. Merging didactic instruction with large group simulation represents a promising approach to help students develop a critical thinking process by incorporating a skill with theoretical knowledge. Simulation is an experiential learning strategy that provides an environment that promotes student engagement while encouraging peer collaboration and teamwork. Simulation can be adapted to meet the student level of competency allowing for complexity as students progress through a nursing program (Cardoza and Hood, 2012). The simulated environment parallels the clinical environment, but allows students to practice without the possibility of harm. At the conclusion of a simulated scenario, the debriefing process offers an opportunity for reflection and recognition by students of their knowledge and understanding of the situation. The reflection allows students to grasp the larger picture of the events in the scenario and develop their critical thinking ability.

**Methodology:** A quasi-experimental design will be used with one repeated factor (pre-test, post-test) and one between groups (lecture, lecture + simulation).

The sample consists of seventy-nine second semester nursing students enrolled in the first medical surgical course within an undergraduate curriculum. Other defining characteristics of the sample population are: 65 female students; 14 male students; 11 African American students and 68 Caucasian students. Criteria for inclusion in the study includes: official university student enrolled in Chronic Conditions Across the Lifespan; older than 21 years of age.

Following approval from the university Institutional Review Board (IRB) informed consent will be obtained. Students wishing to participate in the research study will be randomly assigned into either the simulation group or the non-simulation group. The pre-test will be administered to both groups prior to the lecture. At the conclusion of the lecture the non-simulation group will be administered the post test. The simulation group will proceed with the simulation learning. Simulation scenarios will last approximately 15-20 minutes. Students not actively participating in the scenario will be observing the simulation scenarios via live streaming video. There will be a total of 3 simulation scenarios conducted. The situational simulation scenarios were developed based on the learning objectives which focused on three of the high risk medication classifications (anticoagulant, insulin and opioids). There will be a 15-20 minute debriefing after each of the simulation scenarios. The simulation scenarios will be conducted by Dr. Rebecca Newton and the course faculty member. At the conclusion of the debriefing the simulation students will be administered the post-test

The pre-and post-test are instructor created exams which are a 10 question multiple choice exams designed to measure student's ability to recognize risk factors, early signs and symptoms and appropriate nursing action to intervene in adverse drug events. Face and content validity of the exam was determined by 3 medical surgical instructors each with at least 20 years of nursing experience. In addition to teaching med surgical content one instructor is responsible for teaching math calculations and the introduction to med administration. One of the three instructors teaches the pharmacology course in the undergraduate curriculum and the third instructor is a credentialed simulation expert.

**Results:** Test items will then be analyzed using ParScore® for validity and for adequacy of each question, and overall quality of the exam. Analysis of the data will also include descriptive and mixed factor 2 way ANOVA statistical tests.

**Discussion:** It is expected that the use of simulation with lecture will be effective in increasing the student's awareness of their role in adverse drug events. Nursing is not the only discipline involved in adverse drug events in addition to informing nursing education, the information obtained from the study could also be used within other health care disciplines program of study. Thus exponentially increasing

the number of healthcare providers with increased awareness of their role in preventing adverse drug events. Subsequently this may decrease the number of patients harmed around the globe.

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## EBP PST 1 - Evidence-Based Practice Poster Session 1

### SOS...”I Need Help” Seminar of Success for Struggling Limited English Proficiency (LEP) Online Nursing Students

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*Melissa D. Myers, MSN, BSN, RN, CNE, CPN, USA*  
*Virginia L. Hall, DNP, MSN/Ed, BSN, RN, CNE, USA*

#### Purpose

The purpose of this presentation is to share our findings on limited English proficiency nursing students in the online environment. Included will be the current mentoring strategies we are implementing to help overcome some of the barriers these students may face.

#### Target Audience

The target audience is nursing instructors and faculty that educate limited English proficiency (LEP) students. While our focus is the online environment, this can be applicable to ground campuses as well.

#### Abstract

##### Objectives:

- Describe three important considerations of the online learning environment related to limited English proficiency students.
- Summarize how understanding of the specific needs for limited English proficiency online nursing students can empower educators in leading students to success in the online environment.
- Recognize the impact that faculty mentors and specific resources for limited English proficiency students can have on improved graduation and retention rates.

Introduction: Student demographics and cultural characteristics reach across the globe, thanks to the advances of technology. The number of non-native English speakers in nursing programs is growing as more nursing programs adopt an international focus. Chamberlain College of Nursing serves a culturally diverse student population in its three major online nursing programs, RN-BSN completion, MSN programs and DNP programs. One of the major barriers of success is Limited English proficiency (LEP). In our initial study, we found most students feel that they can be successful in the online environment, however would like to have a mentor. The second phase of our study focused on academic integrity in the online environment finding that academic integrity is a concern with LEP students. In order to address the concerns of the study findings and literature reviews, a Seminar of Success (SOS) online module has been created to address the specific needs of LEP online nursing students.

Background: Literature validates the need to take action on reducing attrition rates and recruiting more multicultural nurses. It is believed that limited English speaking students will be more successful if the educational environment is designed and aimed to assist the specific needs of these students. Responses to a survey administered to students at Chamberlain College of Nursing believed they would be more successful in the online environment with assistance of mentors. In one 8-week session of 23 identified suspected plagiarism cases, we found that 42% percent (or 9 of 21) of academic integrity concerns, involved LEP students. Although the majority of the cases involved non LEP students, it was also concluded that only 28 percent of these events were used as teaching moments where the student needed more education and coaching.

Methods: A Seminar of Success (SOS) course has been created for all online RN to BSN students. Within this course are several modules including scholarly writing, basic computer literacy, stress and time management, student resources, and LEP resources. The LEP module includes resources such as tutor sources, plagiarism information, help with grammar, outside resources, and the option for a mentor. Over the course of several months faculty mentors have been recruited from across campuses. Many of the mentors are not native English speakers so they come with a rich history including first-hand experience. LEP students are able to work with a mentor short term or long-term.

Conclusion: It is believed that non-native English speaking students will be more successful if an educational environment is designed and aimed to assist the specific needs of these students. As online programs continue to grow, it is essential schools are equipped with resources to aid in LEP student success. In particular, a faculty-student mentoring program for the online students incorporated into the curriculum will provide an effective learner experience. It is anticipated that mentoring programs will assist these students to successfully complete their baccalaureate degrees in nursing..

Mentoring offers strategies to break barriers of learning and success in nursing academics (Wilson, Andrews & Leners, 2006). Benefits of mentorship include a commitment to learning, increased motivation to learn and critical thinking skills. Mentors and mentees should be matched by similar ethnicity (Escallier & Fullerton, 2009). Relational mentoring prescribes to the basics of mentoring but adds much more in a reflective mentor-mentee relationship that empowers, inspires and guides in the process of a caring relationship (Wilson, Andrews & Leners, 2006). With the inclusion of mentoring, the LEP SOS module will assist students in a variety of ways.

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# **Evidence-Based Practice Poster Presentations**

## **Session 2 (EBP PST 2)**

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## EBP PST 2 - Evidence-Based Practice Poster Session 2

### Effective Dedicated Unit for Students' Practice: An Evidence Based Review

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*S. Stephanie Unger, PhD, MSN, BSN, RN, CNE, USA*  
*Lisa Ward, MSN, BSN, RN, USA*

#### Purpose

1. Identify the strategy to implement effective dedicated unit for pre-licensed students practice from the results of systemic review 2. Discuss the method in conducting an evidence based review

#### Target Audience

Nurse leaders, nurse academia, nursing administrators, and nursing staff who are responsible and/or involve in pre-licensed nursing students' practice.

#### Abstract

Preparing new nurses to practice independently and more important to practice safely has been a priority for nurse leaders in academics. The Institute of Medicine (2011) has recommended that nursing leaders improve how nurses are prepared and educated. The gap between classroom teaching and clinical teaching needs to be closed. Nursing leaders and Educators need to utilize the available resources and partnerships with health care facilities. The development of a dedicated education unit is one strategy to address this gap.

Clinical learning encompasses learning experiences that occur in an environment where healthcare is delivered. It also includes the development of critical thinking around experiences to help students uncover the link between theory and practice (NENZ/NETS, 2007). According to Glazer, Erickson, Mylott, Mulready-Shick, & Banister (2011), creating a vision to engage in a partnership between academic and healthcare facilities would be the start of the process. Furthermore, the nurse leaders would agree to create a cross-institutions task force charged with examining the dedicated unit concept. Although it will require roles' adjustment from both parties in implementing the new designed dedicated unit module, there was no significant different in the care from client perspective (Castner, Ceravolo, Tomasov, & Mariano, 2012)

This poster presentation will illustrate a part of a collaborative project between PennState Mont Alto nursing program and a local hospital in development of a dedicated unit for pre-licensed nursing students' practice. Following the initial dialogues with nursing administrators at the local hospital, an evidence based review of literature was conducted to be a guideline for the dedicated unit creation. The PICO was used to identify the core elements for the project. A systematic review, suggested by the Johns Hopkins Evidence Based Model (Dearholt, & Dang, 2012) provides framework in this review. Results from the review will be proposed to the collaborative team for the dedicated unit pilot project. The results will assist in conceptualization an evidence based framework for creating an effective dedicated unit. The framework will also be rendered in the poster in addition to the highlights from systematic review.

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## EBP PST 2 - Evidence-Based Practice Poster Session 2

### Healthy Skin Wins: A Glowing Pressure Ulcer Prevention Program

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*Lisa Albensi, MScN, BN, RN, Canada*

*Stephanie Van Haute, BN, RN, Canada*

*Lorna Guse, PhD, MA, BN, RN, Canada*

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*Maria Froese, PT, BMR-PT, Canada*

*Mavis Lam, Canada*

*Nataliya Basova, Canada*

*Rob Lajeunesse, BN, RN, Canada*

#### Purpose

The purpose of this poster presentation is to report the findings of a mixed methods study that was employed to determine the effectiveness of a pressure ulcer prevention program in an acute care hospital located in a Western Canadian city.

#### Target Audience

The target audience of this poster presentation is nurse administrators, nurse educators, wound care specialists, and nurse clinicians.

#### Abstract

Pressure ulcers (PUs) are one indicator of the quality of health care. The prevalence of PUs in acute care hospitals in Canada is estimated at 25.1% with half of PUs assessed as Stage 1. In 2013, an observational survey using a modified Braden Scale was conducted among 272 patients in an acute care hospital located in a Western Canadian city. The prevalence rate of PUs was 34.9% with only one third of the PUs at Stage 1. In this poster presentation, we describe how a multidisciplinary research team implemented and evaluated a PU prevention program (PUPP). The multi-disciplinary research team was comprised of a physiotherapist, an occupational therapist, a dietician, wound care specialists, and several nurses. The team used the Iowa Model of Evidence-Based Practice to Promote Quality Care in conjunction with Rogers' Diffusion of Innovations Model as guiding frameworks. The PUPP included the establishment of specialized mattresses hospital-wide, new products for patients with incontinence, use of sliders, and discontinued use of soaker pads. A staff awareness campaign was launched; it was entitled, "Healthy Skin Wins" with posters and weekly newsletters about changes in practice, nutritional support for at-risk patients, and a 20-minute online tutorial about PUs and PU prevention. A mixed methods study, funded by the Manitoba Centre for Nursing and Health Research, was employed to determine the effectiveness of the PUPP with a pre-test/post-test design, a repeat observational PU prevalence survey, and three focus group interviews. Health care aides, licensed practical nurses, registered nurses, and allied health care professionals were invited to complete an anonymous 18-item knowledge assessment tool before and after an online tutorial about PU prevention using FluidSurveys.com. Eighty staff members volunteered to participate in the pre-test/post-test with a statistically significant increase in their knowledge about PUs and PU prevention. A repeat PU prevalence observational survey was conducted after the launch of the PUPP in 2014 with 240 in-hospital patients, and a statistically significant reduction in the prevalence rate (7.5%). Following analysis of the quantitative data, health care aides, nurses, and allied health professionals were invited to participate in three semi-structured, audio-recorded focus group interviews to share their perceptions of the PUPP. The audio-recordings of the interviews were transcribed verbatim. Transcripts were read and reread to facilitate a process of thematic analysis to describe hospital staff's experiences of the PUPP. In this poster presentation, we share the results of the mixed methods study that determined the effectiveness of the PUPP. This mixed methods study can be used as a template to incorporate and evaluate evidence-based practice changes in various health care facilities around the world.

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## EBP PST 2 - Evidence-Based Practice Poster Session 2

### Now You See Me

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*Milena P. Staykova, EdD, APRN, FNP-BC, USA*

#### Purpose

To discuss the usefulness of a checklist for online nursing faculty.

#### Target Audience

Academic Faculty

#### Abstract

The online education is becoming a desirable form of education in the contemporary academic system. According to research published in 2013, 6.2 million students are taking online educational courses. Millennial generation is entering the higher education with advanced technology skills and social network connections. However, these students feel isolated if the faculty does not provide a constant feedback or reply to questions and emails instantaneously. The faculty are challenged to stay visible in the online environment without clear guidelines and expectations. Furthermore, the online faculty members are overwhelmed but the time and efforts required to email students individually, answer multiple discussion forum threads, and grade a larger number of assignments. To address these issues, an online faculty checklist was developed for pre-during-and post-course expectations. Faculty members were mentored on how to use the checklist and create a presence in the online class. The purpose of this presentation is to share the mentoring strategies to new or seasoned faculty who have transitioned from teaching in a traditional face-to-face classroom to online coursework. The presenter will share challenges experienced by the director of an online RN-BSN program in mentoring online faculty members due to the distant physical environment, unique course composition, and diverse student population.

#### References

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## EBP PST 2 - Evidence-Based Practice Poster Session 2

### Faces of Change: Using Masks to Capture a Moment in Time

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*Cheryl Crisp, PhD, MSN, BSN, ASN, RN, PCNS-BC, CHPPN, CRRN, USA*

#### Purpose

describe how allowing students to design a mask capturing a specific moment in time helps them learn principles of effective communication.

#### Target Audience

nurse educators, new faculty, and other nurses seeking to find creative ways for students to express their learning.

#### Abstract

Purpose: The purpose of this presentation is to describe how Arts-Based Learning (ABL) be used in a traditional BSN program to enhance student learning, engagement, and understanding. ABL is a "creative strategy with the potential to engage learners, foster understanding of multiple perspectives, and simultaneously connect cognitive and affective domains of learning,"

Description: Students in a sophomore level BSN program were asked to create a mask capturing a specific moment in time and then to discuss the communication principles involved with the mask and the selected moment in time. Students were given the assignment on the first day of class and presentations were the last two weeks of class to allow the students adequate time over the semester to complete the project. The excitement surrounding the ability to create something while learning was almost palpable. Students were energized and engaged in the process from the first class up until their presentations. The final products were phenomenal. The students did a wonderful job of designing their masks and discussing them as their final project for the class.

Implications for educators: Students in a traditional BSN program who are allowed to creatively express themselves by using ABL have the potential to be more excited about learning, more actively engaged in the learning process, and feel more actively involved in their learning process.

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## EBP PST 2 - Evidence-Based Practice Poster Session 2

### A Comparison of RN-NCLEX First Time Pass Rate for Online Nursing Students and Traditional Face-to-Face Nursing Students

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*Louise Salmond, MSN, RN, USA*

#### Purpose

The purpose of this presentation is to look how effective is online nursing education in regards to NCLEX-RN pass rate success

#### Target Audience

The target audience of this presentation is nursing faculty and clinical educators.

#### Abstract

Nursing schools have always tried to educate their nursing students in such a way that when they take the National Council Licensure Examination for Registered Nurses (NCLEX-RN), they have a first time success. This success has always been the number one goal of all nursing programs. At the same time, nursing schools are feeling the pressure of the growing need to increase the number of nursing graduates. Many schools of nursing in the United States have tried to ease the burden of not having enough classroom space or faculty by increasing the number of online nursing programs. Nursing programs are loaded with teaching the necessary hands on skills required to be a competent nurse along with the didactic knowledge required. With these requirements of a nursing graduate, is an online nursing program as effective as the traditional classroom nursing program in producing competent nurses and achieving the NCLEX-RN first time pass rate?

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## EBP PST 2 - Evidence-Based Practice Poster Session 2

### Team Faculty Approach to Introduce Grant Writing Experience in an Undergraduate Nursing Service Learning Course

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*Corinne M. Oppermann, MSN, RN, USA*

#### Purpose

The purpose of this presentation is to disseminate valuable information regarding an innovative strategy and learning outcomes to promote inclusion of grant writing experience for undergraduate nursing students.

#### Target Audience

Nursing Educators, nurse researchers, clinical researchers and nursing students

#### Abstract

Introduction: During the nursing program, students of great diversity are able to achieve knowledge, leadership and professional qualities while fostering collaboration with four diverse communities. Undergraduate nursing students are introduced to research, but the development of their research skills does not end after the research class. Threading service learning activities across the curriculum that promotes research skills such as grant writing is a faculty team approach.

The purpose of this innovative educational project is to use an evidenced based approach to strategically identify high impact research activities to inspire service learning and research skills among nursing students in a newly developed undergraduate nursing program. The first step is providing a grant writing opportunity. This includes the collaboration of the faculty team, nursing students, and community leaders to support the activity. Faculty will direct students toward service learning activities that incorporate research skills.

Background: A newly developed nursing program that began in 2012 at a faith-based Hispanic serving university in southeast Texas explored evidence to support the strategic placement of "real-world" experiences in development of nurse research scientists. The program requires the research course, clinical inquiry, during the second semester. The grant writing service learning activity is incorporated in the third semester community nursing course. The project is consistent with the BSN nursing program outcomes listed below.

- Provide relationship-centered nursing care that is grounded in nursing theory and guided by evidence based best practice standards to support individuals, families and communities in achieving their goals for healing and wholeness.
- Utilize nursing theory, nursing research and methods of clinical inquiry as the basis for continuously enhancing the quality of care.
- Participate in the social advocacy role of the nurse through membership in professional organizations and engagement in community service.

Methods: The project will be evaluated using qualitative and quantitative surveys that target the faculty team, community nursing students, and community leaders.

Surveys are focused on five areas.

2. Provide instruction and guidance in grant writing

3. Allow student groups to submit for actual funds made available through a Teaching Enhancement Grant
4. Provide the ability to disseminate results via posters at various venues
5. Support the missions of the four designated communities during service-learning experiences
6. Support the goals and mission of the University and the School of Nursing

Implementation: The 2016 nursing cohort completed a nursing research course the second semester of their nursing program. The community course (third semester of nursing program) continues to build toward the on-going professional development of nursing students. Students in the community course are divided into four groups and partnered with four identified diverse communities that have volunteered to participate in the following phases.

- Community Assessment
- Development of community diagnosis of problem/needs and goals
- Project Planning
- Project Implementation
- Project Evaluation and Dissemination of Results

A team of five faculty members in the community course are charged with guiding, instructing, and mentoring students in the application process, poster development and dissemination of results. The course coordinator will determine the grant awards based on the standardized criteria of feasibility, sustainability, merit, evaluation plan, and budget. Total project time allowed is three months.

Results: Results pending.

Survey results from the faculty team, students, and community leaders will be analyzed and presented at the end of the project. In addition, the number and quality of proposal applications submitted, and the number of proposals funded will be evaluated and presented.

Conclusion: The project seeks to provide evidence to support a service learning grant writing activity in the curriculum. Findings will help to identify additional activities to enrich future courses and achieve enhanced community collaboration by transforming nursing practice.

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## EBP PST 2 - Evidence-Based Practice Poster Session 2

### Building Community Nursing Competencies in Undergraduate Nursing Students: An Interprofessional Collaboration for Designing Reality-Based Field Simulations

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*Ellen D'Errico, PhD, NEA-BC, USA*  
*Kelly McHan, MPH, RN, USA*

#### Purpose

The purpose of this presentation is to showcase an evidenced-based teaching strategy involving interprofessional collaboration in designing simulations of reality-based experiences community nurses encounter in the field (e.g. medication reconciliation (pharmacist), wound care (physician), mobility (physical therapy), urinary catheterization and physical assessment (nursing) and elder abuse (social work)).

#### Target Audience

The target audience of this presentation is undergraduate nursing faculty.

#### Abstract

**Purpose/Aims:** Develop reality-based field simulations in an undergraduate community health nursing course, engaging students using visual and psychomotor skills, as well as critical and reflective thinking to enhance community-based nursing competencies. Curriculum development was done in collaboration with pharmacists, physicians, nurses, and physical therapists focusing on low fidelity simulation techniques done in a classroom setting.

**Background:** According to the Forum on the Future of Nursing: Care in the Community (2009), there is an anticipated 109% increase in the demand for full-time home health nurses from 2000-2020. If not fulfilled, this workforce shortage can be expected to negatively influence the health of communities. Schools of nursing must find ways to promote careers in community health nursing roles. The Carnegie Nursing Education Study stressed the importance of connecting theory with practice without relying so heavily on didactic teaching methods in order to close the theory/practice gap. Greater use of active simulation exercises in the curriculum may improve cognitive learning and retention, and increase student engagement in community nursing roles.

**Intervention:** A classroom laboratory of activities such as home medication reconciliation, identification of elder abuse, wound/ostomy care, urinary catheterization using models, and physical assessment is done at several home-like setting stations where students practice skills and problem solving and are signed off by faculty. Students are asked to evaluate the learning experience.

**Implication for Nursing Education:** Increasing knowledge, skills and competencies in community health nursing curricula may attract greater numbers of students to consider nursing careers based in the community.

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## EBP PST 2 - Evidence-Based Practice Poster Session 2

### Fighting a New Battle: A Bathing Care Standard for Caregivers of Elderly Male Military Veterans with Delayed Onset Post Traumatic Stress Disorder

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*Michelle Rose, MSN, RN, USA*

#### Purpose

The purpose of this presentation is a best practice bathing care standard specific designed for elderly male veterans with Delayed- Onset Posttraumatic Stress Disorder in long-term care facilities and residential settings based on nursing research. This project seeks to translate the body of research associated with Bathing Without a Battle.

#### Target Audience

The target audience of this presentation include: Assisted Living facility Administrators Care/Case Managers Nurses Nursing Home Administrators Mental Health Professionals

#### Abstract

Despite many veterans' hopes that the invisible wounds of war can be healed; they leave scars. Most survivors of military combat who have experienced or witnessed life-threatening events such as, terrorist incidents, and serious accidents can adjust to incidents without lingering effects. Many years after a war, other aging veterans find themselves fighting a new battle as they strive to cope with delayed-onset posttraumatic stress disorder (DOPTSD). For many aging military veterans with Post Traumatic Stress Disorder (PTSD) activities of daily living, particularly bathing can be an improbable, exasperating, and stressful task. An evidence-based bathing care standard was created for direct care staff at a local Mid Western Hospice organization who have been experiencing the challenges during bathing of their patients. The body of research evidence guiding this project is the Bathing Without a Battle (BWOB) learning tool for long-term care nursing personnel and families who have been affected by Alzheimer's disease and related dementias. This care standard seeks to translate the body of research associated with the BWOB movement applied in the care of veterans with dementias to those with evidence of the agitated and aggressive behaviors associated with DOPTSD triggered by bathing. This project hypothesized that bathing can be accomplished "without a battle" and modeled into a more humane, gentle experience for elderly male Veterans with DOPTSD and their caregivers. Maladaptive behaviors such as kicking, biting, hitting, scratching, throwing objects, spitting, and cursing were measured using a Log for Maladaptive Behavior. Results reflected an effective means of improving the bathing experience of veterans with delayed onset PTSD in long term care and residential settings and caregivers. By changing the bathing routine and environment, and implementing patient centered care (PCC) interventions these men may be better able to adapt to bathing, which will no longer be a battle. This topic is very essential in geriatric and veteran care. The bathing process for elderly male military veterans suffering from DOPTSD is often a challenging experience for both veterans and their caregivers. Similar to dementia, persons with DOPTSD can become confused and may misinterpret actions and verbiage by caretakers.

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## EBP PST 2 - Evidence-Based Practice Poster Session 2

### Teaching Care of Veterans and Their Families in an Online Nursing Program

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*Penny R. Marzalik, PhD, APRN, RN, CNM, IBCLC, USA*  
*Tara Lynn Spalla, PhD, RN, USA*

#### Purpose

(1) describe how to incorporate veteran specific care content into an online nursing program, and (2) discuss the impact of veteran specific content on nursing students' awareness and empathy for this unique patient population.

#### Target Audience

nurse educators who would like to incorporate veteran specific content into their curricula; and find ways to encourage student reflection, application, analysis and evaluation of current veteran resources and care.

#### Abstract

Due to improvised explosive devices, along with other weapons of war, United States (US) veterans of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) have experienced more post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI) than at any other time in American history. It is estimated that as many as 18.5 percent of these veterans suffer from PTSD or depression and 19.5 percent report experiencing a probable TBI during deployment (Rand, 2008). The diagnosis of PTSD is high among veterans exposed to trauma themselves or who have witnessed trauma to another (USDVA, 2014). Further, as a result of the injury of war, it is estimated that 22 US veterans take their own lives each day (Kemp & Bossarte, 2012). Of OEF/OIF discharged veterans, just over half receive care from a US Department of Veterans Affairs (VA) facility. The remaining veterans obtain private health care in their local communities, particularly those without access to nearby VA facilities, such as residents of rural communities (National Council for Behavioral Health, 2012). Clearly, this data supports the need for a new skillset within the health care community, especially for registered nurses who work around the clock and calendar providing health care.

The average age of a registered nurse in the US is 44-years-old. Most did not have veteran-specific content in their original nursing programs. Today many nurses are caring for returning veterans exhibiting symptoms of PTSD and TBI, and lack the knowledge and clinical skills to competently provide appropriate care. A unique challenge to fill this educational gap exists in RN-BSN Completion Programs.

Joining Forces, established in 2011, is a 3-part national initiative created to serve America's military families through employment, education and wellness. The wellness component "encourage[s] and facilitate[s] commitments to train and educate healthcare providers on the unique needs of service members, veterans, their families, and caregivers" (Whitehouse.gov, 2015, para. 4). This initiative provides a call to action and is supported by the American Association of Colleges of Nursing (2012) and the National League for Nursing (2012).

Teaching/learning strategies that incorporate care of veterans must be adaptable to online education if this is the delivery method used for the nursing program. One method for threading content related to the care of veterans into the curriculum for an Online RN-BSN Completion Program will be presented. Methods for obtaining faculty commitment in this venture will be explained.

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## EBP PST 2 - Evidence-Based Practice Poster Session 2

### A Concept-Based Curriculum Revision of a PN Program

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*Kristen L. Smith, MSN, BSN, RNC-NIC, USA*

#### Purpose

The purpose of this presentation is to outline a practical nursing program revision to a concept-based curriculum (CBC). More and more RN curriculum's are being revised to a CBC program in order to advance and streamline the students learning. We have revised a PN program to a CBC.

#### Target Audience

The target audience for this presentation would include faculty and administration of nursing programs who may be interested in a concept-based curriculum. Most nursing curriculum's are designed around a medical model and redesigning it around nursing concepts decrease the overabundance of material while advancing critical thinking skills in nursing students.

#### Abstract

The revision of a practical nursing curriculum in order to have a more up-to-date approach of teaching, increase student satisfaction, and yet meet or exceed the outcomes of the previous curriculum. A concept-based curriculum (CBC) is one that is formed around the concepts of nursing practice rather than formed around the medical model. The traditional way of laying out a nursing curriculum is similar to the medical model with Medical/Surgical, Pediatrics, and Obstetrics (Lee-Hsieh, Kao, Kuo, & Tseng, 2003). This way of setting up a curriculum causes an overabundance or oversaturation of information for the students to memorize and try to learn. Concept-Based Curriculum is being looked at nationwide in nursing programs and is becoming a "major trend for the future of education" (Giddens, 2013, p. xiii). Changing curriculum to a concept based approach will decrease repetition of information and create a paradigm shift from volume of information to value of information (Godfrey, 2013).

Some examples of concepts within a concept-based curriculum could be oxygenation, clotting, electrolyte balance, and nutrition. When you examine the concept or teach to the concept you could start off with an explanation of what oxygenation is and how it is seen or treated. Then you could break the class up into groups and have an activity where they need to create short ten minute talks for their classmates about different diagnosis related to oxygenation, what abnormal labs are seen, what medications are given for that disease, as well as what the assessment findings are for the patient with the diagnosis. When you consider that it will not only be a Medical/Surgical class but also a Pediatric class you could give oxygenation issues like asthma, croup, chronic obstructive pulmonary disease (COPD), and pneumonia. When the groups talk about their findings or research in class you are not only making this a student centered activity and active learning activity but you are also helping to improve the students' critical thinking ability and fostering a commitment to lifelong learning" (Giddens & Morton, 2010).

Another important question is whether we will be able to have the same outcomes with a concept based curriculum change? The literature states that the results have been the same if not better, that the students from concept-based curriculums feel they are thinking like a real nurse and being able to put different ideas and concepts together in order to create a plan (Nielsen, 2009). After making a change the school of nursing would need to continue to assess HESI and NCLEX scores and pass rates as well as satisfaction of students and faculty to reevaluate the curriculum. According to Elsevier Publishing, CBC is not currently being utilized by LPN programs, only by bachelor and associate programs throughout the country. The benefits to a CBC is that it creates critical thinkers who can connect concepts more readily and solve problems.

The National League for Nursing (NLN, 2003) called for dramatic reform of nursing education as healthcare is ever changing so education needs to move along with it. Overall, nursing curriculum is in need of a redesign nationwide in order to keep up to speed with the healthcare changes of today. Nurses need to be able to critically think and problem solve on a daily basis while providing the highest quality of

care to their patients. As Nielsen states (2009), we can no longer just fill student's heads with information; we must ensure that they truly understand the needs of the patients in order to provide safe quality care. Lasater & Nielsen (2009) believe that the traditional nursing program has become inadequate and we must create new models to foster deeper clinical thinking and sound clinical judgment.

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## EBP PST 2 - Evidence-Based Practice Poster Session 2

### Examination of Factors Related to Elderly People's Purpose of Life in Japan

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*Takashi Ohue, PH.D, RN, PhD, Japan*

#### Purpose

Older adults' sense of purpose in life has been an important subject in Japan along with their well-being and healthy long life. The purpose of this research is to examine factors related to elderly people's purpose of life in Japan.

#### Target Audience

The life which has sense of purpose in life in an elderly-people well-being of Japan in addition to a healthy long life has been an important subject.

#### Abstract

**Purpose:** Older adults' sense of purpose in life has been an important subject in Japan along with their well-being and healthy long life. The purpose of this research is to examine factors related to elderly people's purpose of life in Japan.

**Methods** Older adults (N = 250) aged 65 and over gathering in the Kakogawa public hall in Japan were asked to participate. They were asked about their individual attribution and maintenance of healthy condition. Moreover, These items were measured using the Philadelphia Geriatric Center Morale Scale covering "Agitation," "Lonely dissatisfaction," and "Attitude toward own aging", General Health Questionnaire (GHQ) and Instrumental Activities of Daily Living (IADL) Scale. Ethical considerations: The protocol of this study was approved by the Hyogo University Ethics Committee, Japan.

**Results** Questionnaires were distributed to 250 elderly people and answers were collected from 244. After exclusion of missing values and outliers, data from 234 elderly people (male: 49, female: 185) were used in the analysis. "Attitude toward own aging" had young old higher than the late elderly ( $p < 0.05$ ). "Agitation" was higher to the male than to the female ( $p < 0.05$ ). Number of events leading to purpose of life showed positive correlations with "Agitation"; "Lonely dissatisfaction"; "Attitude toward own aging" ( $p < 0.05$ ). Specifically, it was an occurrence improve sense of purpose in life where "Educational and cultural enrichment activities", "Sports or recreational activities", "Volunteer activities", "Activities for an elderly's club", "Care of grandchildren, and family get-together", "Going for shopping or on a trip". Number of diseases showed negative correlations with sense of purpose in life ( $p < 0.05$ ). Specifically, cardiopathy, fracture, liver disease, and dementia were diseases for which reduce the sense of purpose in life. Purpose of life showed correlation with mental health and ADL ( $p < .05$ ).

**Conclusion:** In order to improve elderly people's sense of purpose in life, it is important to intervene to a disease and not to increase the number of diseases. Moreover, it proved that study and activity raise elderly people's sense of purpose in life. Therefore, it is necessary to adopt contents, such as prevention of a disease, and study and activity of elderly people, by the contents of the intervention program which raises elderly people's sense of purpose in life.

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## EBP PST 2 - Evidence-Based Practice Poster Session 2

### Waist Circumference as a Measurement Tool for Pediatric Obesity

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*Jeanette Marlene Weiser, DNP, MSN, BSN, ADN, RN, APRN, FNP-C, USA*

#### Purpose

The focus of this project was exploring methods for the early identification of childhood obesity. Waist circumference was utilized, in combination with height, weight, and BMI for variables. The study design was quantitative, correlational. This project took place at a rural health clinic in a community of 2500 in Kansas.

#### Target Audience

The target audience for this presentation includes clinical staff working with the routine developmental screening of the pediatric population.

#### Abstract

**Background:** The focus of this project was exploring methods for the early identification of childhood obesity.

**Significance:** With the advent of electronic health records, and Meaningful Use requirements, there has been an additional push to obtain accurate height, weight, and BMI measurements on all patients, both child and adult. Unfortunately, BMI alone does not provide an accurate representation on the health status of the patient. An extensive literature review revealed that the waist circumference measurement has been utilized in other countries (Germany, Turkey, and Brazil) in order to answer this need.

**Methods:** The study design was quantitative, correlational. This project took place at a rural health clinic in a community of 2500 in Kansas. Several months prior to implementation of the project, education was provided for office staff on the process of obtaining a waist circumference measurement. A PDS/McKesson Practice Partners electronic health record (EHR) was utilized.

**Results:** 251 eligible patients, 201 w/ BMI values, 53 w/ waist circumference values, and 29 with eligible ICD-9 codes. ANOVA testing and post hoc Tukey HSD testing was completed. BMI and/or waist circumference measurements led to the identification of an overweight/obese diagnosis 14% of the time. In addition, patient's age and/or gender did not have a significant relationship to BMI and/or waist circumference measurements.

**Discussion:** The novel environment of a rural health clinic in the Midwestern USA added a dynamic to the research that was beneficial in filling a knowledge gap. The addition of anthropometric measurements within the pediatric practice of this clinic location was beneficial for the purpose of early identification of overweight/obesity related health trends. This is anticipated to make a positive effect in the long term care of the pediatric patient population.

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## EBP PST 2 - Evidence-Based Practice Poster Session 2

### The Effects of Psycho-Educational Intervention on Quality of Life in Patients with Implantable Cardioverter Defibrillators: A Meta-Analysis

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*Miao-Yi Chen, BS, RN, Taiwan*

*Pai-Hui Lin, BS, RN, Taiwan*

*Chi-Wen Kao, PhD, RN, Taiwan*

#### Purpose

The purpose of this presentation is to show the evaluation of the effects of psychological and educational interventions on quality of life in patients with implantable cardioverter defibrillators.

#### Target Audience

The target audience of this presentation is clinical nurses, nursing educators, and nursing administrators.

#### Abstract

Background: Sudden cardiac death (SCD) is an important clinical and public health problem. The implantable cardioverter defibrillator (ICD) is developed for primary and secondary prevention of SCD. Once the device is implanted, it becomes important for patients to regain life quality for integrating the devices into their lives. Quality of life has been identified as a significant predictor of mortality in ICD recipients.

Purpose: The aim of this meta-analysis was to evaluate the effects of psychological and educational interventions on quality of life in patients with ICDs.

Methods: We systematically searched the following databases: PubMed, Medline, Cochrane Library, and CINAHL up to November 2014 and references of relevant restricted articles. Studies were recruited in analysis if they met following criteria: (1) randomized controlled trial design, (2) participants in study were adult patients with ICD implanted, and (3) providing sufficient data to evaluate the effect of psychological or educational intervention on quality of life which was measured by SF-36 or SF-12. Two reviewers selected studies and extracted data independently. We used modified Jadad scale to evaluate the quality of these studies. The Cochrane Collaboration's Review Manager Software Package (RevMan 5) was used for this meta-analysis. We pooled data across trials using the fixed-effects model. Heterogeneity was assessed by  $\chi^2$  test and  $I^2$  statistic.

Results: Seven randomized controlled trials fulfilled the inclusion criteria. A total of 1048 participants were recruited in these studies. The psychological and educational interventions improved more physical component summary (PCS) scores in the intervention groups (mean difference 1.97, 95% CI 0.76 to 3.19; test for overall effect  $Z= 3.19$ ,  $p= 0.001$ ), and mental component summary (MCS) scores (mean difference 1.23, 95% CI 0.02 to 2.44; test for overall effect  $Z= 2.00$ ,  $p= 0.05$ ) as well, compared with the control groups.

Conclusion: The meta-analysis demonstrates that psychological and educational interventions improve overall quality of life in patient with ICDs.

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## EBP PST 2 - Evidence-Based Practice Poster Session 2

### Virtual Patient and Simulation: Strategies to Teach End-of -Life Care

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*Leona A. Konieczny, DNP, MPH, BSN, ADN, RN-BC, CNE, USA*

#### Purpose

present educators with strategies using technology to prepare student nurses to provide the physical, emotional, and spiritual care to an individual and the support person(s) at end-of-life.

#### Target Audience

educators in nursing education programs who educate students on providing palliative and end-of-life care or educators in practice who prepare and support staff in providing end-of-life care.

#### Abstract

How does the educator prepare students for the profound experience of providing care at end-of-life? Technology can be used to provide the knowledge and skills needed before the nursing student faces this situation in the reality of the clinical experience. The learning laboratory using simulation provides exposure in the affective area. In a gerontological course prior to the clinical experience, nursing students meet a virtual patient. Over the course of the semester, the students meet, interview, and assess this a virtual female adult patient. There is an unfolding case study that is presented to students throughout the semester. The students have practice communicating with the virtual patient before they are caring for patients in a long term care setting. This virtual patient is used as an exemplar in teaching various concepts such as communicating with a person who has sensory deficits related to aging or providing care to a person with a chronic condition. In addition to interaction in the virtual world, the faculty posts discussion board threads in BlackBoard incorporating other concepts related to caring such as safety risks, comfort in chronic conditions or the social isolation that can happen to older adults. Students post and respond to each other to share their plan of care and feelings about the situation. Most of the students are in the sophomore year of study and may have limited contact with older persons outside of possible personal experience. The technology and virtual setting support classroom learning and provide a safe place to practice and confront feelings about caring for someone whose health issues may not resolve. The use of technology can meet diverse learning styles. The students can virtually experiment by practicing interviewing and assessment. One section of the virtual experience is reflection on performance. Novice nursing students may approach nursing as solely health restoration. The technology is used to introduce the concept of the provision of palliative nursing care. The experience with this virtual patient concludes with an experience in the laboratory on campus with the human patient simulator. During the simulation, the simulated patient experiences a deteriorating change in status. In this scenario, there is another person in the role of family member or support person. The simulated patient dies during the scenario. This technology presents the opportunity to confront the end of life and the nursing care required for the patient and the family. The students apply the skills and knowledge related to end-of-life. During the debriefing of the simulation, students verbalize their feelings related to the scenario. The student has flexibility to interact with the virtual patient. The student encounters with this virtual patient meets the student need to manage the amount of time and schedule. The student has unlimited access to learning in the virtual world. The use of simulation can provides experience that offsets the variability of experience in clinical sites. Multiple technologies including virtual patient experience, web assisted learning management system, and high-fidelity human patient simulation are used to educate and support nursing students on the caring and compassion given at the time of death.

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## EBP PST 2 - Evidence-Based Practice Poster Session 2

### The Effect of Collaborative Testing on Nursing Students

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*Jean Ruiz, MA, RN, CCRN, USA*

#### Purpose

The purpose of this presentation is to compare the effects of two methods of conducting collaborative testing as a peer learning tool for undergraduate nursing students.

#### Target Audience

The target audience of this presentation is... nursing education participants interested in collaborative testing as a teaching/learning strategy.

#### Abstract

Teaching strategies in nursing education call for active student participation. Collaborative learning involve students in group learning. Collaborative learning can take the form of students working in groups on assignments, often in a structured format, but involved in a social constructive process. Involving students in these types of learning approaches relies on assumptions that learning is an active process, the teacher becomes the facilitator of learning, teaching and learning are shared experiences and small group activities contribute to the development of critical thinking skills and knowledge utilization.

As a strategy in active learning, collaborative learning has been shown to contribute positively and impact student development in many ways. The literature reports on improvement in student motivation to learn, knowledge retention of material, teamwork, problem-solving and collaboration with others as benefits of collaborative learning. Sandahl (2010) suggested using collaborative testing as a collaborative learning strategy in nursing education. The limited research studies on the topic support its effect of increasing examination scores with inconsistent report on its effect on knowledge retention.

Several strategies of conducting collaborative testing are reported in the literature. The purpose of this study is to compare the effects of two methods of conducting collaborative testing as a peer learning tool. This is a quasi-experimental design using two groups of diploma nursing students enrolled in a second level nursing course at two campuses of the school of nursing. Using a convenient sample of students enrolled in the nursing course, informed consent was obtained with a description of the study methodology.

Student exam results were recorded in Excel format and descriptive statistics were calculated. Independent t-tests were calculated to examine the effect of collaborative testing on the course exams. An evaluation questionnaire was collected to obtain student perceptions of the total experience. The study showed students increased their test scores after engaging in collaborative testing by an average of 12% using both methods of conducting collaborative testing. Students report positive perceptions about their learning experiences during collaborative testing sessions. The process of critically thinking and learning how to work together in a respectful and professional manner contributes to the professional preparation of nursing students. Opportunities to communicate, cooperate and collaborate have the potential to translate into better prepared beginning professional nurses. Small sample size and unmatched groups in one type of nursing program limits the applicability of the results.

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## EBP PST 2 - Evidence-Based Practice Poster Session 2

### Improving Quality in Long-Term Care: A Collaborative Evidence-Based Practice Project

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*Elizabeth Roe, PhD, RN, USA*

#### Purpose

This presentation will describe a collaborative EBP project in long-term care. The goals of the project are: 1. To involve staff in EBP in the LTC setting, 2. To increase the knowledge and use of EBP in the LTC setting, and: 3. Improve quality and safety in the LTC setting.

#### Target Audience

The target audience for the presentation is are educators, administrators, and clinicians that are interested in creative strategies to implement EBP in long-term care.

#### Abstract

This presentation will describe an ongoing collaborative evidence-based practice (EBP) project to improve quality in long-term care (LTC). The project is mutually beneficial to the University and the clinical settings involved. The goals of this project are: 1. To involve staff in EBP in the LTC setting, 2. To increase the knowledge and use of EBP in the LTC setting, and: 3. Improve quality and safety in the LTC setting. The project began five years ago when a Nursing faculty member from the University functioned as an EBP mentor in an acute care hospital, providing education on EBP and assisting staff in the identification of evidence-based questions with subsequent evidence reviews and recommendations. One year ago this project extended to the LTC setting where the faculty member has been working with LTC staff in three different local agencies to identify clinical problems, complete EBP reviews, make recommendations, and assist with implementation of recommendations if needed. The faculty member serves as a mentor, helping nurses in LTC (at all levels) who are often unaware of EBP, integrate evidence into practice. This is especially relevant in LTCs which have a very low percentage of Registered Nurses, let alone nurses with baccalaureate degrees that are knowledgeable about EBP. This project has benefits for both the University and LTC agencies. Clinical agencies have increased the use of EBP and improved quality and safety in areas such as care of dementia residents, prevention of urinary tract infections, and retention of staff. In addition, staff at the agencies have increased their competency in EBP and seen firsthand the importance of EBP. Examples of the EBP reviews include prevention of UTIs in residents of LTC, recruitment and retention of LTC staff, and family communication. Changes in policies and procedures have occurred, along with recommendations for further research. The Nursing program at the University has benefited by the increase in the collaborative relationships with the agencies and opportunities for students.

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## EBP PST 2 - Evidence-Based Practice Poster Session 2

### Effectiveness of Surgery and Percutaneous Catheter Drainage (PCD) with Antibiotics for Pyogenic Liver Abscess Patients

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Meng-Shan Wu, RN, Taiwan  
Shu-Fen Su, PhD, RN, Taiwan

#### Purpose

The purpose of this presentation is to compare the effectiveness of surgery and percutaneous catheter drainage (PCD) with antibiotics for pyogenic liver abscess patients.

#### Target Audience

The target audience of this presentation is clinical nurses and APNs.

#### Abstract

**Background:** Pyogenic liver abscess is a life-threatening disease with high morbidity and mortality rates. In clinical, intra-venous antibiotics with percutaneous catheter drainage has been widely used to take place of surgery. However, which one has better effects is still lack of study.

**Objective:** This study compared the effectiveness of surgery and percutaneous catheter drainage (PCD) with antibiotics for pyogenic liver abscess patients.

**Method:** A systemic review of related articles, from 2008 to 2014, which focused on surgery or treatment for pyogenic liver abscess. The databases of Cochrane library, PubMed, CINAHL, Science Direct, and OVID were used. In total, 40 studies were found, and 5 of them met the inclusion criteria were carefully assessed. R program was applied to perform meta-analysis of 379 participants (335 received PCD and 44 received surgery).

**Results:** Percutaneous treatment includes PCD and needle aspiration, and PCD is more effective than needle aspiration which only has good effects on simple small abscess. There was significant difference in hospital stays, duration of antibiotics uses, and symptoms relief between these two groups. PCD has lower morbidity and costs. Surgery is suitable for patients who failed in PCD.

**Conclusions:** PCD and surgery are both effective for pyogenic liver abscess patients. Past history, infectious source, pathogen and abscess distribution play importance roles in therapeutic plans. Surgery only suits for patients with large >10cm abscesses, or failed in PCD. As primary caregiver, nurse practitioners should carefully assess patients' symptoms, laboratory results, and images in finding out patients' treatment problem and care needs.

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## EBP PST 2 - Evidence-Based Practice Poster Session 2

### A Comparison of Nursing Students' Satisfaction and Self Confidence in Learning Medication Administration Using Simulation

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*Kelly Laham, MSN, BSN, ADN, RN, ANP, BC, CNE, USA*

#### Purpose

The purpose of this presentation is to report the findings of a descriptive, comparative, correlational study of nursing students' satisfaction and self confidence in learning medication administration using simulation.

#### Target Audience

The target audience of this presentation is nursing educators in academia that teach medication administration skills. However, this strategy could also be utilized and studied in the practice setting.

#### Abstract

Background: Simulation is a technique that uses a situation or environment which is created to allow individuals to experience a representation of a real event for the purpose of practice, learning, or to gain understanding of systems or human actions (<http://sirc.nln.org/>). Students that are actively involved in simulation exercises are using a higher order of learning and decision making skills and critical thinking is reinforced (Jeffries, 2012). Nursing students are taught many skills that they are expected to retain and utilize throughout their program. Medication administration is a common intervention in the nursing care of patients and is considered a high volume, high risk process. Simulation may be a method of instruction that results in better perceived student learning that in turn, may result in improved student learning outcomes.

Purpose: The purpose of this descriptive, comparative, correlational study was to evaluate if students were satisfied and felt confident with learning the skills of safe medication administration using current teaching strategies in the Foundations of Professional Nursing Practice course (discussion and hands on activities) and Adult Health Nursing course (discussion, hands on activities and simulation) and to compare differences between students in these two courses.

Methods: Institutional review board approval was obtained. Prelicensure nursing students enrolled in the Foundations of Professional Nursing Practice course, first semester of the program and students enrolled in the Adult Health Nursing course, second semester of the program participated in their respective course's medication administration skills lab in the Simulation Learning Center as assigned as part of their course work. Upon completion of the skills lab, students were invited to participate in the study. Students that were interested in participating were given a packet with the study information, demographic questions and survey questionnaire, the NLN Student Satisfaction and Self Confidence in Learning scale.

Results: Preliminary results are being reported. A total of 87 students voluntarily and anonymously participated (Foundations N=48, Adult Health N=39). Students in the Adult Health Nursing course which used simulation, had a higher mean score (M=23.87, SD=1.88) than students in the Foundations course (M=22.58, SD=2.29) on satisfaction with learning. However, students in the Adult Health Nursing course had a lower mean score on self-confidence in learning (M=34.54, SD=3.38) than students in the Foundations course (M=35.20, SD=3.28).

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## EBP PST 2 - Evidence-Based Practice Poster Session 2

### Daily Interruption of Sedation versus Continuous Sedation and Length of Mechanical Ventilation

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#### Purpose

The purpose of this presentation is to inform other critical care nurses about the importance and benefits of doing daily spontaneous awakening trials in mechanically ventilated adult patients. Another important aspect is that spontaneous awakening trials are safe to implement.

#### Target Audience

The target audience of this presentation are registered nurses and advanced practiced registered nurses that practice in adult critical care units with mechanically ventilated patients.

#### Abstract

Hundreds of thousands of critical care patients are intubated every year. Many of these patients are sedated for comfort. However, continuous moderate to deep sedation can lead to increased ventilator days and other morbidities, including delirium. Every intensive care unit uses a variety of sedation practices. Furthermore, there are barriers to the healthcare team using daily sedation interruptions. These include the concern that the patient will self extubate and that it will worsen the patient's respiratory status. This leads to practitioners not implementing the practice.

**Objective:** The objective of the systematic review is to determine if conducting daily sedation interruptions for ventilated adult intensive care patients will decrease the length of mechanical ventilation. The secondary objective is to determine if the sedation interruptions are safe and feasible.

**Method:** A literature search was conducted using CINAHL, Ovid/Medline and Embase databases. Eleven primary studies and one systematic review was kept after using key words and limiting the articles to articles no older than 2008, English and adult patients. These articles were critiqued based on their methods, number of participants and results. Then they were assigned a SORT level of evidence. There were seven level 2 articles and 3 level 1 articles. The main limitation of the studies were the inability of the studies to be blinded.

**Results:** The data provided by the studies were inconclusive. However, based on the findings of the studies it is safe and feasible to conduct the daily sedation interruptions in mechanically ventilated patients in the intensive care unit. Many barriers still exist, including the fear of self extubation, patient agitation and worsened respiratory status.

**Recommendation:** It is recommended that in patients that have been intubated for more than 48 hours that a sedation interruption and when the patient's RASS is zero a spontaneous breathing trial should be conducted. If the patient passes the spontaneous breathing trial the patient can be extubated per physician order. If the patient becomes agitated or has worsening respiratory status during the sedation interruption, the patient fails and will be put back on the sedative medication at half the current rate. This process will be conducted daily as long as the patient is intubated and hemodynamically stable. Starting this practice in the intensive care unit will better patient outcomes, decrease ventilator days and decrease health care costs.

**Change Model:** To implement this change the Kotter and Cohen change model is to be used. The key stake holders that need to be involved in the process are the mechanically ventilated patients and their families, the nurse manager, nursing and physician staff. The leaders of change are the nurse manager, lead intensive care attending and senior nursing staff. When the change is implemented it will be evaluated by using staff questionnaires and tracking individual patient's outcomes, any adverse events and the average number of mechanical ventilation days before and after the intervention.

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## EBP PST 2 - Evidence-Based Practice Poster Session 2

### The Experience of Newly Qualified Professional Nurses Allocated to Critical Care Units in Their First Year Post Graduation

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*Thembekile Masango, PhD, RN, South Africa*

#### Purpose

to explore and describe the lived experiences of newly qualified professional nurses allocated in Intensive Care Units (ICU) during their first year post graduation. Further, to interpret the meaning that these newly qualified nurses attach to these experiences during their first year in critical care unit.

#### Target Audience

registered nurses working in ICU, operational managers, nursing service managers, nurse educators, clinical instructors, mentors and preceptors.

#### Abstract

**The purpose:** The study was to explore and describe the lived experiences of newly qualified professional nurses allocated in ICUs during their first year post-graduation. Further it was to interpret the meaning that these newly qualified professional nurses attach to these experiences during their first year in the critical care unit.

**Method and design:** An explorative, descriptive, interpretative and qualitative design was conducted to explore the nurses' experiences. Purposive sampling was used which is based on belief that the researcher's knowledge about the population can be used to hand pick sample elements. Data was collected through in-depth unstructured interviews and written narratives which were transcribed into verbatim transcripts. A Colaizzi's method of data analysis was used.

**Results:** The study findings revealed that newly qualified professional nurses experienced difficulties and challenges in adjusting to the unit due to lack of mentors caused the shortage of staff and by the fact that the ICU environment different from the wards that they are used to. Positive and negative feelings regarding their relationship with colleagues in terms of support received were alluded upon.

**Recommendations:** The study recommended that nurses be exposed to intensive care units during their training. Even after completion they should be introduced to ICU after they have gained confidence in themselves as registered nurses. The study further recommended that mentoring of newly qualified professional nurses should be mandatory in ICU.

**Key Concepts:** Critical care unit, critical care nurse, experience newly qualified professional nurse

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## EBP PST 2 - Evidence-Based Practice Poster Session 2

### Optimizing ED Throughput

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*Puneet G. Freibott, MSN, RN, CCRN (Alumnus), NE-BC, USA*

#### Purpose

The purpose of this presentation is to help audience discover the challenges of patients crowding in the emergency rooms; help appreciate the time stamps levied upon the emergency rooms via CMS core measures; and how to leverage multidisciplinary teams to improve ED throughput, and decrease left without being seen rates.

#### Target Audience

The target audiences of this presentation are hospital administration, including CNOs, CFOs, CEOs; Emergency room Administration, Emergency room nurses, physicians, laboratory, radiology, and patient access services administration teams.

#### Abstract

Emergency Departments (EDs) play a pivotal role in the delivery of emergent and urgent ambulatory patient care. EDs bridge the gap in care presented by the current healthcare system related to a decrease in primary care physicians and clinic appointments and higher rate of uninsured or underinsured patients (Schoor & Venkatesh, 2012). Stauber (2013) reported closure of 425 hospital based EDs nationwide, which is inversely proportionate to an 18.9 million increase in ED visits in the years 1996 to 2006, alongside a decrease in 198,000 inpatient beds. This increased input and decreased output poses a stagnation of patients being able to move out of the ED, leaving a majority of the EDs struggling with overcapacity. With more patients utilizing ED for their primary care needs, moving patients through complex levels of services can be challenging. Baylor St. Luke's Medical Center (BSLMC) struggles with its bed flow capacity and management in the ED.

In 2006, the Institute of Medicine (IOM) published a report on the future of emergency

care. Some of the challenges listed included, demand outpacing capacity, ED crowding, boarding, ambulance diversion, uncompensated care, inefficient use of resources, inadequate surge capacity, inadequate protection for staff, inadequate supply of on-call specialists, medical liability, fragmented systems, lack of performance measurement and accountability, and inadequate research funding and infrastructure (Bernstein et al., 2009; Institute of Medicine, 2006). These barriers had severe consequences on the clinical, quality, financial, and service outcomes on the patients and the institutions. The clinical and quality impact included delay in the provision of care and patients leaving the ED without receiving care. Decreased admissions from the ED and lost revenue associated with diversions and patients leaving the institutions without receiving care were some of the financial burdens associated with ineffective ED throughput. Service impact included low patient satisfaction scores and decreased utilization of other hospital services.

The Centers for Medicare and Medicaid Services (CMS) announced ED-related measures for Hospital Value-Based Purchasing (HVBP) in 2010. The measures were (1) Median time from door to diagnostic evaluation by a qualified professional; (2) Median time from ED arrival to ED departure for patients subsequently admitted to an inpatient setting; (3) Median time from disposition decision to admit to the time of transfer to an inpatient care setting; and (4) Median time from arrival to ED departure for patients discharged from the ED. CMS's reimbursement based on the ED-related measures were effective starting 2014. Two percent reductions on reimbursement were at stake if metrics were not met.

At the commencement of the PIP, CHI Baylor St. Luke's Medical Center's (BSLMC) ED was faced with inefficient throughput process that placed the patients at safety risk, and the institution at risk for quality of care and financial loss. The metrics with the most opportunities to improve were (1) Median time from door to diagnostic evaluation by a qualified professional was 38 minutes as compared to 14 minutes

(National Performance); (2) Median time from ED arrival to ED departure for admitted patients was 339 minutes as compared to 277 minutes (National Performance). (3) BSLMCs ED diversion rate for the six months prior to the PIP implementation were 15% (No national benchmark). (4) Monthly average of patients that left the ED without being seen was six patients (No national benchmark). One of the organization's goals was to improve efficiency, and surpass internal and external metrics without incurring additional costs.

The goal of the PIP was to improve the ED throughput times, diversion rates, and the number of patients who leave without being seen by utilizing Rodger's change management theory, and IOWA model's framework and stay budget neutral. The relevant stakeholders formed a team and settled on these evidence based focused points, (1) Provide an evaluation area for the ED physicians to evaluate patients in the waiting room when needed, (2) Engage the ED physicians to promote the shift in culture of evaluating and treating patients in the waiting room when needed, (3) Utilize evidence based standing delegation orders in the waiting room to initiate evaluation of patient's chief complaint, (4) Provide training for ED charge nurses to fulfill the role of patient flow coordinators in the waiting room, promoting communication and safety, (5) Engage the ancillary departments of laboratory and radiology to provide better efficiencies for patients in the ED by reducing the turnaround times on tests and procedures. Training, education, and communication were disseminated and the project initiated its six months pilot on August 1, 2013.

The project was successful in statistically decreasing the time intervals for (1) Median time from door to diagnostic evaluation by a qualified professional,  $p < 0.001$ ; (2) BSLMCs ED diversion rate  $p < 0.005$  (3) Patients that left the ED without being seen,  $p < 0.001$ ; (4) Radiology and laboratory turnaround times, both at  $p < 0.001$  levels. The project remained budget neutral, by not adding any additional resources or costs to the organization. The project failed to decrease the median time from ED arrival to ED departure for admitted patients,  $p > 0.05$ . Strategies that were successful included, interdisciplinary collaboration towards a common vision, formative evaluation for barriers presented during the course of the PIP, engagement and buy-in from all stakeholders, and an organizational goal to improve the stated benchmarks. Some of the barriers presented during the course of the PIP were, organizational change of St. Luke's Episcopal Hospital System being bought out by Catholic Health Initiatives and Baylor Institute of Medicine, and its impact on the organization and, unseasonal influx of influenza patients and its encumbrances on hospital resources, patient volume, and length of stay in the hospital presenting a bottle neck for the ED patients awaiting inpatient beds.

Evaluation of this PIP lures the idea to dive deeper into the impact of ancillary department's productivity and efficiencies to the ED throughput. There were different models of care, such an ED based laboratory that was not contemplated during this PIP. The effects of housekeeping and staffing of all services, was not pursued during this project and could play a part in ED throughput. The PIP utilized the metrics as required by the CMS; it would have been beneficial to review all patients' charts to fully understand the impact of each patient's scenario and the barriers and facilitators of ED throughput at the organization. The PIP has managed to change the physician and nursing culture at the BSLMC ED, but needs constant vigilance and prioritization by ancillary and inpatient departments to promote ED throughput. The problem of ED crowding continues throughout the nation and needs translation of evidence based solutions into practice, and policy changes to increase access to care in the U.S.

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## EBP PST 2 - Evidence-Based Practice Poster Session 2

### Ongoing Nasogastric Tube Verification: The Evidence

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*Roxy Lee Decker, USA*

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#### Purpose

The purpose of this presentation is to examine the evidence using an evidence-based practice approach to provide guidance for the difficult clinical issue of on-going nasogastric tube verification. The goal of this project was to be able to make an evidence-based recommendation for nursing practice.

#### Target Audience

The target audience of this presentation is nursing students and bedside clinicians involved with the safe care of patients with nasogastric tubes.

#### Abstract

The ongoing verification of Nasogastric Tube location presents a challenging clinical dilemma and the risk to the patient of incorrect placement is grave. Current practice demonstrates almost universal continuance of practices that have been demonstrated to be unsafe. Chief among these would be the continued use of auscultation as a verification strategy. The purpose of this project was to examine the body of evidence using a structured Evidence-Based Practice (EBP) process to determine research based strategies. The background search resulted in consistent recommendation for the use of X-ray for initial verification. In addition, this phase of the search also resulted in a recommendation regarding proper measurement of the tube length prior to insertion. These recommendations will be included with the recommendations made regarding ongoing verification. The evidence was searched using a PICO question: "In patients with NG tubes, how does pH testing of gastric aspirate affect verification of correct tube placement?" The choice of the pH technique was selected based upon its consistent representation in the body of available evidence. Appraised evidence included primarily Level IV studies and Level VII expert opinion. This issue appeared to have been intensively studied in the late 1990's and early 2000's, and therefore some of the selected evidence exceeds ten years. After synthesis of the evidence, six recommendations for practice were made related to initial placement technique, initial X-ray verification and ongoing verification. The primary recommendation that would improve practice is the need to do pH testing of aspirate and one additional verification strategy every time the tube is accessed for care. Current practice is auscultation of an air bolus, which the evidence supports as being unreliable and unsafe. This project, if disseminated, has the potential to improve patient safety by reducing the risk of untoward events related to displacement of the tube. The investigation indicates that more research is needed in identifying a consistently safe and reliable method for ongoing bedside verification of nasogastric tube placement.

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## EBP PST 2 - Evidence-Based Practice Poster Session 2

### Promoting Self-Efficacy in Senior BSN Students in the Community Setting

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*Mary Elizabeth Fortier, EdD, MA, BSN, RN, CNL, USA*

#### Purpose

The purpose of this presentation is to inform the attendees of the significance that self-efficacy plays in the success of senior baccalaureate nursing students in the Community Clinical setting.

#### Target Audience

The target audience of this presentation is nurse researchers, educators, clinicians, and nursing students.

#### Abstract

Fact: Clinical sites are becoming harder to secure for our baccalaureate prepared nursing students (BSN) challenging colleges and faculty to look for creative solutions to meet this challenge, while providing sound clinical learning.

Fact: Patients are discharged early from the hospital to their homes with little or no health supports in place.

Fact: The general population is ageing; healthcare issues that one once viewed as acute events are now viewed as chronic illness; congestive heart failure, DM type II, atrial fib, and HIV/AIDS.

Fact: Education and follow-up are needed for these clients in the environment where the healthcare system expects them to function and live.

Solution: As a creative solution our baccalaureate nursing program looked to the community in which we are located and partnered with a group of senior buildings. These senior buildings, a total of 8 buildings, had in place a registered nurse, who over sees the general health of the community and a social worker assigned to each building. We assigned 8 senior BSN nursing students to 4 of the buildings along with one clinical instructor. The students completed a needs assessment on their assigned buildings and created a schedule specific to their building and its population. Schedules were created for each building and a typical schedule was as follows: 8am: Senior BSN students arrived to set up the office space in which they would conduct interviews, B/P's, BGM's, weights, and client specific education.

8:30am: BSN students met with the Social Worker to review and follow-up on any clients and changes that occurred since the last time the students were in the building.

9:00am to 11:00am: Building residents began to arrive and be seen by the BSN students. Records were kept in locked cabinets in the Social Workers office. Collaboration and communication was constant and consistent among the Students, the instructor, the RN, and the social workers.

11:00am to 11:30am: Education Sessions were done in a group setting in the community rooms, based on the needs assessment of the building population.

11:30 am to 12pm: Questions and answer periods were held.

12pm to 1pm: Students, in pairs, did apartments visits (checking B/P's, medication & diet education, dressing changes) for those residents identified by either Registered Nurse or the social worker.

1pm to 2pm: Students met with the Clinical Instructor, the Registered Nurse, and the Social Workers. Care Plans were updated, referrals made, and needed follow-ups were identified.

It needs to be noted that the area which these buildings are located is low income and the buildings were home to not just seniors, but to individuals who had physical and mental disabilities. The age range for this population was from 48 to 88 years, providing the BSN students with a rich lifespan experience of a population successively living in the community. In addition, the experience provided the students with a first-hand experience of working as leaders in a collaborative setting: Client – Registered Nurse – Social Worker, increasing their self-efficacy as future professional registered nurses. This experience also provided the BSN students and the college of nursing to give back to the community in which it is located: fulfilling their mission statement through service to the community.

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## EBP PST 2 - Evidence-Based Practice Poster Session 2

### Finger Food: Intervention for Persons with Eating Difficulties

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*Bianca Ivonne Buijck, PhD MScN RN, PhD, MScN, RN, Netherlands*

#### Purpose

to show that the practice based intervention "finger food" seems to be effective

#### Target Audience

nurses, researchers, teachers

#### Abstract

**Background:** Finger food is a way of offering food to people with eating difficulties, for example patients with dementia, stroke or Parkinson disease. Eating is one of the most important activities in human life and the way food is eaten is mostly cultural determined. One of the western habits is to eat with utensil. Even though, more than half of the patients in nursing homes have difficulties (in recognizing or handling) when eating with utensil. The aim of this practice based study was to explore the experiences of patients, their relatives and caregivers with finger food.

**Methods:** This was an observational and survey research. In a nursing home, patients with dementia were observed during finger food meals and regular meals. Caregivers and patients' relatives filled in a Likert scale questionnaire in which they were asked about their values concerning finger food: eating with fingers, hygiene and patients' independency. The questionnaire was developed after literature study. Data were analyzed by using SPSS version 20.

**Results:** Five patients were observed during three finger food meals and during three regular meals. The patients took a mean 239 grams of a regular meal when being fed by a nurse, and 195 grams of an independent eaten finger food meal. The regular meal took them a mean 26 minutes to eat and the finger food meal 27 minutes. Patients expressed more positive feelings during the finger food meal compared to the regular meal. During the finger food meal the patients received less help with eating. A total of n=20 relatives and n=40 caregivers participated in the study. Sixty percent of the relatives and 94% of the caregivers had a positive opinion about finger food. Fifty percent believed that finger food influenced independency of patients positively, compared to 88% of the caregivers.

**Discussion:** Patients needed less help during the finger food meals. Finger food contributes to patients' independency and more positive feelings about eating. The increasing amount of grams for regular meals may be due to more moist in the meals (milk, butter, water), which contributes to easier swallowing when nurses are feeding patients. More research in a bigger sample is needed.

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## EBP PST 2 - Evidence-Based Practice Poster Session 2

### Developing University and Hospital System Partnerships to Promote Use of Evidence-Based Practice among Baccalaureate Nursing Students

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*Kae R. Livsey, MPH, PhD, RN, NC-RN, USA*

*Vallire D. Hooper, PhD, MSN, BSN, RN, CPAN, FAAN, USA*

#### Purpose

This presentation will outline use of a University and Hospital System partnership was used to integrate teaching, research and applied learning experiences to provide realism and relevance in an undergraduate evidence based practice course.

#### Target Audience

The target audience of this presentation include undergraduate nurse faculty as well as nurse researchers working in healthcare systems.

#### Abstract

This paper describes an academic and clinical agency partnership to enhance the delivery of an undergraduate evidence based practice nursing course. The agency partner research director and faculty member from the university partner co-taught the course which allowed students to become engaged in a specific unit research project, for which the agency partner needed additional data collection support. Students enrolled in the course served as data collectors for a specific unit research project that was underway at the clinical agency. By incorporating these service learning activities, students gained hands on experience with clinical research activities. Additionally, student course assignments and projects were specifically designed to incorporate an evidenced based practice recommendation for the clinical unit on which they were placed for their initial medical surgical rotation (4 separate agencies). This allowed to students to examine evidence and incorporate these new skills to “give back” to the units and help to promote use of evidence based practice.

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## EBP PST 2 - Evidence-Based Practice Poster Session 2

### Falls Reduction

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#### Purpose

The purpose of this presentation is to describe a macrosystem (hospital wide) falls reduction practice bundle change strategy that reduced falls by 68% from the prior year and has continued to sustain the outcomes for the current 10 months post implementation.

#### Target Audience

The target audience for this presentation staff nurses, clinical nurse leaders, nurse educators and nursing administrators in acute care, emergency care, and rehabilitation care.

#### Abstract

Purpose: The purpose of the macrosystem practice change project was to become a "Falls Free" Hospital.

Objective: Engage and involve the clinical leaders of all microsystems (patient care units) in the change process and to implement the evidenced based fall reduction/safety reduction bundle.

Methodology: Through the use of the Method for Microsystems Change Process a falls reduction plan was created utilizing the thirteen steps in collaboration and commitment of all clinical leaders. The opportunity for improvement and expected outcome were identified, evidence based best practices reviewed, and all hospital wide stakeholders engaged. Expected staff patient care practices were identified and the clinical policy revised substantially. The leaders designed and committed and to a new practice bundle process which is summarized as follows:

1. A fall risk assessment upon each patient's admission, transfer, each shift and change of condition.
2. A 'falls report' to identify all high risk fall patients on each unit would be printed from the clinical documentation system each shift by the Charge Nurse.
3. A safety huddle, with all scheduled staff highlighting all of the patients considered to be a high risk for falls, would be lead each shift by the Charge Nurse.
4. Hourly patient care rounds would be made by a nurse or certified nursing assistant.
5. The 'falls report' would be reviewed by the Nursing Manager to follow-up and assure the staff were practicing the new patient care bundle.
6. Weekly and monthly outcome reports would be reviewed by Nursing Managers.
7. If a fall occurred, review and follow up would be provided by the appropriate Nurse Manager and a report at the monthly Falls Review Committee Meeting. The

Nurse Manager, where a fall occurred, was accountable for appropriate counseling and possible disciplinary action per the revised policy and practice bundle.

Results: The practice bundle went into effect ten months ago. During the first month falls were reduced by 68% from the year prior. The outcomes have been maintained for ten consecutive months.

Conclusions: Fall reduction has continued with the comprehensive change strategy. The key difference has been the structured planning process that clearly delineated the expectations and accountability for patient care practices and management.

Implications: The microsystem practice change method contributed to the hospital's success in assuring practice sustainability and through that, outcome sustainability. A comprehensive falls reduction practice bundle may be useful to other facilities to achieve significant clinical outcomes.



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## EBP PST 2 - Evidence-Based Practice Poster Session 2

### Research Utilization by Staff Nurses in the Acute Care Setting

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#### Purpose

The purpose of this presentation is to ascertain how often staff nurses apply research findings in their practice, and what factors enhance or obstruct the process.

#### Target Audience

The target audience of this presentation is nurses of all levels, nursing students, staff managers, administrators, and educators. The intended audience encompasses clinical, administrative, and academic disciplines across local, regional, and international settings.

#### Abstract

**Background:** Research utilization in nursing practice has brought dramatic improvements in patient outcomes and is considered one of the pillars of evidence-based practice (EBP). Research in nursing practice is utilized in generating evidence-based practice to influence policies and procedures, and to have an effect on individual, organizational, regional and international attitude and culture. Research includes scientific-based research, as well as broad-based general knowledge research, with the goal of using best evidence in the provision of patient care in the health care system.

**Methods:** To ascertain how often staff nurses apply research findings in their practice, and what factors enhance or obstruct the process. The methodology design employed was an exploratory, descriptive sample survey. A five point Lickert scale was used with a value of one point being equivalent to "strongly disagree," a value of five points being equivalent to "strongly agree," and a value of three points being neutral. The questions determined the type of knowledge that participants rely on during the decision making process in their nursing practice. Items addressed included the participant's reliability on nursing experience, policies and procedures, in-service education, continuing education, conferences, knowledge learned from colleagues and peers, nursing journals, and information sought through research. The survey also measured the participant's use of research for evidence-based practice, general knowledge, research projects, and educational requirements. Additionally, the survey addressed the reasons that nurses utilize research, and questioned how often research was conducted to educate patients and peers, or to improve their practice.

**Participants:** The participants were registered nurses from a Western regional, mid-sized hospital in the United States. Demographics were collected on each participant's age, gender, level of nursing education, number of years practicing as a nurse, and the number of years in the present position. Participation was encouraged by the use of anonymous data collection.

**Targeted Audience:** Nurses of all levels, nursing students, staff managers, administrators, and educators. The intended audience encompasses clinical, administrative, and academic disciplines across local, regional, and international settings.

**Barriers:** It was found that research utilization is impeded by lack of access to research materials, computer data bases, or research engines; inadequate support systems within the organization; lack of research skills or knowledge; unawareness of the importance of research; insufficient time to research and utilize findings in evidence-based practice; not knowledgeable of autonomy to research and apply evidence-based practice; and no pay for off-floor time.

**Results:** Nurses relied mostly on hospital policy and procedures, personal experience and colleagues' experience. The obstacles reported were similar to those found in other studies, which included lack of time, lack of support, and lack of resources. The sample's general attitude toward research utilization and

evidence-based practice was positive. There was an expectation for more guidance from the management level.

**Conclusion:** The results of the study were similar to other analogue researches. In order to improve research utilization by staff nurses, more assistance and educational support is needed. Nurses with Master's or Doctorate degrees could be promoted as EBP coaches, as well as staffing one or two librarians in hospitals.

**Keywords:** Registered Nurses, nursing research, evidence-based practice, research utilization

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## EBP PST 2 - Evidence-Based Practice Poster Session 2

### Relationship Grandparents: Grandson Analysis by Genogram

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#### Purpose

Describe grandfather grandson relationship by genogram tool for students of the Faculty of Nursing Unit Saltillo

#### Target Audience

The target audience of this presentation are nurse researchers and clinical nursing interested in the relationship of the older adult and the global attention in nursing.

#### Abstract

The grandparent-grandson relationship in recent decades has been of interest to researchers, but the elements that are valued in this relationship have been little studied, where the role of grandparents changes with age of one and another.

Demographic and social changes have led to observe more closely the grandparents-grandson relationships and interest increases. Increased life expectancy allows a new relationship as grandparents and grandson can live longer and exclusive relationships

The genogram is a graphical tool that records the investigation of the main characteristics of a family group over time. This allows us to observe the family structure and interaction you have with the cycle and stages of life, intergenerational relationships, family relationships and the kind of family that forms later. It also displays the life cycle of the family, where family according to the World Health Organization is defined as: "A group of people united by kinship ties are of three types: affinity, consanguinity, filiation". Within inbreeding is considered the bond of blood that can be ascending (parents, grandparents, great-grandparents and others) and downstream (children, grandchildren, great-grandchildren and others).

Objectives: Describe grandfather grandson relationship by genogram tool for students of the Faculty of Nursing Unit Saltillo

Methodology: Cross sectional study was to analyze the grandfather- grandson relationship, genogram tool was used, which symbols and drawings by the student project relationship with their grandparents. Pilot test was conducted with 27 students of the Faculty of Nursing Unit Saltillo in January 2015. They also observe the processing time of the genogram, correctly capture the symbolism of the genogram, the data were analyzed in SPSS v. 23

Results: The pilot test consists of 27 students from the Faculty of Nursing, which have an average age of 17.59 and SD 1.24. 85% of participants were women. 18.5% mentioned that Grandpa lives at home, 33.3% said long-distance relationship with her grandfather and 40.7% with his paternal grandmother, however the relationship with the maternal grandparents nearest since only 14.8 % had a distant relationship with his maternal grandfather, 22.2 a close relationship with this, while 7.4% maintained a distant relationship with his maternal grandmother and 51.9% mentioned that it is near the relationship they have with her.

The processing time of the genogram was 20 minutes and there was no difficulty to capture the symbolism.

Conclusions: The genogram can be a useful tool for the analysis of the grandparent-grandchild relationship among university students, in addition to an overview of family structure and interaction you have with each member.

Having considered the grandfather relation grandson of students of the faculty allows can live longer and live longer, exclusive relationships to improve life expectancy AM.

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## EBP PST 2 - Evidence-Based Practice Poster Session 2

### The Effectiveness of the Fall Prevention Guideline in a Long-Term Care Facility

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*Jinyee Byun, MSN, RN, South Korea*

*Hyejin Kim, MSN, RN, South Korea*

#### Purpose

The purpose of this study was to identify the effects of the fall prevention guideline on fall attitude, fall knowledge, and fall prevention self-esteem of care workers in a long-term care facility.

#### Target Audience

The target audiences of this presentation are all health care practitioners in long-term care facilities, researchers, educators, advanced nursing students specifically interested in fall prevention of older adults living in long-term care facilities.

#### Abstract

**Purpose:** The purpose of this study is to identify the effects of the fall prevention guideline on fall attitude, fall knowledge, and fall prevention self-efficacy of care workers in a long-term care facility. **Method:** The research design of this study is a nonequivalent control group pretest-posttest design. The subjects consisted of 58 care workers in a long-term care facility in Seoul, South Korea. The number of participants in the experimental group was 27 and the control group had 31 participants. Participants in experimental group were provided the fall prevention guideline program for 12 times, once a week. The structure-questionnaire consists of fall attitude, fall knowledge, and fall prevention self-efficacy. The collected data were analyzed using SPSS 22.0 program which utilized paired t-test, independent t-test. To examine the effect of the fall prevention guideline in a long-term care facility based on the pretest and posttest, a paired t-test was used. An independent t-test was performed to determine if there were differences between the experimental and control groups. **Results:** Following the independent t-test analysis in this study, attitude ( $t=2.19$ ,  $p=0.02$ ) and efficacy ( $t=1.91$ ,  $p=0.03$ ) in experimental group were significantly higher than control group. Following the paired t-test, knowledge ( $t=2.01$ ,  $p=0.03$ ) and efficacy ( $t=2.53$ ,  $p=0.01$ ) were observed to be improved in experimental group. On the contrast, it is observed that attitude ( $t=-3.18$ ,  $p=0.00$ ), and knowledge ( $t=3.17$ ,  $p=0.00$ ) is significantly regressed in control group. **Conclusion:** The finding of this study suggests that the fall prevention guideline has an effect on fall prevention self-efficacy of care workers in a long-term care facility. Thus, implementing the fall prevention guideline in long-term care facilities will facilitate systematical fall prevention approach and enable to decrease fall rate of older adults living in long-term care facilities. The longer term development and practical application of the fall prevention guideline is recommended for intervention

**Keywords:** fall prevention, fall attitude, fall knowledge, self-efficacy

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## EBP PST 2 - Evidence-Based Practice Poster Session 2

### Gender-Based Sexual and Reproductive Health among Urban Adolescent Students in South India

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*Varalakshmi Manchana, MSN, MBA, PGDBE, (PhD), RN, RM, RPHN, India*

#### Purpose

To reinforce the importance of empowering adolescents about Reproductive and sexual health to enable healthy and right decision making in their sexual and reproductive behaviors.

#### Target Audience

Nursing students, professionals in clinical practice and education/Research.

#### Abstract

Adolescence is stated as the period of transition from childhood to adulthood, which starts with the onset of puberty. It comprises the individuals between the ages of ten to nineteen years. It is a stage of behavioral and attitude formation. Sensitization and appropriate guidance helps them to take right decisions and develop healthy behaviors. Adolescent health needs are unique. If they are not well guided, they are likely to experiment with risky behavior that could harm them and others. Aim: The study aimed to assess the Knowledge on sexual and reproductive health (SRH) and Gender perceptions among school going adolescents. Methodology: 150 Adolescent students between age group of 13 – 18 years were chosen by random sampling. Single group pre test post test design was used. Structured questionnaire on identification data, gender attributes and attitudes and sexual and reproductive health was administered before and after the Educational program. Findings: Gender equality scores indicate 13% students were highly gender equitable, 52% with moderate gender equality scores and 25% were with low gender equitable scores in the pre test. After the intervention, 78% were with higher gender equality scores and 22% with moderate scores. 56% of girls and 32% of boys have reported experience of some sort of violence and 12% of them denied of experiencing any sort of violence. Conclusion: Gender balanced adolescent friendly health care approach is the need of the hour. Parents, Teachers and health care providers need to be sensitized about “Gender balanced adolescent reproductive and sexual health”.

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## EBP PST 2 - Evidence-Based Practice Poster Session 2

### Preliminary Study of the Effects of Complete Bed Baths with Synthetic Towels: Comparison between Inpatients and Healthy Individuals

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C. Matumura, PhD, MSN, RN, Japan

#### Purpose

To establish safe and comfortable bed baths with synthetic towels in actual clinical settings, this preliminary study aimed to verify effects of these baths with synthetic towels on inpatients.

#### Target Audience

Clean care technologies with the nurse researchers

#### Abstract

**Purpose:** To establish safe and comfortable bed baths with synthetic towels in actual clinical settings, this preliminary study aimed to verify effects of these baths with synthetic towels on inpatients.

**Methods:** Due to ethical limitations, we used a one group pre-post design targeting inpatients. Results were compared with healthy individuals who underwent an identical experiment. Subjects comprised five inpatients ( $73.2 \pm 12.1$  years, males: 3, females: 2) who could communicate verbally but had a low independence level and required complete bed baths. Towels were heated ( $55.7 \pm 0.5$  °C) in a thermostatic device. Complete bed baths excluding the genital area were given in the same manner to both inpatients and healthy individuals (15 healthy, male students in their twenties). Effects were evaluated using indicators such as core body and skin temperature, blood pressure, electrocardiogram (heart rate variability), short form of the profile of mood states (POMS-SF), alertness and relaxing visual analogue scale (VAS), and 1 to 3 Likert scales for each of the six items of towel material texture. This study was conducted with approval of the ethics committee of the affiliated institutions.

**Results and Discussion:** Inpatients exhibited significant increases in core body temperature from the start; mean skin temperature tended to increase after temporarily dropping directly after completing the bath. No marked changes were observed in blood pressure, heart rate, or autonomic nerve activity upon completing the bath, suggesting that results were affected by aging. Decreased alertness and lower POMS scores were observed, and scores for 3 of 6 texture items were high. Although no marked changes in autonomic nerve activity were observed in healthy individuals from the start, significant increases in core body and skin temperature and significant decreases in heart rate and systolic blood pressure were observed, showing marked temperature sensation and circulatory response. Further, after completing the bath, significantly decreased alertness and increased VAS were observed, and only one texture item received high scores.

**Conclusions:** Marked temperature sensation and circulatory response occurred in healthy individuals, but very little response was observed in inpatients.

#### References

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## EBP PST 2 - Evidence-Based Practice Poster Session 2

### Gene Mutations and Pregnancy Induced Hypertension: A Meta-Analysis

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#### Purpose

The purpose of this presentation is to disseminate current evidence on population genome health and related epigenetic factors, through the meta-analyses of methylenetetrahydrofolate reductase (MTHFR) gene in pregnant women who developed hypertension.

#### Target Audience

The target audiences of this presentation is include nursing and inter-professional colleagues who are interested in learning about personalized genome care and the epigenetic factors associated with pregnancy induced hypertension.

#### Abstract

The purpose of this study is to disseminate current evidence on population genome health and related epigenetic factors, through the meta-analyses of methylenetetrahydrofolate reductase (MTHFR) gene in pregnant women who developed hypertension (PIH).

PIH including preeclampsia are the leading causes of maternal and perinatal mortalities. Preeclampsia presents not only more severe form of PIH, but also additional dysfunctions including edema, proteinuria, headache, and impaired vision. Literatures were searched from various databases using a set of key words for the meta-analyses. Quality scores for the studies and inter-rater evaluation on data coding were completed to ensure data accuracy for pooled meta-analyses.

Preliminary results included 6079 cases and 11061 controls from 53 studies. MTHFR 677 homozygous (TT) mutation genotype was significantly associated with increased risk of developing PIH (RR= 1.23,  $p < 0.01$ ). Subgroup analyses revealed that MTHFR 677TT subtype was a significant risk of PIH in European (RR= 1.20,  $p < 0.01$ ; 2478 cases and 6175 controls in 19 studies) and in Asian (RR= 1.56,  $p < 0.01$ , 1261 cases and 2238 controls in 13 studies). For lifestyle factors, body mass index (BMI) before pregnancy ( $\text{Kg/M}^2$ ) was an important predictor for the development of PIH. Normal weight (BMI < 25) was protective against the development of PIH and preeclampsia (RR = 0.75,  $p < 0.0001$ ); whereas, overweight (BMI = 25-29, RR = 1.52,  $p < 0.0001$ ) and obesity (BMI > 30, RR = 1.80,  $p < 0.0001$ ) were associated with increased risk of developing PIH and preeclampsia (376 cases and 2294 controls in 2 studies of Caucasian women). Future studies are needed to examine epigenetic factors associated with MTHFR gene mutations in the prevention PIH.

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## EBP PST 2 - Evidence-Based Practice Poster Session 2

### Why Do Nurses Come into Contact with Blood during Intravenous Catheter Placement?

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*Yoriko Watanabe, PhD, RN, Japan*

#### Purpose

The purpose of this presentation is we elucidated the state of coming into contact with blood and related issues by observing nurses' intravenous placement skills with the peripheral-short catheter.

#### Target Audience

The target audience of this presentation are nurses and teachers who are implementing the catheter placement.

#### Abstract

**Purpose:** We elucidated the state of coming into contact with blood and related issues by observing nurses' intravenous placement skills with the peripheral-short catheter.

**Methods:** Subjects comprised 90 Japanese nurses. Videos of actual intravenous placement of catheters were recorded with qualified nurses taking on the roles of both the nurse performing the intravenous placement and of the patient. Direct contact of the patient's blood with the skin of the nurse was defined as contact with blood. Data regarding the part of the process of intravenous placement during which the nurse was exposed to the spilled blood and whether or not the nurse was wearing gloves is gathered.

**Results:** Contact with blood was observed in the video recordings of 13 of the 90 subjects (14%). Gloves were worn from placement of the needle to clean-up up by 34 of the 90 subjects (38%). Results of a chi-squared test revealed a correlation between contact with blood and whether or not gloves were worn (level of significance: 5%). Twelve of the 13 subjects who came into contact with blood were exposed to blood that flowed out of the catheter hub during the period between removal of the stylet and connection of the stylet to the infusion route. Contact with blood during clean-up occurred in 2 of the 13 subjects. One nurse came into contact with blood twice; once when blood flowed out of the hub and once during clean-up. Gloves were removed partway through the procedure by 35 of the 90 nurses (39%), and of these 35 nurses, 28 removed their gloves during dressing of the venipuncture access site or during clean-up. Thirty-five of the 90 nurses (39%) applied pressure to the needle including the tip of the catheter (22 G catheter 25 mm in length) and no bleeding was seen from the catheter hub.

**Discussion:** The Centers for Disease Control and Prevention guidelines stipulate that gloves should be worn during placement of intravascular catheters to prevent infection with blood-borne pathogens. Meanwhile, the Infusion Nursing Standards of Practice (2011) by the Infusion Nurses Society stipulate that gloves should be worn when there is a possibility of contact with blood and that gloves should only be removed after destroying the items used. However, only 34 of the 90 nurses (38%) in this study wore gloves throughout needle placement and clean-up. Results revealed a correlation between contact with blood and whether or not gloves were worn. When gloves were removed partway between needle placement and clean-up, contact with blood was observed in 6 of the 35 nurses (17%). There is a risk of blood adhering to the fingers during actions such as wiping up blood with a cotton swab soaked in alcohol with bare hands. Gloves need to be worn until clean-up is finished. This study revealed that nurses tend to remove their gloves for dressing of the puncture site once the needle has been placed. This is likely due to a lack of awareness of countermeasures for contact with blood in vascular access. An effective method of applying pressure to prevent outflow of blood during removal of the stylet is to estimate where the tip of the catheter is and to press down on the skin in the area including the catheter tip. Learning this method (Photograph 2) can reduce the chance of contact with blood. Using a device with a hemostasis valve and closed IV catheter system is also considered effective.

### Conclusions:

1. Contact with blood was observed in 13 of the 90 nurses (14%).
2. Contact with blood that flowed out from the catheter hub accounted for 92% of all contact.
3. In the future, nurses should wear gloves throughout catheter placement and clean-up and use techniques to prevent outflow of blood such as pressing down on the skin where the catheter tip is located during stylet removal.

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## EBP PST 2 - Evidence-Based Practice Poster Session 2

### Educational Needs and Learning Needs of Visiting Nurses in Japan: Difference According to the Years of Home-Visit Nursing Care Experience

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Miwa Suzuki, DNSc, RN, PHN, Japan  
Naomi Funashima, DNSc, RN, Japan

#### Purpose

Leaner Objectives #1.The leaner will be able to identify the difference in educational needs and learning needs according to the years of home-visit nursing care experience. Leaner Objectives #2.The leaner will be able to discuss about continuing education for visiting nurses that met educational needs and learning needs.

#### Target Audience

This study target visiting nurses and the others who are interested in the educational needs and learning needs for visiting nurses. The goal is to promote professional development of visiting nurses for an improvement in quality of home-visit nursing care.

#### Abstract

Objective:To explore the difference in educational needs and learning needs according to the years of home-visit nursing care experience.

Methods:Participants completed the Educational Needs Assessment Tool for Visiting Nurses (ENAT-VN) , the Learning Needs Assessment Tool for Visiting Nurses (LNAT-VN) and the Visiting Nurses' Attributes Questionnaire.The ENAT-VN was used to measure the educational needs of visiting nurses identified through a qualitative study (Yokoyama & Funashima, 2010).It has 36 items on a 4 point Likert-type scale, and has satisfactory reliability and validity (Suzuki & Funashima, 2014).The LNAT-VN was used to measure the learning needs of visiting nurses identified through a qualitative study (Miura & Funashima, 2005).It has 25 items on a 6-point Likert-type scale, and has satisfactory reliability and validity (Suzuki & Funashima, 2012).Questionnaires were distributed to 906 randomly sampled visiting nurses working at Home Visit Nursing Care Stations in Japan. The answers were returned by mail and were analyzed statistically.

Results:Of 559 (61.5%) responses,463 were valid and the data were analyzed.The mean total score of the ENAT-VN is as follows;visiting nurses with less than 1 year of home-visit nursing care experience(n=38) were 74.6(SD=20.1),visiting nurses with over 1year and within 4 years(n=122) were 73.0(SD=18.3),visiting nurses with over 4 years and within 6 years (n=60) were 70.5(SD=20.4),visiting nurses with over 6 years and within 10 years (n=109) were 69.6(SD=18.3),visiting nurses with over 10 years (n=134) were 66.4(SD=16.6).The mean total score of the LNAT-VN is as follows;visiting nurses with less than 1 year of home-visit nursing care experience(n=38) were 132.8(SD=12.1),visiting nurses with over 1year and within 4 years(n=122) were 130.5(SD=13.3),visiting nurses with over 4 years and within 6 years (n=60) were 131.8(SD=11.8),visiting nurses with over 6 years and within 10 years (n=109) were 129.6(SD=13.4),visiting nurses with over 10 years (n=134) were 131.6(SD=10.6).There was a significant difference between visiting nurses with less than 1 year of home-visit nursing care experience and visiting nurses with over 10 years on the mean total score of the ENAT-VN( $p<.05$ ).Among five groups, thirteen items had a significant difference on the mean item score of the ENAT-VN( $p<.05$ ).And it was one item that there was a significant difference on the mean item score of the LNAT-VN( $p<.05$ ).

Implications:The results suggested that there were some significant difference on the mean item score of the ENAT-VN and the LNAT-VN.Developing effective continuing education programs for visiting nurses based on the findings of this study will help to promote quality of home-visit nursing care.

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## EBP PST 2 - Evidence-Based Practice Poster Session 2

### Functional Dependency and Cognitive Impairment in Older Adults of a Community of Saltillo Coahuila

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*Angeles Villarreal-Reyna, PhD, RN, Mexico*  
*Raul Castillo Vargas, MSN, RN, Mexico*  
*Luis Cortez-González, MN, RN, Mexico*  
*Catalina Alejandra Rivera Reyes, BS, Mexico*

#### Purpose

Analyze the relationship between functional dependence and cognitive impairment of seniors in a community of the city of Saltillo Coahuila Mexico.

#### Target Audience

The target audience of this presentation are family nurses and reserach nurses and ederly

#### Abstract

In recent years, it is producing an increase in chronic diseases among the population over 60 years. These diseases can affect the ability to perform basic activities of daily living (ADL) and therefore the level of functional dependency.

Aging brings cognitive and physiological decrease causing isolation and loss of autonomy and independence, because the physical and social performance of the elderly depends on the integrity of all its functions. The loss of short term memory and inability to perform calculations are sensitive indicators of reducing these functions.

Objectives: Analyze the relationship between functional dependence and cognitive impairment of seniors in a community of the city of Saltillo Coahuila Mexico.

Methodology: A correlational descriptive study was conducted on a group of people over 60 years (n = 540), the instruments used were the Barthel scale to measure functional dependency and SPMSQ PFEIFFER scale to assess cognitive impairment. For data analysis Descriptive statistics and bivariate correlations used.

Results: The mean age was 71.56 (SD 9.1) 50.9% of the sample consists of the female gender. As for the study variables, we found that 46.1% shown to be independent while 3.7% have a severe dependence. With regard to cognitive impairment 53.3% showed no cognitive impairment, compared with 4.4% who presented severe cognitive impairment.

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## EBP PST 2 - Evidence-Based Practice Poster Session 2

### Factors That Promote the Practice of Airway Suctioning of Clinical Nurse

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Rie Kashihara, MSN, RN, Japan  
Yoriko Watanabe, PhD, RN, Japan  
Shotaro Sumitani, PhD, RN, Japan

#### Purpose

The purpose of this presentation is to clarify the performance of procedure according to the evidence-based guidelines on the airway suctioning practice by hospital nurses in Japan.

#### Target Audience

The target audience of this presentation is the nurses to practice airway suctioning in clinical.

#### Abstract

**Background:** Airway suctioning practices have been standardized in accordance with evidence-based guidelines (American Association for Respiratory Care, 2010, Japan Society of Respiratory Care Medicine, 2013). Evidence-based procedures in guidelines, has been reported to reduce the physical invasion of the patient. However, there have been few studies on airway suctioning procedure performed by clinical nurses in Japan. It has not been clarified whether the clinical nurse to properly perform evidence-based procedures in guidelines. And not disclosed also factors related to performing the procedures.

**Purpose:** To clarify the performance of procedure according to the evidence-based guidelines on airway suctioning practices by clinical nurses in Japan.

**Method:** Registered nurses who provided respiratory care to patients were recruited to complete an anonymous questionnaire. The questionnaire was composed 15 items on airway suctioning procedures based on Nursing Interventions Classification.

**Results:** The subjects were 602 nurses (experience range: 1-35 years). 31.2% nurses worked in intensive care unit (ICU), and 68.8% nurses worked in general nursing unit. 26.9% nurses had physical assessment education in school, and 54.5% nurses had after graduation.

Eight among the 15 items in the questionnaire were procedures that were recommended in the guidelines, in accordance with the GRADE criteria. For four items, 'Observation of secretions', 'Assessment of need', 'Infection prevention', and 'Monitoring of oxygenation and hemodynamics', the rate of implementation was more than 80%. However, for four items, 'Pre-Oxygenation', 'Decision on time of suctioning', 'Decision on minimum pressure', and 'Choice of catheter size', the rate of implementation was less than 80%.

Physical assessment education after graduation increased the rate of implementation of the following techniques: 'Assessment of need', 'Monitoring of breath sounds before suctioning', and 'Monitoring of breath sounds after suctioning'. No correlations were found in regard to the physical assessment education in school.

ICU nurses increased the rate of implementation of the following items: 'Monitoring of breath sounds before suctioning', 'Monitoring of breath sounds after suctioning', 'Monitoring of oxygenation and hemodynamics, and 'Discontinue and Oxygenation in hazardous situations'.

**Conclusions:** Most nurses practiced procedures for infection prevention, monitoring and observation in airway suctioning. However, procedures for minimally invasive suctioning were less practice in Japan.

To promote airway suctioning practice effective, nurses need to have more education program after graduation.

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## EBP PST 2 - Evidence-Based Practice Poster Session 2

### Does the Hospital Medical Home Increase Primary Care Follow-Up among Pediatric Medical Patients?

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*Deborah A. Cleveland, MS, BSN, FNP-BC, RN, USA*

#### Purpose

The purpose of this presentation is to educate all nurses on the Hospital Medical Home and how the Hospital Medical Home can be used to improve care coordination between the inpatient and outpatient settings through care coordination by a nurse practitioner and a multidisciplinary team approach

#### Target Audience

The target audience are staff nurses, nurses in the ambulatory care setting, administrators, nurse managers, and advanced practice nurses who works in the outpatient or inpatient setting

#### Abstract

**Background:** The New England Journal of Medicine (2009) found that over 50% of Medicare beneficiaries who were re-admitted to the hospital within 30 days did not have a follow up visit in the ambulatory care setting upon hospital discharge. O'Reilly (2011) stated that Piedmont Hospital in Atlanta reduced their hospital re-admission rate from 13.05% to 3.97% after implementing measures to improve medication reconciliation and identify high risk patients who are increased risk for hospital re-admission. Therefore, research suggests that primary care follow up visits may reduce hospital re-admissions. New York Methodist Hospital received funding from the New York State Department of Health to create a Hospital Medical Home in April 2013. The Hospital Medical Home sought to increase compliance with primary care hospital follow up visits within 14 days of hospital discharge and improve medication reconciliation upon hospital discharge among Medicaid pediatric medical patients. Another goal involved increasing collaboration with the inpatient and outpatient setting to identify high risk patients who were at high risk for hospital re-admissions in order to reduce hospital re-admissions and improve patient satisfaction.

**Methods:** A nurse practitioner/care coordinator began working with the attending physicians and resident physicians at NYMH to increase primary care follow up among pediatric clinic patients. The nurse practitioner was notified of all upcoming discharges from the pediatric floor and pediatric intensive care unit and began meeting with patients and families to educate them on the importance of hospital follow up visits. In addition, the nurse practitioner called all pediatric and PICU discharges within 48 hours to remind them to attend a hospital follow up visit within 14 days of discharge. The nurse practitioner often saw these patients for their primary care follow up visits at the pediatric outpatient clinic, especially high risk patients. An electronic medical record was used to assess whether or not the implementation of the Hospital Medical Home improved patients' compliance with primary care follow up visits within 14 days of discharge by comparing hospital admissions between Jan 2012 through June 2012 to hospitalizations between Jan 2014 through June 2014.

**Results:** 0 out of 75 pediatric patients who were admitted to the pediatric floor or pediatric intensive care unit between Jan 2012- June 2012 returned to the outpatient pediatric clinic for a primary care hospital follow up visit within 14 days of hospital discharge. However, 45 out of 65 (69%) pediatric patients who were admitted to the pediatric floor or pediatric intensive care unit between Jan 2014-June 2014 returned to the outpatient clinic for their primary care hospital follow up visit within 14 days of hospital discharge.

**Conclusion:** The Hospital Medical Home project improved patient outcomes by increasing patient's compliance with a primary care follow up visit within 14 days of hospital discharge. The primary care follow up visit sought to coordinate care between the inpatient and outpatient setting and identify patients who are at high risk for re-admission. Further research needs to be done to reduce the number of hospital re-admissions that occur among all pediatric medical patients, especially among patients with chronic conditions such as sickle cell anemia and seizure disorder.

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## EBP PST 2 - Evidence-Based Practice Poster Session 2

### Pain Care Quality and Patient Perception of Pain Care

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Laura K. Martin, MSN, RN, USA

#### Purpose

to enable the learner to identify a framework for implementing a pain care toolkit to improve patient perception of pain care through interprofessional collaboration.

#### Target Audience

registered nurses, interprofessional team members, and hospital administrators who have the desire to implement evidence-based best practices to improve patient perception of pain care.

#### Abstract

Background: Evidence supports that quality pain management improves the patients' report of satisfaction even if pain is not always eliminated. The goal of this Doctor of Nursing Practice project was to implement/sustain processes to enhance the patients' perception of pain care quality by implementing a Pain Care Quality Toolkit into the standard of care for three inpatient nursing units. The setting was a 110-bed community hospital that is a part of a large multi-facility healthcare system. An interprofessional team was formed to plan, implement, and monitor all project activities.

Methods: A Plan, Do, Study, Act methodology guided project implementation and evaluation. In July 2014, an evidence-based Pain Care Quality Toolkit was adopted involving: communication whiteboards, pain scales, patient education, hourly rounding, and non-pharmacologic strategies (positioning, heat/ice, guided imagery, distraction). Project outcomes included: 1) monthly collection of Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) pain scores and 2) inpatient responses to the 6-item Pain Care Quality–Nursing (PainCQ-N<sup>®</sup>) survey using a prevalence methodology. Weekly Pain Care Quality Toolkit adherence audits were conducted and reported monthly. Comparisons between pre-intervention (March-June, 2014) and post-intervention (July-November, 2014) outcomes were performed using paired t-tests (HCAHPS) or Wilcoxon signed rank test (PainCQ-N<sup>®</sup>).

Results: There was a significant improvement ( $t=4.3822$ ,  $p < 0.0001$ ) in HCAHPS pain scores for all units when pre-intervention outcomes ( $n=112$ ,  $M=66.25\%$ ,  $SD=10.5\%$ ) were compared to post-intervention outcomes ( $n=120$ ,  $M=71\%$ ,  $SD=5.34\%$ ). Adherence to pain education and adjunctive pain management strategy components of the toolkit improved compared to communication of the pain plan component of the toolkit. There were no significant differences in pre- intervention ( $n=23$ ) and post-intervention ( $n=65$ ) PainCQ-N<sup>®</sup> survey ratings in any of the three subscales ( $p > 0.05$ ): Being Treated Right pre-intervention  $M=5.80$ ,  $SD=0.39$ , post-intervention  $M=5.35$ ,  $SD=1.10$  ( $Z=1.51$ ,  $p=0.13$ ); Comprehensive Nursing Pain Care pre-intervention  $M=4.72$ ,  $SD=1.64$ , post-intervention  $M=4.10$ ,  $SD=1.93$  ( $Z=1.35$ ,  $p=0.18$ ); Efficacy of Pain Management pre-intervention  $M=5.55$ ,  $SD=0.67$ , post-intervention  $M=4.98$ ,  $SD=1.53$  ( $Z=1.09$ ,  $p=0.28$ ).

Discussion: PainCQ-N<sup>®</sup> ratings have not demonstrated improvement despite significant increases in HCAHPS scores post-intervention. However, there are too few data points post-intervention to support any trend in improved pain care quality. Continued monitoring of adherence with utilization of the toolkit and pain care quality measures is warranted to guide and sustain process improvement.

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## EBP PST 2 - Evidence-Based Practice Poster Session 2

### Reducing the Disparities in Breastfeeding Initiation among Urban Adolescent Mothers through a Prenatal Intervention

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*Jamie Lynn El Harit, BSN, RN, ASQ, CSSBB, USA*

#### Purpose

The purpose of this presentation is to describe an EBP antenatal intervention program within an urban, public high school to increase breastfeeding self-efficacy and initiation rates in this high risk population.

#### Target Audience

The target audience of this presentation is nurses focused on improving public health through the promotion of breastfeeding among high risk inner city, minority adolescent mothers.

#### Abstract

Breastfeeding has been correlated with many health benefits to both infants and mothers. According to Healthy People 2020, infants who are breastfed have improved nutritional, immunological, developmental, and social outcomes. Despite the benefits of breastfeeding and the focused international efforts to increase levels of breastfeeding, adolescents remain largely unaware (Spear, 2006). According to the Centers for Disease Control (CDC, 2013) adolescents have among the lowest levels of breastfeeding. This is further impacted by socioeconomic status and race (Apostolakis-Kyrus, Valentine, & DeFranco, 2013; CDC, 2013). Disparities thus exist in breastfeeding initiation and potential health outcomes to those populations most at risk for disease. Adolescent mothers are uneducated about the health benefits and protections of breast milk and this population is often overlooked in the promotion and protection of breastfeeding (Hunter, 2012; Moran, Dykes, Burt, & Shuck, 2006). This evidence-based practice (EBP) project aims to reduce the disparities of breast feeding initiation among a group of adolescent pregnant women in an inner city high school by increasing breast feeding self-efficacy and breast feeding intention.

After an exhaustive search in the major databases including CINAHL, ProQuest, MEDLINE, and PsychInfo eleven articles were chosen for inclusion in the development of the EBP solution. Social Cognitive Theory is the framework that is utilized in the development of the EBP solution. The EBP intervention includes psychological and environmental determinants of behavior, observational learning, self-regulation, and moral disengagement. The EBP implementation will include a series of three group learning activities utilizing an International Board Certified Lactation Consultant (IBCLC) and two peer breast feeding counselors and will focus on increasing self-efficacy and intention through various educational techniques focusing on the benefits of breast feeding, common difficulties, and mechanisms to overcome barriers.

The combined use of various techniques to engage adolescent learners in improving their self-efficacy will be utilized with a team approach, during the second trimester of pregnancy, over the course of three lunch-time educational sessions. Techniques include didactic, discussion, hands-on, demonstration, and literature. Support by a lactation expert will continue through to delivery within their school environment on a weekly basis.

The Prenatal Breastfeeding Self-Efficacy Scale will be utilized to measure pre and post-intervention. The Breast feeding Self Efficacy-Short Form (BFSE-SF) will be administered postpartum to determine postpartum self-efficacy as a mechanism to determine the impact of the intervention. Additionally, stated feeding intention will be collected pre and post intervention, as well as self-report data on initiation and continuation of any breast feeding during a telephone interview conducted between two to four weeks postpartum.

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**Experienced Nurse Faculty Leadership Academy  
Invited Poster Presentations (ENFLA)**

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## ENFLA - Experienced Nurse Faculty Leadership Academy Invited Posters

### Enhancing Care of Vulnerable Populations through Development of a Holistic Model to Evaluate Interprofessional Education

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*Rebecca Lee, PhD, MSN, BSN, BS, ADN, RN, PHCNS-BC, CTN-A, USA*

*Gwen Sherwood, PhD, RN, FAAN, USA*

*Carol L. Huston, DPA, MSN, RN, FAAN, USA*

#### Purpose

The purpose of this presentation is to highlight the journey of an ENFLA scholar as she led a team in the development of a holistic model to evaluate interprofessional education experiences for health professions students caring for vulnerable populations in a community based setting.

#### Target Audience

The target audience of this presentation is faculty, clinicians, and students interested in enhancing the care of vulnerable populations through the use of interprofessional service learning, and the use of a holistic model to assess student learning as a result of those experiences.

#### Abstract

This change project was implemented as part of the Experienced Nurse Faculty Leadership Academy (ENFLA) by Rebecca C. Lee (Scholar), in collaboration with Gwen Sherwood (ENFLA Mentor) and Carol Huston (ENFLA Faculty). The ENFLA experience was sponsored by Sigma Theta Tau International and Chamberlain College of Nursing Center for Excellence in Nursing Education.

Introduction/Background: Interprofessional teamwork and collaborative practice are key elements of efficient and productive efforts to promote health and treat patients in an increasingly complex health care system. Team-based care involves health and/or social professions that share a team or network identity and work closely together in an integrated and interdependent manner to solve problems and deliver services. Inadequate preparation of health professionals for working together, especially in interprofessional teams, has been implicated in a range of adverse outcomes, including lower provider and patient satisfaction, greater numbers of medical errors and other patient safety issues, low workforce retention, system inefficiencies resulting in higher costs, and suboptimal community engagement. Therefore, reforming health professions education in order to prepare all future health professionals for deliberately working together through advancement of Interprofessional Education (IPE) opportunities is vital for increasing health professional's work satisfaction as well as improving the quality and safety of health care, while ensuring patient-centeredness.

Health professions faculty have long recognized that interprofessional experiences should be geared toward meeting a set of standards and competencies. The report of the Interprofessional Education Collaborative (IPEC) Expert Panel (2011) proposed four domains of Interprofessional Collaborative Practice: Values/Ethics, Roles/Responsibilities, Interprofessional Communication, and Teams and Teamwork. Thirty-eight specific competencies further define the domains to assist educators in designing relevant learning experiences across all health care professions and promote dialogue to evaluate the fit between educationally identified core competencies for interprofessional collaborative practice needs and demands. Development of the IPEC domains and competencies were developed primarily by educators and professional societies with limited or no input from active healthcare practitioners, students, and members of the communities we serve. While there are numerous surveys to assess various aspects of IPE, educators continue to seek comprehensive assessment strategies that consider the full range of the competencies. Development of a holistic model for measuring the impact of IPE on the professional growth of health professions students during their education is needed to examine the linkage between interprofessional education and collaborative practice, as recommended by the Institute of Medicine in



their 2015 report, *Measuring the Impact of Interprofessional Education on Collaborative Practice and Patient Outcomes*.

**Purpose:** The purpose of this project was to facilitate leadership development of an experienced nurse faculty member through the expansion of the skills needed to successfully lead an interprofessional team in the development of a holistic model to evaluate interprofessional education experiences for health professions students caring for vulnerable populations in a community based setting.

**Methods:** The first step of the project was to convene a team consisting of interprofessional colleagues from across the Academic Health Center of a large Midwestern University. This group included representatives from the Colleges of Nursing, Medicine, Pharmacy, and Allied Health. Faculty and students had partnered with a local social service agency since 2010 to hold an interprofessional self-management clinic at the agency's community food pantry. Despite anecdotal data related to the value of this IPE experience, no data has been collected to assess student learning outcomes. A series of collaborative forums were planned with key stakeholder groups involved with the self-management clinic to examine the IPEC domains and competencies including: (1) Health professions students; (2) Health professions faculty; and (3) Community partners including the agency and clients. Following each presentation and review of the domains and competencies, stakeholder representatives provided both written and verbal feedback regarding the existing domains and competencies, as well as suggestions for additional items needed to formulate a holistic assessment of the IPE experience. Following each of these collaborative forums, the IPE Team members met to analyze data and refine the emerging model.

**Results:** Collaborative forums were completed with each of the key stakeholder groups. Participants were appreciative of the opportunity to contribute to development of the model, identifying areas that they felt were important for inclusion. As a result, a final model was created by the IPE team that expanded the original four IPEC domains to six. Faculty and students identified a fifth domain, Environment of Care, which involves actively contributing to improving the environment of care for self and other health care professionals and staff in order to increase satisfaction, enhance retention, and reduce burnout. The Community Partners, which included both representatives from the agency and community residents, identified additional competencies to be included under the Teamwork & Collaboration domain and added an additional domain, Patient Centeredness, which was determined by the group to be central to the new model. Patient Centeredness was defined as purposefully placing the patient and his/her family at the center of the health care experience through holistic, relationship-based care delivery.

During the ENFLA experience, the scholar gained valuable self-awareness, insight, and skills which allowed her to strategically create a dynamic leadership plan to facilitate her continuous development as a member of the academy in her new role as a tenured faculty member, as well as a leader in IPE initiatives designed to enhance the care of vulnerable populations. Self-reflection, skillfully facilitated by both the ENFLA mentor and ENFLA faculty, was a crucial component of the ongoing leadership development process, and prepared the scholar to move from relying on external definitions and indicators of successful professional development and leadership to embracing a model which includes knowledge of her own unique personal leadership qualities and style while setting leadership goals. As a result of this process, the scholar identified servant leadership as the leadership style most in keeping with her personal philosophy of nursing, and life. Thus the ENFLA experience resulted in greater knowledge of, and acceptance of self, as well as the recognition of opportunities for future leadership in advancing the care of vulnerable populations, locally, nationally, and globally.

**Conclusions:** Plans are underway for future testing and refinement of the Holistic IPE Model. An IPE grant has been submitted to an external funding agency that will use the model to evaluate student learning as part of involvement with the proposed project. A master's student in Allied Health is using the model to evaluate learning outcomes for former health professions students participating in the IHI Open School clinic. As part of her project, she will utilize cognitive interviews of students to further refine the holistic model.

Development of a nurse leader, as well as a holistic model to evaluate IPE, requires thoughtful strategic planning and partnerships. Participation in the ENFLA provides experienced nurse faculty with the

opportunity to reflect on personal leadership qualities and styles, and incorporate this self-knowledge in the creation of a tailored leadership development plan under the guidance of mentors and faculty accomplished in the field of nursing leadership. Leadership skills are further refined through the planning, implementation, and evaluation of the leadership project in partnership with colleagues in our respective universities. Thus an essential element of the ENFLA leadership development process is collaboration with a supportive team whose members possess diverse perspectives and expertise who challenge the scholar to expand previous boundaries and envision future leadership potential. An African proverb states, "If you want to go fast, go alone. If you want to go far, go together."

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# ENFLA - Experienced Nurse Faculty Leadership Academy Invited Posters

## Leadership Development through Journal Editing

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*Pamela Jeffries, PhD, RN, FAAN, ANEF, USA*

### Purpose

The purpose of this presentation is to share the process and outcomes of a journal editing and publication leadership project completed within the Sigma Theta Tau International Experience Nursing Faculty Leadership Academy.

### Target Audience

The target audience is convention attendees who are interested in leadership development and/or publication.

### Abstract

**Introduction/Background:** Nurses are highly regarded in the healthcare community. Having diverse educational preparation and expertise accentuates their ability to collaboratively and holistically address health care issues. For example, the PhD prepared nurse researcher may coordinate and collaborate with a clinical expert such as the Doctor of Nursing Practice prepared nurse to address health care issues. Nurses have been noted to be a critical advocate for change relative to addressing the needs of individuals, including disparate groups and populations.

Our understanding of the needs and concerns of rural and medically underserved populations and our experiences working in rural and other medically-underserved areas, served as the impetus for this Experienced Nursing Faculty Leadership Academy (ENFLA) nursing scholar project. The nurse scholar, who led the project, identified a need to increase collaboration among doctoral-prepared faculty in the areas of scholarship and service.

**Aim/Goal/Purpose sentence:** The goals are 1) Increasing personal and professional skills, particularly in leadership, collaboration, and publication and 2) promoting inclusivity, leadership, and growth among nursing faculty.

**Methods:** The ENFLA sponsored by Sigma Theta Tau International/ Chamberlain College of Nursing Center for Excellence in Nursing Education used a triad team approach. The triad consisting of the nurse scholar, JoAnn Oliver, the ENFLA mentor, Sandra Millon Underwood and ENFLA faculty member, Pamela Jeffries was instrumental in the completion of the leadership project. The ENFLA mentor and ENFLA faculty member facilitated the nurse scholar's development and completion of an individual leadership plan. The main goals of the leadership plan focused on increasing personal and professional skills and promoting inclusivity, leadership, and growth among nursing faculty.

In collaboration with the mentor, a time line was developed. A table of contents was established on specific healthcare topics. Author's manuscripts were submitted to an Electronic Manuscript Submission System and reviewed using the criteria established by the Journal.

Junior nursing faculty members were recruited to participate in the review of select manuscripts for educational purposes and as a service opportunity. Faculty members who participated in the learning opportunity were provided with written documentation as evidence of their participation and service.

**Results:** With the support of both Pam Jeffries, faculty and Sandra Millon Underwood, mentor, the ENFLA scholar developed and implemented an individual leadership plan. The main goal focusing on

increasing personal and professional skills and promoting inclusivity, leadership, and growth among nursing faculty was met. Faculty members of diverse educational backgrounds collaborated on articles. Faculty participated in manuscript review service opportunities. Significant learning and personal growth and development was experienced by the nurse scholar through the co-editing leadership experience. Oral and written communication with colleagues from across the nation occurred. The scholar led the process of co-editing the September 2015 issue of Nursing Clinics of North America. Sandra Millon Underwood provided support as ENFLA mentor and co-editor. Fourteen articles were included in the final edited publication. Specific topics addressed in the publication are: 1) Diabetes and Hearing loss 2) Cardiovascular health 3) Food insecurity 4) Assessing clinical health issues 5) Best practices for effective clinical partnerships 6) Integrating family health history 7) Health information seeking 8) Cervical and breast cancer literacy 9) Tailoring interactive multimedia to improve diabetes self-management 10) Smoking Cessation 11) Diabetes and children 12) Using mobile devices to access information in a rural setting 13) Obesity Assessment 14) Rural health and non-emergency use of emergency medical services.

**Conclusions:** The ENFLA facilitated in further developing a myriad of leadership skills. Enhanced opportunities to plan, develop, and implement a leadership project resulted in a high quality and disseminated outcome. This leadership project promoted personal and professional leadership growth among the ENFLA nurse scholar. This project served as a unique opportunity to increase inclusivity and collaborative efforts among a diverse group of nursing faculty and clinical experts. Additionally, the project dissemination forum also served as a mechanism to expand the influence of the nurse scholar within the institution, community, and nursing profession.

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## ENFLA - Experienced Nurse Faculty Leadership Academy Invited Posters

### Engagement of Clinical Teaching Faculty in Scholarship of Teaching and Learning: What Really Occurred

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#### Purpose

to provide the participant with a deeper understanding of the interconnectedness of a leadership project and a personal leadership journey.

#### Target Audience

current and aspiring leaders within nursing.

#### Abstract

Background: Historically, the engagement of Clinical Teaching Track Faculty (CTTF) in the scholarship of teaching and learning (SOTL) has not been at the same level as faculty who are tenured, or on the tenure track. In order to increase the engagement of CTTF in the SOTL and dissemination of this work, a project was developed to increase the engagement of this group in scholarship and dissemination of their scholarship.

Methods: Through the Experienced Nurse Faculty Leadership Academy (ENFLA) sponsored by Sigma Theta Tau International/Chamberlain College of Nursing Center for Excellence in Nursing Education, the scholar participated in a faculty guided leadership program and mentorship over a 12 month period to increase engagement of the CTTF in the scholarship of teaching and learning, hone existing leadership practices, deepen existing strengths, and develop new leadership practices. The triad team, scholar Dr. Karen Gorton, mentor, Dr. Angela McNeils and faculty, Dr. Karen Carlson, were instrumental in facilitating scholar growth as a leader and implementation of the project even as the environment changed.

Results: The ENFLA scholar developed and implemented a plan to increase the engagement of CTTF in the SOTL. Additionally, needed infrastructure was created with the Area of Excellence – Scholarship of Teaching and Learning; 6 month “touch-base” process was implemented with CTTF; significant personal growth continues; and increased numbers of CTTF have engaged in the dissemination of scholarship.

Conclusions: The ENFLA experience has provided the scholar with the opportunity for mentorship, leadership development, personal growth and facilitated the development and implementation of a project aimed to facilitate increased engagement of CTTF in the scholarship of teaching and learning. Additionally, growing challenges were presented to the scholar by the mentor and faculty which facilitated self-reflection and positive change.

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## ENFLA - Experienced Nurse Faculty Leadership Academy Invited Posters

### Developing Telehealth-Focused Advanced Practice Nurse Educational Partnerships

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*Donna M. Nickitas, PhD, RN, NEA-BC, CNE, USA*

*Debra Lyon, PhD, MSN, BSN, RN, PMHNP, FAAN, USA*

#### Purpose

The purpose of this presentation is to establish and operationalize telehealth-focused educational partnerships between the University of San Diego (USD) Hahn School of Nursing and Health Science and 4 community stakeholders in order to enhance the preparation of APRN NP students for practice, teaching, and/or scholarly endeavors.

#### Target Audience

The target audience of this presentation is advanced practice academicians, practitioners, and administrators of health care systems with an interest in developing roles for advanced practice nurses in telehealth clinical practice.

#### Abstract

**Introduction/Background:** As technology has grown exponentially in healthcare, nurse educators must prepare Advanced Practice Registered Nurse (APRN) graduates with the knowledge and skills in information systems/technology to support and improve patient care and health care systems. APRN's are expected to lead in caring for populations who lack accessibility and availability through the use of technology, specifically telehealth. The capacity to effectively and efficiently use technology in patient care delivery is clearly delineated in the American Association of Colleges of Nursing (AACN) Doctor of Nursing Practice (DNP) and Master of Science in Nursing (MSN) Essentials. However, APRN's have minimal, or no, exposure to formalized telehealth education and lack necessary technical skills needed to incorporate telehealth into their patient care. APRN's must successfully master the technology using telehealth/telemedicine, electronic health records, health information technology, and clinical decision support systems to advance health. Furthermore, DNP APRN's must be prepared to lead the coordination and collaboration with other healthcare providers in their use and application.

**Aim/Goal/Purpose:** The purpose of this presentation is to establish and operationalize telehealth-focused educational partnerships between the University of San Diego (USD) Hahn School of Nursing and Health Science and 4 community stakeholders in order to enhance the preparation of APRN NP students for practice, teaching, and/or scholarly endeavors.

**Methods:** The proposed project was initially presented by the project director to selected multidisciplinary stakeholders including leadership, home telehealth personnel, primary care providers, and decision support systems within two major health care systems to garner their support for acceptance and implementation. Concurrently, backing was obtained from several key USD colleagues including the Director of Simulation and Innovative Learning Lab and Coordinator of the Health Care Informatics Program. Technology experts skilled in design and production in web applications and electronic modules were secured from two San Diego based technology companies.

**Results:** Four telehealth-focused partnerships have been established with the USD DNP & MSN NP Programs. Two educational pilot programs are being developed with these San Diego based partnerships including 2 health care systems and 2 technology/media based companies. Students will have opportunities to engage in clinically based telehealth experiences focused on: (1) providing patient care while incorporating various technology with a specific emphasis on telehealth; (2) conducting research and/or evidence-based practice projects in order to further develop the scientific foundation

regarding incorporation of telehealth with patient care; and (3) participating in the production of patient-level educational materials related to specific topical areas.

**Conclusions:** Evidence-based APRN student telehealth clinical experiences will assist in preparing graduates who can effectively incorporate telehealth into their clinical practice. Greater access for diverse populations will be available as a result of the telehealth service model as well as better care and better outcomes at lower costs. Furthermore, APRN's will provide the necessary leadership and coordination through interprofessional practice by transforming health care through new innovative care models using information systems and technology.

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## ENFLA - Experienced Nurse Faculty Leadership Academy Invited Posters

### Leading Change in Admission and Progression Requirements to Promote Retention in a Pre-Licensure BSN Program

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*Zane Wolf, PhD, RN, FAAN, USA*

*Suzanne Prevost, PhD, RN, COI, USA*

#### Purpose

The purpose of this project is to examine patterns of retention/progression within the Nursing major for students admitted to the pre-licensure BSN program of a small Catholic Franciscan university, with a goal of making changes to existing policies to increase student retention/progression from the time of admission to graduation.

#### Target Audience

The target audience for this poster presentation is nurse educators and chairs/deans of pre-licensure baccalaureate in nursing programs.

#### Abstract

This change project was implemented as part of the Experienced Nurse Faculty Leadership Academy (ENFLA) by Deborah A. Greenawald (Scholar), in collaboration with Zane R. Wolf (ENFLA Mentor) and Suzanne Prevost (ENFLA Faculty), and with additional support from Sigma Theta Tau International/Chamberlain College of Nursing Center for Excellence in Nursing Education.

**Introduction:** Each year across the United States, students compete for a limited number of seats in pre-licensure BSN programs. With the increasing costs associated with nursing education and college in general, it is important to attempt to admit only students who have the best chance for success in the intended nursing major, and then to monitor their performance closely in foundational courses to determine their continuing ability to be academically and clinically successful in subsequent semesters. By “casting a wide net” with less stringent admission and progression guidelines for nursing students, many are academically unsuccessful after initial semester/s or lower level nursing courses, negatively impacting retention within the nursing major and, in many cases, overall attrition at a university. Although many admission and screening strategies are being utilized by baccalaureate nursing programs around the U.S., there have not been any singularly definitive indicators of potential nursing student success identified in the literature. Although the factors which influence nursing student success are complex, one approach to increasing overall retention in a nursing program is to examine current admissions guidelines and progression policies and relate them to historic patterns of nursing student retention and success.

**Purpose:** The purpose of this project is to closely examine the historic patterns of retention and progression within the Nursing major for students admitted to the pre-licensure BSN program of a small, Catholic, Franciscan university as either traditional or transfer students, with a goal of making changes to existing policies and guidelines to better support increased student retention and progression from the time of initial admission to the university to graduation. To support a student’s academic and clinical learning in nursing, better screening must be done at the time of application and admission to only admit those with the greatest chance for success. By better controlling the quality of students admitted to the Nursing program and thereafter more closely monitoring their progression, using (proposed) stricter guidelines than those currently in place, it is hoped that retention in the program will increase and that a greater number of students who are initially admitted will progress to graduation with a BSN and, ultimately, success on the NCLEX-RN licensure exam.

**Methods:** Existing data on nursing student admission and retention at the university were reviewed, noting patterns among students who were unsuccessful in the nursing major. The researcher met with

key members of the Admissions Department and Nursing faculty, including on-going discussions with the Chair of Nursing, who shared considerable data on student retention, and the Dean of the College of Professional Programs, whose support would be necessary to move the final proposal through administrative channels. Evidence from the current literature regarding best-practices for admission standards and progression guidelines related to nursing student success was reviewed, with consideration of the university's mission and values as proposed changes were being considered. An initial list of eight potential changes to current policies and procedures was developed and presented to the Nursing faculty for review and comment. Specifically, changes were proposed to admission GPA and SAT scores, the number of science courses which can be repeat/deleted for a passing grade (minimum "C"), the number of times a student may withdraw from a nursing course without receiving a grade, and the "advanced placement" for transfer students who hold a LPN license. Additionally, a recommendation was made that the university no longer distinguish between "Nursing" and "Pre-Nursing" students (the latter group being those who had some marginal qualifications related to high school GPA or SAT/ACT scores during the admission process), but rather, categorize all students initially admitted to the Nursing program as "Pre-Nursing" until they have successfully completed the foundational science courses prior to beginning the first required nursing course. Faculty input resulted in some minor changes to the initial proposal after which the plan was endorsed by consensus and moved along for further approval through faculty governance.

**Results:** Over the course of a semester, the proposed changes to nursing student admission and progression guidelines received approval from all necessary individuals and committees and are scheduled for implementation beginning in Academic Year 2015-2016. The impact of the changes on overall nursing student retention and successful program completion will not be able to be assessed for several years. However, on-going research will track the data on admission, retention, and successful program completion for students in the traditional pre-licensure BSN Program in order to document the outcomes of this change project.

**Conclusions:** Leading change is challenging in most situations, but in the environment of higher education, nursing faculty and leaders may be particularly challenged by institutional structures and processes over which they do not have much control. Building relationships with colleagues outside of the Nursing Department is necessary to persuade others in positions of authority why proposed changes are necessary to support nursing student success. Understanding the perspectives of Admissions Department staff, the Registrar, the Marketing Department, and faculty from other disciplines who sit on key committees is an essential step when trying to influence others to support changes to student recruiting/admissions and academic eligibility for progression. This change project represents an important shift in the manner in which student success is supported at this university, by interceding at the initial step of student admission and then more strictly controlling progression, so that those students who reach the upper levels of the Nursing curriculum will have the optimal chance to be successful in BSN completion and passing the NCLEX-RN.

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# ENFLA - Experienced Nurse Faculty Leadership Academy Invited Posters

## An Innovative Approach to Mentoring Newly Hired Nurse Educators

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### Purpose

The purpose of this presentation is to describe a sustainable mentoring program used to promote successful assimilation of newly hired nurse educators into the academic environment.

### Target Audience

The target audience of this presentation is nurse educators that practice in academia.

### Abstract

Introduction: Newly hired nurse educators face multiple challenges in today's rapidly changing academic environment. Transitioning from clinical practice into academia without the benefit of effective mentoring may lead to dissatisfaction, frustration, and attrition. Newly hired nurse educators may find difficulty in understanding academic areas of teaching, scholarship, and service, especially if they are transitioning from clinical practice. An effective mentoring program for nurse educators provides guidance, support, resources and assistance, as well as an opportunity for experienced faculty mentoring team members to guide newly hired nurse educators through the complex world of academia. The purpose of this project was to create a sustainable mentoring program to promote successful assimilation of newly hired nurse educators into the academic environment.

Methods: The method was a Plan-Do-Study-Act (PDSA) project to create an effective mentoring program for newly hired nurse educators. The project leader (scholar) guided the Faculty Mentoring Program Committee (FMPC) through the creation and progression of the faculty-mentoring program. The triad that consisted of the scholar Greta Marek, DNP, RN, CNE, her mentor M. Peggy Hays, DSN, RN, COI, and faculty Cynthia Clark, PhD, RN, ANEF, FAAN regularly discussed the project's progress. The Experienced Nurse Faculty Leadership Academy (ENFLA), sponsored by Sigma Theta Tau International/Chamberlain College of Nursing Center for Excellence in Nursing Education, provided an evidence-based program that encouraged learning and growth for the scholar.

A review of the literature included searches in PubMed, CINAHL, ERIC, Ovid, Google Scholar and EBSCO host using the search terms: academic mentoring, nursing faculty mentoring, mentoring programs, nurse educator mentoring. Limitations placed on the search were English language, peer reviewed, and a timeframe of 2000 to the present. Scholar reviewed 29 full-text articles and 20 university websites; used Watson's Theory of Human Caring and Benner's Novice to Expert models in relation to nurse educator mentoring programs. The scholar formed the FMPC at their college of nursing secondary to the need to develop a formalized faculty-mentoring program. Information from the literature review guided planning, actions and recommendations from the committee.

Results: The ENFLA scholar endeavors to continue to work with the FMPC towards the mentoring program's growth and sustainability. The committee developed the program's mission, vision, goals, outcomes, logo, and a semester-by-semester structure. The FMPC created two different tracks for newly hired nurse educators: a three-semester program for experienced nurse educators and a five-semester program for novice nurse educators. The first semester of each track focuses on orientation to the university, the college, and assigned courses. Newly hired nurse educators remain a cohort, instead of the traditional dyad mentoring model. Experienced nurse educators serve as a resource person and share their expertise in teaching, scholarship, or service. The goal of remaining in a cohort would be to help newly hired nurse educators develop team-building skills, enhance collegiality, provide support, adapt to the local culture, and provide consistency.

The new nursing faculty, hired during the 2014-2015 academic year, serendipitously decided to form an ad hoc committee to the FMPC, to ensure input. The ad hoc committee will collaborate with the FMPC to determine the mentoring program's effectiveness each semester through formative and summative evaluations.

Conclusion: Members of the FMPC expressed a sense of renewed purpose and pride while collaborating on creating a sustainable mentoring program. Ad hoc committee members expressed optimism and excitement about working with the FMPC towards evaluating the mentoring program's effectiveness.

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## ENFLA - Experienced Nurse Faculty Leadership Academy Invited Posters

### Launch of an Interdisciplinary Poverty Simulation

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*Karen L. Carlson, PhD, RN, USA*

#### Purpose

The purpose of this project was to cultivate new leadership skills in an experienced nurse educator through the process of establishing an interdisciplinary Poverty Simulation program at a medium sized public university in the upper Midwest.

#### Target Audience

The target audience of this presentation is nurse educators interested in the Poverty simulation or interested in developing leadership skills.

#### Abstract

**Background:** Poverty is a significant issue in the United States. According to the U.S. Census Bureau, the 2013 poverty rate was 14.5%, with a 19.9% poverty rate for children. Living in poverty is associated with significant long-term consequences, especially for children. Children are more likely to have lower levels of cognitive development with lower levels of educational achievements, and are also more likely to develop behavior problems and mental health issues that may continue into adulthood (Edin & Kissane, 2010). For people of all ages, living in poverty has been associated with negative health consequences, which, in turn, can worsen the family's poverty (Braveman et al., 2011; World Health Organization, WHO, 2008).

Although causes of poverty are not well understood, most of the causes of poverty are outside of the control of people who are poor. Additionally, persons living in poverty often experience stigmatization. Research suggests that when service professionals have negative perceptions of people living in poverty, levels of care provided by those professionals are less adequate (Castillo & Becerra, 2012; Reingold & Liu, 2009; Weaver & Duongtran, 2010). It is therefore important that everyone, especially students in professional service industries, are educated about the causes of poverty, and that efforts are made to influence attitudes toward the poor positively. Reutter, Sword, Meagher-Stewart, and Rideout (2004) identified that, in general, students with more positive attitudes toward people living in poverty were likely to believe that poor health within that population was primarily a result of limited access to resources. In contrast, students with more negative attitudes were likely to attribute poor health to poor health choices of individuals living in poverty, thus "blaming" the poor for being poor.

One way to encourage change in attitudes is through experiential learning followed by reflection. In the proposed Poverty Simulation (Missouri Association for Community Action, n.d.), students from many disciplines are able to experience the difficulties and challenges faced by "being" poor. The simulation is conducted with participants being assigned family identities. The families work to navigate the demands and challenges associated with being poor in 15 minute weeks; this is done by prioritizing challenges and interacting with community resources to resolve those challenges. The guided reflection at the end of the experience helps students to process the information and their feelings. This process increases students' awareness and understanding, potentially leading to changes in attitudes towards the poor.

**Purpose:** The purpose of this project was to cultivate new leadership skills in an experienced nurse educator through the process of establishing an interdisciplinary Poverty Simulation program at a medium sized public university in the upper Midwest.

**Methods:** Over a 12 month period, this scholar engaged in the Experienced Nurse Faculty Leadership Academy (ENFLA) program sponsored by Sigma Theta Tau International (STTI) and Chamberlain College of Nursing Center for Excellence in Nursing Education. Through workshops, study and reflection and with the generous support of her triad team, Faculty, Karen L. Carlson, PhD, RN and Mentor, Karen H. Morin, PhD, RN, ANEF, FAAN, this scholar has expanded her leadership skills to the university level through the process of launching an interdisciplinary Poverty Simulation Program. This process involved developing support from other disciplines and developing links with community agencies.

**Results:** Due to the time required to mobilize support from an interdisciplinary group and the challenges of securing funding, the Poverty Simulation program will not be completed within the time frame of the ENFLA program, but the work is ongoing. Using the framework of Kouzes and Posner (2012) and reflecting on the process of change (Quinn, 1996), the scholar has been able to develop strong support for the project from faculty and administrators in four different disciplines: nursing, social work, education and speech, hearing, and language. Funding from a grant application is currently pending. The project is designed to provide a meaningful experience to students and community members. Though not the main focus of the project, there is also a potential to develop an opportunity for interdisciplinary faculty scholarship. This would be done by securing IRB approval to survey student attitudes toward poverty, before and after the simulation experience.

**Conclusions:** Participation in the ENFLA program, with the guidance and support of Faculty and Mentor, has greatly helped expand the scholar's personal and professional leadership skills, as well as develop confidence in those skills. These skills have enabled the beginning development of an interdisciplinary Poverty Simulation experience. But these skills have also enabled the ENFLA scholar to successfully apply for and be chosen to fill the two-year term of the Teaching Learning scholar. This is a university-wide position to promote faculty development. Thus, lessons from the ENFLA program will be used to provide leadership for faculty from all disciplines at the university.

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## ENFLA - Experienced Nurse Faculty Leadership Academy Invited Posters

### Development of a Women's Health Nurse Practitioner Major at Duke University School of Nursing

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*Anne Moore, DNP, WHNP/ANP, FAANP, USA*

*Clarann Weinert, SC, PhD, MA, MS, BSN, RN, FAAN, USA*

#### Purpose

to review a faculty leadership project which introduced a new women health NP major to a University's MSN program.

#### Target Audience

faculty and students interested in women's health NP programs as well as faculty who are interested in developing a new major at their school.

#### Abstract

Introduction/background: The focus on women's health, including improved understanding of the unique health needs of women, has increased over the past few decades. Further, the demand for women's providers is escalating with many new women enrollees seeking primary care services via the Affordable Care Act legislation. (Report on Activities Related to "Improving Women's Health" As Required by the Affordable Care Act (P.L. 111-148, Section 3509), 2013). Specialized knowledge of women's health care is heightened when women also have multiple chronic conditions. (Weisman and Chuang, 2010; NIH Office of Research on Women's Health, 2010).

Purpose: To develop and initiate a women's health nurse practitioner (WHNP) major within the MSN program at Duke University School of Nursing. This requires leadership and organizational skills on many levels as well as curriculum design and economic planning. The ultimate goal is a sustainable program.

#### Methods:

1. Conducted an internal and external needs assessment for the WHNP major within the MSN program. HRSA ANE grant application submitted early 2014.
2. Through the Experienced Nurse Faculty Leadership Academy (ENFLA) sponsored by Sigma Theta Tau International/Chamberlain College of Nursing Center for Excellence in Nursing Education, the scholar participated in a triad team of Scholar/Mentor/Faculty. The 12-month leadership program helped to sharpen leadership and administrative skills.
3. Created a business plan, to include internal marketing of the program to DUSON administration, faculty, as well as to current and potential students.
4. Led a Team-Based Project focused on initiating the WHNP major. Included multiple stakeholders, which will contribute to an improved overall product.
5. Measured impact and outcomes in ongoing fashion.

#### Plan:

1. Enroll 8 in the 01 Year, 10 in the 02 Year, and 12 in the 03 year.
2. Develop and implement innovative and sustainable IPE didactic and clinical experiences for students in the WHNP, PA and DPT graduate programs that define and validate the essential competencies necessary to provide high-quality, evidenced-based care to women.
3. Evaluate knowledge and attitudes of scholars and graduates, skill development, and postgraduate board certification and employment.

#### Results



1. Received HRSA grant approval: July 2015-Celebration event for stakeholders, Project coordinator hired.
2. Faculty voted approval of new courses x 4. First course (Gender and Women's Health) completed August 2014. Next new course is slated for January 2015.
3. Marketing: Launched online AANP SmartBrief Ads, and regional and national professional meeting exhibits.
4. Students: Well over target with 20 enrolled in the Spring 2015 cohort, and 12 in the Fall 2015 cohort.
5. Evaluate student/faculty impact. Pre-test on knowledge and IPE interaction completed with first cohort, May 2015. 13/17 completed surveys. Post graduation, a repeat survey is planned.
6. HRSA ANE Refunded for year 2.
7. Key leadership strategies: Quarterly faculty meetings-check in, creation of welcome video by faculty to new students. PI has observed and participated in Physician Assistant teaching events in order to foster the relationship between schools and plan future IPE events.

Conclusion: This was successful and an ideal leadership project for an experienced faculty member/leader candidate. It required many skills including: vision for the WHNP role within the school and within the profession, organizational skills, relationship building and networking with administrators, preceptors, and students, building a marketing and economic plan, and curriculum design. Full program outcomes will be determined in year 2 and 3.

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## ENFLA - Experienced Nurse Faculty Leadership Academy Invited Posters

### Interprofessional Education and Collaboration from the Students' Points of View

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*Pennie Sessler Branden, PhD, APRN, CNM, RN, USA*

#### Purpose

The purpose of this activity is to begin the discussion of Interprofessional Education (IPE) and Interprofessional Collaboration (IPC) from the students' vantage point at Sacred Heart University (SHU), College of Health Professions (CHP).

#### Target Audience

Students of the SHU CHP from multiple disciplines including: Nursing, include Physical Therapy (PT), Occupational Therapy (OT), Speech-Language Pathology, Athletic Training, Exercise Science, Healthcare Informatics, and Health Sciences.

#### Abstract

**INTRODUCTION/BACKGROUND:** Healthcare providers can no longer work in silos and neither can health professions' educators. Health care professionals must work together to provide the best possible care for individuals and communities and reduce redundancy. Opportunities for Interprofessional Education (IPE) have not been utilized to their full potential even when the health professions schools/programs share a building or exist on a university campus. Those lost opportunities reduce the extensive and worthwhile possibilities for interprofessional awareness, education and collaboration across the health professions.

Interprofessional education is a pedagogical approach for preparing health professions' students to provide patient care in a collaborative team environment. The premise of IPE is that once health care professionals begin to work together in a collaborative manner, patient care will improve (Buring, Bhushan, Broeseker, Conway, Duncan-Hewitt, Hansen & Westberg, 2009) and collaboration will continue. In an effort to support and encourage Interprofessional Collaboration (IPC) and education, the IPE Committee of the Sacred Heart University (SHU) College of Health Professions (CHP) was established to spearhead and identify opportunities for IPE integration across the curriculum into each professional track. The ENFLA Scholar recognized the opportunity to begin this process by having an IPC activity with students from different CHP departments/schools to come together and learn about IPE leading to IPC.

Over the past year, the IPE Committee at the SHU CHP has been leading an effort to have the faculty better understand the IPE and the opportunities it affords for collaboration in education and care across the health professions. Initially the committee was formed by the Dean of the CHP and the committee members attended the IPEC Faculty development in the spring of 2014. The Experience Nurse Faculty Leadership Academy (ENFLA) Scholar was appointed to this group in September of 2014. At that time the committee was tasked with the job of getting faculty members of the CHP to submit proposals for IPE activities. Since then two workshops for the CHP faculty have been held and a call for proposals has been done. The committee decided to support three projects that were proposed. Since the work of the IPE Committee has addressed activities by and for the faculty, the ENFLA Scholar has decided to have an activity for and IPE group of students from the CHP to build support for IPE from the ground up. IPE research has supported this type of activity.

**PURPOSE:** The purpose of this activity is to begin the discussion of Inter-professional Education (IPE) and Inter-professional Collaboration (IPC) from the students' vantage point at Sacred Heart University (SHU), College of Health Professions (CHP).

**OBJECTIVES:**

1. Introduce IPE and IPC to the students of at least three different CHP professions.
2. Increase mutual understanding of the roles and responsibilities of at least three disciplines in SHU CHP.
3. Relate IPE competencies to each discipline's professional standards.
4. Encourage interprofessional collaboration and dialogue across the CHP majors.

**METHODS:** The proposed activity will be a single, 4 hour workshop for CHP student volunteers in the early fall 2015 semester. These students will include those from the School of Nursing, and at least two other departments in the CHP. The other disciplines in the College include Physical Therapy (PT), Occupational Therapy (OT), Speech-Language Pathology, Athletic Training, Exercise Science, Healthcare Informatics, and Health Sciences. The workshop will address at least two of the IPEC Core Competencies for Interprofessional Collaborative Practice. These IPC Practice Competency Domains include:

1. Values/Ethics for Interprofessional Practice
2. Roles/Responsibilities
3. Interprofessional Communication
4. Teams and Teamwork

**ACTIVITY:**

1. The ENFLA Scholar will form an IPC group of educators from at least three professions within the CHP.
2. This faculty committee will identify the group of students to include in this activity. The students will be notified and asked to participate with approximately an ultimate number of 8-12 from each professional track. The students will volunteer for this activity/workshop.
3. This IPC activity/workshop will include:
  1. Evaluation of the student participants for:
    1. their understanding of IPE and IPC before and after the activity
    2. their ideas related to when IPE can be done across the professions at SHU CHP
    3. their level of communication across professions before and after the activity
  4. Introduction of the IPE/IPC topic.
  5. IPC student groups reviewing and discussing their discipline's professional standards and where they are congruent.
  6. Case study with interprofessional student groups evaluating the opportunities for IPC and patient care.
  7. Students will offer suggestions on how they believe IPE and IPC can be integrated into the CHP professions curricula.
  8. Evaluation of the information gathered during the activity including student pre and post tests and suggestions with cross over from the faculty suggestions.
  9. After the workshop and based on student feedback, the IPC faculty will identify what course(s) and learning opportunities may have the potential for IPE in the SHU CHP.

**RESULTS:** In order to evaluate this Program's Outcomes, the Objectives will be measured as stated below:

1. The student participants will look at the professional standards of each of the disciplines represented and compare and contrast them as an activity of the workshop. These results will be reported by and to the interdisciplinary groups during the workshop. Written sheets from each group will be collected by the ENFLA Scholar and tabulated.
2. Questionnaires before and after the workshop will be answered by the student participants to evaluate and compare their understanding of what IPE, IPC, and professional roles and responsibilities are for each discipline represented by the student participants.

**CONCLUSIONS:** To be determined after execution of workshop.

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# **Geriatric Nursing Leadership Academy Invited Poster Presentations (GNLA)**

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## GNLA - Geriatric Nursing Leadership Academy Invited Posters

### A Nurse Leaders Journey to Improve Geriatric Outcomes in the Acute Care Setting

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*Claudia J. Beverly, PhD, MSN, RN, FAAN, USA*

*Tina M. Savdoval, MBA, BSN, RN, USA*

#### Purpose

The purpose of this presentation is to expand geriatric knowledge and experience to enhance the care of the geriatric population throughout the organization.

#### Target Audience

The target audience of this presentation is healthcare professionals and nurse leaders interested in advancing the nursing practice as it relates to the older adult

#### Abstract

The Geriatric Nurse Leadership Academy (GNLA) is an 18 month mentored leadership experience that is designed to operationalize learned leadership behaviors by assisting and supporting the fellow in developing and implementing a project that is centered on improving geriatric outcomes. Methodist Le Bonheur Healthcare has a culture of continuous quality improvement and leadership development and therefore chose to participate in the 2014-2015 GNLA cohort recognizing that as an organization the advancement of nursing practice in the care of older adults deserves attention in the community and the profession. A team was assembled to develop needed tools and provide education about the benefits of improving geriatric competence. Metrics to evaluate the program and its impact were agreed upon and systems were put into place to monitor and share the results. Involvement in GNLA fostered a partnership of a variety of disciplines and the interprofessional project identified and addressed several geriatric initiatives: enhance the geriatric knowledge of 100% of the bedside nurses on the medical surgical unit, implement geriatric training of new graduates in facility orientation and weekly team conferences with the pharmacist, case manager, social worker, patient care coordinator and nurse of geriatric patients on the unit. The expectation of this collaborative effort is to develop a team that is equipped with the clinical competencies to meet the needs of the older adult and focus on a plan using multiple strategies to decrease length of stay, increase patient satisfaction, and ultimately improve clinical outcomes of older patients. Over time the goal is to expand this geriatric knowledge and experience to enhance the care of this specialized population throughout the organization. Participation GNLA allowed the fellow to address professional and personal challenges that will be encountered as a leader uses an interprofessional project to implement organizational change.

#### References

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# GNLA - Geriatric Nursing Leadership Academy Invited Posters

## Preparing the Workforce to Care for Older Adults

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*Lisa A. Imlay, MSN, RN, USA*

*Nelma B. Crawford Shearer, PhD, USA*

### Purpose

The purpose of this presentation is to identify knowledge gaps among current health care providers in respect to the older adult population and the effort to improve competence and comfort in care provisions.

### Target Audience

The target audience of this presentation is direct care providers and those leading and managing the care providers.

### Abstract

The Geriatric Nursing Leadership Academy (GNLA) is founded on the three learning domains of leadership: Individual Leadership Development, Advancing Nursing Practice through Leadership of an Interprofessional Team Project, and Expanding Scope of Influence within the organization, community, and profession. The GNLA utilizes the Kouzes-Posner Leadership Challenge model for the purpose of developing leaders through a mentorship to advance practice and the care continuum for the older adult.

My individual leadership plan focuses on clarifying my values and setting an example by modeling the way for the interprofessional team as well as colleagues in the community. In order to model the way and inspire a shared vision, I focused on developing my public speaking skills and pursued new leadership opportunities and collaborations within and outside of my organization.

I have expanded my professional scope of influence by accepting an executive leadership position of Director of the Medical & Surgical Units at the hospital where I was employed as a clinical manager. I also accepted the responsibility to facilitate the long term care and post-acute care quarterly meetings within our community. I took the initiative to contact the local Senior Services Center and will be assisting in the organization of a Senior Health Fair for our community. I have been invited to the transitions of care team within our organization and serve as a key member to improve the quality of patient transitions of care. I now have a voice for leadership within the organizational Nurse Executive Council, Department Head meetings and was nominated to be a Baldrige examiner. Our organization is beginning the journey to receive the Malcolm Baldrige Quality Award. As an active member of the core team, I share my voice regarding the changing health care environment.

Advancing nursing practice and leadership was achieved by leading an interprofessional team project. As a GNLA fellow, I have learned the importance of inspiring a shared vision and enabling others to act on improving care provider's knowledge and skills in needs of hospitalized older adults. Through a multidisciplinary team approach and collaboration with a local university, assessment of caregiver knowledge within an acute care setting will be evaluated, knowledge gaps will be identified, and education will be created and dispersed with the intent to create a higher level of competence and comfort among those providing direct care to the older adults. Findings for the project will be presented at the Sigma Theta Tau International Biennial Convention.

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## GNLA - Geriatric Nursing Leadership Academy Invited Posters

### GNLA Leadership Journey: Community Resource Group Project: A Mississippi (MS) Community Initiative

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#### Purpose

The purpose of the presentation is to describe my GNLA leadership journey.

#### Target Audience

The target audience of the presentation is health care providers.

#### Abstract

**Introduction:** The Geriatric Nursing Leadership Academy (GNLA) is designed to assist and support the development leadership of advance practice nurses (APRNs). It focuses on individual leadership development, advancing nursing practice through leading through an interprofessional team project, and advancing the scope of influence of APRNs at the community, state and national levels. As a GNLA Fellow, I was able to implement an interprofessional project centered on improving geriatric health outcomes. This leadership development journey has been supported by my employer, Matrix Medical Network, a community health industry founder and leader. What began as a project; led to a journey to my heart, thus defining me as a person and nurse. The two will forever define my life.

**Individual Leadership Development:** My journey is best defined through the lens of the three domains of leadership as postulated by the Kouzes-Posner (K-P) model. As a GNLA fellow, the K-P model served as a guide in expanding my scope of influence by encouraging the hearts of those around me, and, by modeling the way for others. Multiple modalities were used to develop my leadership such as developing a mentor-mentee relationship, leadership training, observed behavior development with formal feedback, and purposeful self-reflection.

**The Interprofessional Team Project Initiative:** Matrix Medical Network is a visionary in the field of community medicine. The Mississippi (MS) Community Resource Group Project Initiative was developed to create an electronic tool to link health care providers with available community resources for older adults, bridging the gap between them, promoting efficient and comprehensive care at the highest level for all.

**Advancing Scope of Influence:** Expanding my scope of influence began by identifying key stakeholders interested in the care and well-being of older adults in Mississippi (MS). What began at the community level eventually led to my influence at the national level with federal lawmakers. These experiences enhanced my ability to enable others to act. For example, one of the collaborating physicians has become involved in Mississippi government affairs for the care of older adults, and one of the nurse practitioners has started a community work group in her town for the self-development of women. A second nurse practitioner is seeking a doctoral degree.

**Conclusion:** The Geriatric Nursing Leadership Academy provides development opportunities to nurses and encourages them to expand their scope of influence to a global level. As a GNLA Fellow, I recognize the role nurse leaders play in the future of healthcare. The development of strong community engagement with available resources is the key to the future of the care of older adults in Mississippi, and the subsequent possible world impact.

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## GNLA - Geriatric Nursing Leadership Academy Invited Posters

### A Changed Approach in the Management of Chronic Non-Cancer Pain in Older Adults

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#### Purpose

The purpose of this presentation is to provide effective and appropriate opiate alternatives to manage chronic non cancer pain in the older adult, using an interprofessional team, in order to implement a practice model change. The journey of the Geriatric Nurse Leadership Fellow will also be showcased.

#### Target Audience

The target audience of this presentation will be nurses who are interested in alternative pain management strategies for the older adult and those interested in implementing a practice change model utilizing an interprofessional team. Those interested in providing leadership in the geriatric arena will also be targeted.

#### Abstract

Inappropriate use of opiate medication for the management of chronic pain by older adults is fraught with challenges for the patient as well as healthcare providers. The Drug Enforcement Agency (DEA) recently changed the scheduling of hydrocodone combination products which created an opportunity to change pain management prescribing patterns and use for our elderly patients. The number of older adults, with their ever more complex needs, will continue to increase as the baby boomers age in our country thus having nurse leaders poised to address these needs within a climate of change is necessary. Furthermore, in the current health care climate and in the midst of the current Affordable Care Act, effective interprofessional leadership is needed in order to facilitate effective change. The Geriatric Nurse Leadership Academy (GNLA) sponsored by Sigma Theta Tau International in partnership with Hill Rom and the Hearst Foundation, provides an excellent opportunity for the community based geriatric nurse practitioner to develop their leadership knowledge and skills in order to provide effective leadership through this changing healthcare climate. The purpose of the GNLA is to prepare and support a group of nurses to develop and implement an interprofessional project centered on improving geriatric health outcomes. Using multiple methodologies in order to develop leadership knowledge and competence, the Fellow develops their skills in three domains throughout their GNLA Fellowship: individual leadership, advance nursing practice through leadership of an interprofessional team project and expand their scope of influence in their organization, community and profession. The GNLA utilizes the Kouzes and Posner leadership model in order to build on existing skills as well as to learn new leadership strategies. Utilizing these leadership strategies, the Fellow was instrumental in developing and leading an interprofessional team (pharmacists, pain experts, addiction medicine, physicians, nurses and social work) to develop a protocol for opiate use in the Rosa Parks Geriatric Wellness Institute for Senior Health (RP-WISH) patient. The purpose of the study was to provide effective and appropriate opiate alternatives to manage chronic pain in the older adult after determining the current opiate utilization rates of the RP-WISH patient and in so doing implement a practice model change. Provider and patient education modules were developed with subsequent standardization in the RP-WISH procedures used with an opiate using patient, such as utilization of a pain contract, urine drug screening as appropriate, patient and pain assessment tools, etc. Furthermore, the Pain Management Model was used to guide the project and give it a theoretical underpinning in order to maintain our focus of providing care to the older adult in such a way as to keep them functional and as independent as possible while promoting their overall quality of life, reducing their pain by addressing their pain from a biopsychosocial perspective and utilizing medications and other procedures in a judicious manner. Utilizing the leadership of an interprofessional team as a vehicle, the Fellow was able to use these newly acquired leadership skills to position herself in order to impact her organization by changing policy and procedures with regards to the care of the older adult opiate using patient, her community by participating with the DEA on a task force regarding opiate

use/abuse and her profession by disseminating learned information in the effective and efficient care of the older adult patient in chronic pain.

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# GNLA - Geriatric Nursing Leadership Academy Invited Posters

## Leadership with Intention and Impact

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*Veronique Boscart, RN, MScN, MEd, PhD, Canada*

*Deborah Cleeter, EdD, MSN, RN, USA*

### Purpose

The purpose of this presentation is to convey the knowledge and capabilities gained as an emerging leader in the care of older adults. The presentation will demonstrate how I have transitioned into someone now dedicated to integrating leadership into my everyday life as a person and as a professional.

### Target Audience

Nurses and Health Care Providers, Health Care Agencies, Post-Secondary Health Care Education

### Abstract

Introduction: The Geriatric Nursing Leadership Academy (GNLA), “prepares nurses to lead multidisciplinary teams to improve health care to older adults...” (STTI, 2015). In addition to scopes of influence that are assessed and developed, the GNLA also, “assists and supports each participant to develop and implement an interprofessional project centered on improving geriatric health outcomes” (STTI, 2015). The measurement of success as a Fellow in the GNLA is not based on awareness and knowledge, but on behavioral changes and impact on care. My development and transition as a leader in gerontological nursing occurred over the last 18 months. These changes in behavior were accomplished with the support and guidance of a Faculty Advisor (Dr. Deborah Cleeter) and Leadership Mentor (Dr. Veronique Boscart), who constituted a triad. Support via funding was also provided by Sigma Theta Tau International (STTI), The Hearst Foundations and Hill Rom Inc. The Fellow’s employer, Conestoga College, was also in support of the GNLA Fellowship and project as it is in line with Conestoga College’s mandate to advance healthy communities. An interprofessional team, which I led, worked together to develop a continuing education module focused on the aging population and the care of older adults.

Background: Using Kouzes and Posner’s Leadership Challenge text (2012) as a foundation, I developed an Individual Leadership Development Plan (ILDP), which outlined strategies to achieve behavioral changes as a leader. The ILDP was also a means to measure outcomes and impact of my leadership related to the care of older adults. Formal feedback was solicited from colleagues who served as Leadership Observers (LOs), as well as from people in my personal and professional life. In addition to leadership related changes assessed within the organizational setting, scopes of influence were also determined, considered, and tracked, to evaluate progress in professional and community leadership. Meeting every 2 weeks by phone with my Faculty Advisor and Leadership Mentor, the pathway for leadership was planned, assessed, and modified, and progress was quickly identified by noting changes in behavior and reactions of others.

One of the components of the GNLA Fellowship is a project, serving as one of the means with which to develop and measure my leadership capabilities. I led an interprofessional team to develop an educational module focused on depression in older adults, and how to better prepare health care professionals to understand, assess and treat depression in this age group.

Aim: The GNLA’s purpose is to, “prepare and position nurses in leadership roles in various health care settings...” (GNLA, 2014). Specific behavioral based goals I developed to meet this vision included

1. Being an inspiration to those I work with as a leader, by inspiring a shared vision and encouraging the heart.
2. Communicating with those in my personal and professional life in a manner that is seen to be mutually beneficial, effective and positive
3. Demonstrating and being known by others for my brand of perseverance, idea generating, honest and forthcoming, and enthusiastic.

The aim of the project within my Fellowship was to develop an educational module to be used to improve competencies and influence the behaviors of health care professionals, who care for older adults at risk for or living with depression, in all settings. It is imperative that health care professionals become more aware of this issue, how to assess depression using best practices and more importantly what to do with their findings; communication, documentation and advocacy.

Methods: My progress was assessed through a variety of methods. As mentioned, an ILDP was drafted, edited, and finalized as a working document to guide me as a Fellow. It was often revisited in triad meetings, as well as discussed at GNLA milestones, such as workshops and site visits. The ILDP served as a plan for action to change my behaviors in measurable ways, and was tracked regularly. Changes in behavior that demonstrated strength in leadership included:

- Committing to spending regular time to future oriented thinking and planning
- Inviting and being open to discussions and input versus reporting
- Becoming aware of and using positive and purposeful language, both verbal and nonverbal
- Demonstrating appreciation for those I lead, by getting to know them personally and showing gratitude via small but meaningful gestures
- Living out my brand of perseverance, idea generation, honesty/forthrightness, and enthusiasm

Changes in behavior were noted and measured by 4 LOs, who completed surveys and sit down discussions both 1:1 with me, as well as in small groups with the triad. These discussions focused on assessing and providing data regarding communication styles (verbal and nonverbal) as well as reactions of others to the Fellow as a leader. Regular group GNLA Fellow teleconferencing calls were attended (once a month) to learn more about leadership behaviors and methods to achieve leadership goals. As well, individual methods to learn more about leadership styles were brainstormed and trialed, such as Lunch with Leaders. Regular meetings with organizational management were also scheduled, which centered on the project, but also on leadership development and progress. I also made a commitment to more actively engage as a leader in professional and community organizations and events. I became actively involved with professional nursing organizations (CGNA, GNAO, RNAO) and political forums, such as those facilitated by Ministers of Federal Parliament. After attending GNLA Workshop II, and following a Fellow's teleconference on the use of Social Media, I also began a Twitter account, engaging others in recognizing the issues facing the health of older adults and what can be done to resolve these.

The topic of depression as the focus for the educational module was decided upon after an extensive gap analysis of accredited continuing education programs in Canada, consultations with community health care agency partners, and a literature review. A letter of permission was received from the Research Ethics Board at Conestoga College, in recognition of this project as program evaluation. The educational module was piloted at a professional development conference at Conestoga College in June 2015, with faculty and professionals in attendance providing data. The educational module will also be assessed by curriculum experts, community partner agencies, and community experts in this field. Feedback was collected via online survey and focus group comments, to assess participant's recall of content, module evaluation methods, and frequency of use of similar methods and content within their practice/teaching. Early on however, it was evident that the educational module is being considered by community partner agencies, with great potential being recognized for meeting needs, not previously considered, such as with adults with developmental disabilities. Outcomes include:

- Enhanced awareness of depression in older adults and the risks
- Increased screening for depression in older adults
- Improved interprofessional communication regarding risks and diagnosis of depression

All of this occurred as a result of the changes I have made in my behavior as a leader, impacting my organization, community, profession and most importantly older adults. It is very exciting that these outcomes are occurring in a variety of settings (LTC, acute care, community), which is a new way of addressing depression and its impact on the overall health of individuals and systems.

Results: I have achieved many of my leadership goals. I have received improved ratings and data in my leadership abilities to encourage the heart and inspire a shared vision, and have improved the way with which I consistently communicate with others as a leader. I have also begun to market my brand of persevering, generating ideas, being honest and forthcoming, and always enthusiastic.

These results were tabulated from survey data and verbal feedback I solicited from peers/family members, Leadership Observers, management at Conestoga College, community partners, as well as professional organization associates. In addition, the GNLA Scope of Influence portfolio evidences growth in many areas, such as:

- New roles obtained in professional organizations
- Conferences attended related to gerontology
- Consulting
- Policy work
- Professional Networks
- Impact numbers

Following the pilot presentation of the module, the plans for assessing data, refining the educational module and presenting formally to more community partners and health care professionals will occur in the next few months. The project team will analyze data gathered during June and October sessions, and assess how participants have utilized the module. These results will then be correlated with care of older adults via current education programs that are offered. The team will also assess in Fall 2015/Winter 2016 if the educational module is taken up as part of post graduate certificate in gerontology.

As mentioned, development and change has been measured and will continue to be, both from project data as well as data related to my leadership goals. What is most exciting however is the transition that has been noted by all those involved with this Fellowship and by myself. Most recently I was nominated and accepted as a cohort representative to present at a Symposium at the STTI convention in Fall 2015. For me this summed up and evidenced how I have committed to making effective leadership a part of me and what I do; making the impact and integration of my experiences correlate with the care of older adults.

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# **Leadership Poster Presentations Session 1 (LDR PST 1)**

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## LDR PST 1 - Leadership Poster Session 1

### Global Nursing Professional Migration: Addressing the Issue of Communication and Transition through Utilization of On-Line Education and Virtual Internships

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*Klaudia J. Lewis, MSN, RN, USA*

*Brandon H. Parkyn, MSN, RN, CCRN, USA*

#### Purpose

This seminar will present the option of on-line education and virtual internships as an opportunity to close the gap in education and aid in better transition into the new healthcare culture, professional expectations and social culture.

#### Target Audience

The target audience of this presentation is for foreign born health care nursing professionals that have either decided or have migrated to the United States to work within the health care system.

#### Abstract

The global nursing professional migration: addressing the issue of communication and transition through utilization of on-line education and virtual internships

Each year many nurses migrate to the United States for better working conditions, career changes, enhanced development, a better life, safety for themselves or family, or sometimes just to experience something new. Research has shown that migrating healthcare professionals face many obstacles during the transition process to the new culture and healthcare system. Some of those obstacles include: lack of understanding of United States Health Care System, lack of education about appropriate communication techniques, and lack of support from the sponsoring corporation during the transition period into a new and unfamiliar setting. Many nurses and their families have high levels of stress and disappointment when experiencing cultural shock from the immersion into a new culture. Those obstacles, on many occasions, prohibit new nurses from becoming successful as healthcare professionals within United States healthcare system. Many of them return to their country of origin or decide to change their career and remain within the USA border. Corporations and healthcare systems then are faced with all the migration costs, training and still are faced with a nursing shortage. This seminar will present the option of on-line education and virtual internships as an opportunity to close the gap in education and aid in better transition into the new healthcare culture, professional expectations and social culture. By closing the gap and supporting migrating nurses through providing them with the needed education, professional development and support we will make the process of transition and cultural shock less overwhelming, thus, raising the chances of keeping the, much needed, nursing work force within the USA borders.

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## LDR PST 1 - Leadership Poster Session 1

### Innovation in Action: How to Design a New Graduate Float Pool

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*Kristen Jean Brown, MSN, BSN, BA, RN, CPN, USA*

#### Purpose

To share the progress, successes and lessons learned of an innovative hiring strategy that utilizes new graduate nurses in a way they have rarely been used in the past – in a float pool designed strictly for newly licensed RNs.

#### Target Audience

Nurse Managers and administration that are struggling to meet strict and ever changing staffing requirements with cost effective and out of the box strategies. New nurses in the float pool are a resource now as well in the future as permanent openings become available with seamless transitions on to units.

#### Abstract

Introduction: Nurse staffing is a challenge. Float pools have been used effectively to staff units with hospital employees. Experienced nurses have almost solely made up the float pool workforce until now.

Purpose/Objects: To improve staffing resources through the implementation of a New Graduate Nurse Float Pool (NGNFP) and provide new grads a means of employment in a competitive market predominately hiring experienced nurses.

Methods: Implemented in 2013, nurses apply to the NGNFP and interview with nurse managers and the Residency Coordinator. They are oriented to the six adult units they will be working. They spend four weeks on a medical/surgical unit and one week on each of the remaining units for a total of 12 weeks in addition to participating in a yearlong RN Residency program.

Results: Of the original six NGNFP nurses, three have taken permanent positions and three remain in the float pool. An additional 19 nurses have been hired into the float pool and an Assistant Clinical Manager has been added to focus on its daily operations. Twenty more nurses will be hired in first quarter, 2015.

Discussion: As a result of the NGNFP, on-boarding and orientation to the units has been enhanced by developing unit specific orientation binders, mentoring by NGNFP nurses, streamlined reporting processes and regular NGNFP staff meetings with the off-shift supervisor.

Implications for Practice: The NGNFP has the potential to change how nurses are hired and is a win-win for the organization and nurse. To further evaluate the NGNFP nurse's satisfaction, stress, organization/prioritization, communication and support, the Casey-Fink survey is being implemented.

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# LDR PST 1 - Leadership Poster Session 1

## Bringing the Theory of Leadership and Research into Practice

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*Shannon Lanctot-Shah, DHS, MSN, BSN, RN, Canada*  
*Susan P. Hackett, MN, BSN, RN, Canada*

### Purpose

The purpose of this presentation is to share the integration of theory and practice by showcasing a semester of student work in a Nursing Student Leadership Conference. A variety of learning opportunities provide students with the means to meet the competencies of nursing leadership and research at the BSN level

### Target Audience

The target audience of this presentation is primarily nurse educators. The teaching and learning methods and integration of education and practice across the continuum of nursing interests will be applicable to all members of the healthcare team and advocates for community development in rural communities.

### Abstract

Leadership is a complex, multifaceted phenomenon that has been defined in numerous ways (Grossman and Valiga, 2013). Students graduating with a BSN are required to step into leadership roles in health care systems that are complex, fast paced and stretched for resources. In order to prepare students to step onto these leadership roles they need to develop competencies in nursing leadership and nursing research.

Senior nursing students in a small rural college in southern British Columbia (Canada) engage in a semester of theory and practice to further develop their competencies in the areas of leadership, influencing and managing change, and the utilization of research for the purpose of promoting the health of individuals, families, communities and society, within the context of the Canadian health care system. The nursing practice experience focuses on participants' growth in their practice as professional nurses. They have opportunities to explore interprofessional practice and nursing leadership in the context of emerging Canadian and global health issues and trends.

These practice experiences provides nursing students with opportunities to explore concepts studied in their theory courses, such as influence, power, change, health policy strategies, funding and resources allocation, and citizen participation, scholarship and research. Students have an opportunity to engage in change on a specific health or nursing practice issue in a wide variety of nursing practice settings.

Participants learn about professional nursing practice, critical thinking, and critical reflection. Practice experiences are supported by seminars, which provide opportunities to examine theories and concepts for discussion, exploration, and integration. Praxis involves the examination of the dynamic interplay between theory and practice. Praxis is actualized by critical reflection, journaling, and active participation in nursing practice seminars.

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## LDR PST 1 - Leadership Poster Session 1

### Forensic Psychiatric Nursing: Promoting Collaboration between Psychiatric Mental Health Nursing and Forensic Psychiatry

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*Liberty Olive Macias, MSN, RN-BC, CFN, USA*

#### Purpose

The purpose of this presentation is to share with clinical and administrator attendees an initiative that can promote and strengthen the collaborative relationship between forensic psychiatrists, psychologists, and psychiatric mental health nurses.

#### Target Audience

The target audience of this presentation includes clinicians, administrators, nurse practitioners and nurses in the forensic mental health setting.

#### Abstract

Literature has substantiated that lack of collaboration in the health care system compromises quality of care that results in increased human and financial losses. Conversely, a collaborative partnership among health care providers improves communication, delineates roles, enhances professional competence, and improves overall delivery of quality care.

Interprofessional collaboration is an essential practice element in the forensic psychiatric mental health field. There is an increasing number of nurses employed in the forensic setting, working with psychiatrists, physicians, psychologists, social workers, and rehabilitation therapists. Forensic nursing texts describe the role of nurses working in prisons, jails, and forensic psychiatric hospitals as specialized practice due to the use and application of clinical nursing skills to patients who have had interactions with the legal system. The International Association of Forensic Nurses (IAFN) and the American Nurses Association (ANA) have published the scope and standards of forensic nursing practice and yet nurses are underutilized resources in terms of what the scope of practice entails.

This presentation will introduce an initiative to promote collaboration among psychiatrists, other clinicians, and nurses in the forensic psychiatric field based on the Institute of Medicine's recommendations. The proposal for quality improvement will expand nurses' role through training and education and provide opportunities for nurses and psychiatric mental health nurse practitioners to expand their professional roles. The presentation will endorse the utilization of advanced practice nurses in the psychiatric mental health field to become key players in the practice of forensic psychiatry.

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## LDR PST 1 - Leadership Poster Session 1

### Nurses' Faith and Its Impact on the Provision of the Spiritual Component of Holistic Care to Patients in Oncology

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*Sarah M. Miller, EdD, MSN, RN, USA*

#### Purpose

The purpose of this presentation is to understand how does faith play a role in nursing care that is provided to patients in oncology? How does nurses' awareness of their personal faith play a role in their ability to provide the spiritual component of holistic care to patients in oncology?

#### Target Audience

The target audience of this poster is nurses who work in the oncology specialty, nursing leaders, or nursing educators specifically those who believe the spiritual component of holistic care is vital to address for each patient.

#### Abstract

This poster presentation will include data from a research study conducted as part of doctoral work. Ten registered nurses who have worked in oncology and have attended MidAmerica Nazarene University in Olathe, KS, and who have attended the post-licensure programs (RN-BSN or MSN) were interviewed regarding their personal faith and how they provide spiritual care to patients. The majority of the research participants have indicated there is a need for spiritual care in oncology and that in order to provide this component of holistic care, nurses must have faith. These nurses also shared the need for spiritual care specifically in the oncology setting, as patients in oncology often need spiritual care throughout their diagnosis and treatment. The information gathered from this study will be used to inform nursing leaders and educators of the need to incorporate faith-based information into nursing curriculum and continuing education offerings. There is no direct benefit to the participants in this study.

Nurses' faith and its impact on the ability to provide the spiritual component of holistic care is important for each and every one of us! Whether we are nurse educators, nurse leaders, or nurses working within healthcare facilities, we must address the topic of our faith and how it impacts the spiritual care we provide to our patients. Furthermore, as nurse educators and leaders, how do we address these topics with our students and staff? Come and dialogue with me as we work to understand the topic of faith in nursing and how it impacts spiritual care.

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## LDR PST 1 - Leadership Poster Session 1

### Nurse Executives and Leaders: A Customized Advanced Nursing Leader Model for Professional Development

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*Roberta P. Pawlak, PhD, RN, NEA-BC, USA*

*Barb Pinekenstein, DNP, MSN, BSN, RN-BC, CPHIMS, USA*

#### Purpose

The purpose of this presentation is to outline an organizing framework for a customized professional development model for nurse leaders, acknowledging various standards and experience levels.

#### Target Audience

The target audience of this presentation includes emerging and seasoned nurse leaders (including executives), as well as academic faculty in graduate nursing programs.

#### Abstract

Nurse Executives and Leaders: A customized advanced nursing leader model for professional development

Development of nurse leaders requires an organizing framework that integrates standards from professional nursing organizations (AONE, CGEAN, ANA), and broader systems organizations (AHA). Formal education for nurse leaders has been guided by the organizing framework of AACN Essentials for Master's and Doctoral Education for Advanced Nursing Practice within the indirect care role. However, strategizing professional and mentored experiences for the emerging and seasoned nurse leader has been a challenge. Customization is crucial, as individuals present different needs at varying points in one's career. This presentation introduces a model for integrating professional leadership standards and competencies as advanced career planning in nursing leadership is explored. The model includes a gap analysis and development of a strategic leadership plan that links to a customized vision of future advanced leadership goals. This model promotes transformational leadership outcomes supportive of next stage career growth.

One case example will outline a former Chief Nursing Officer's further development in regional community organizations serving at-risk populations, State and National Workforce Centers, grant writing and leadership and Health Information Management consulting. A model and tools for identifying a customized foundation, professional development and mentored experiences will be introduced.

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## LDR PST 1 - Leadership Poster Session 1

### Leading in Education, Practice and Research: DNP and PhD Teams

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*Elizabeth A. Carlson, PhD, RN, USA*

#### Purpose

to discuss and give examples of the benefits of having teams of nurses prepared at the DNP and PhD levels working together to improve education, practice and research.

#### Target Audience

educators, administrators, practitioners, researchers and those interested in doctoral education for nurses.

#### Abstract

It is incumbent on educators to create synergy and collaboration among the Doctor of Nursing Practice (DNP) and PhD scholars. Collaboration among doctoral-prepared nurses is important because of the: 1) rapid growth of DNP programs and graduates, 2) ability for shared resources, and 3) opportunities for research and scholarship. Furthermore, the rapidly evolving healthcare environment requires strong leaders that can collaborate to drive changes to improve quality, access, costs, and address the needs of the public. However, at this point collaborative efforts are in an infancy stage with few reportable outcomes cited in the literature. In accordance with the Institute of Medicine recommendations and essentials put forth by the American Association of Colleges of Nursing, collaborative relationships between DNP and PhD-prepared nurses are developing. Therefore, a comprehensive review of challenges and benefits of collaborative efforts may influence strategies to promote mutual goal setting and scholarship. Importantly, collaboration offers a synergistic approach for knowledge generation and transformation to clinical practice.

One area to promote doctoral collaboration is through education. Doctoral curricula are reformulating to facilitate intraprofessional education and practice by offering DNP and PhD combined courses. Such opportunities can strengthen partnerships among students that will transcend into practice, research, and scholarly endeavors. Given the expansion of doctoral programs, both DNP and PhD-prepared graduates need to collaborate to meet the needs of the public, especially since the enactment of the Affordable Care Act. Offering combined courses for DNP and PhD students provides students opportunities to learn from one another and gain insight into varying perspectives. This can also be a benefit for the educational organization as it reduces overhead cost by eliminating redundancy and maximizing faculty expertise. Using the divergent perspectives and frameworks of DNP and PhD prepared nurses, along with their respective skills and expertise provides opportunities and resources to advance clinical and translational research. For example, DNP and PhD prepared nurses collaborated on an initiative to improve the cardiovascular health of underserved populations among older adults in the community. This combined effort resulted in an improvement in clinical outcomes and scholarly dissemination which serves as a positive example of DNP-PhD collaborative efforts. Collaboration at all levels is the hallmark for nursing to lead diverse teams, promote synergy, and redesign complex systems to improve patient outcomes.

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# LDR PST 1 - Leadership Poster Session 1

## From Patient Advocacy to Political Advocacy

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*Dale M. Mueller, EdD, MSN, MS, RN, USA*

### Purpose

disseminate findings from a multi-stage study of political astuteness of BSN students on how nurses can participate more fully as advocates beyond the clinical relationships in the workplace to benefit the profession, current and future patients, communities and the nation as a whole.

### Target Audience

all nurses in whatever role they fulfill in the spectrum of health care services.

### Abstract

Nurses identify themselves as patient advocates, but fewer nurses identify themselves as political advocates. Using the Political Astuteness Inventory (PAI) in a health policy course across three years, pre and post scores were gathered to identify students' basic understanding of political astuteness, how their understanding may have changed by the end of the course and how skill development in the political arena increased by introducing "hands-on" advocacy activities within the course. A total of 436 nurses have participated with 78% between 20 and 39 years of age, 58% having practiced <5 years, and 84% registered to vote. Only 49% were aware of health care issues at the state or national level, only 21% knew who to contact among elected officials regarding input on local, state or national issues and only 4% knew on which committees their elected federal officials were serving. While student awareness did increase in post-course scores, the voting age in the USA is 18 and most voters do not take an additional course at the university level to become aware of national issues concerning issues of interest to them. Improvements to the course curriculum were made in year #2 and post-course scores do show an even greater level of awareness once these course changes were made. A concern remains that not all nurses who vote are able to enrich their knowledge through a senior level health policy course, so building awareness among all nurses regardless of academic preparation or area of service about potential positive impacts in the policy arena continues to be an area ripe for professional growth.

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## LDR PST 1 - Leadership Poster Session 1

### Scaling Up Nurse Education: An Evaluation of a National PhD Capacity Development Programme in South Africa

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*Judith C. Bruce, PhD, RN, RM, South Africa*  
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*Catherine Comiskey, PhD, Ireland*  
*Anne Matthews, PhD, RN, RM, Ireland*  
*Charmaine Williamson, PhD, South Africa*  
*Hester C. Klopper, PhD, RN, RM, South Africa*

#### Purpose

The purpose of the presentation is to consider the outcomes of a study that evaluated a national PhD capacity development programme in South Africa to scale up nurse education in the context its National Strategic Plan for Nurse Education and Training 2013-2017.

#### Target Audience

The target audience for this presentation is nurse educators and nurse leaders, PhD scholars, administrators, philanthropists

#### Abstract

**Background:** The global shortage of nursing professionals educated at baccalaureate level and beyond has been highlighted and the impact of this shortage is apparent in each continent. The consequence of this is a substantial shortfall in nurses with postgraduate research degrees to meet the demands of academia, advanced nursing roles and knowledge generation. Within South Africa nursing education outputs do not meet demands, reflecting the global statistic of less than 1% of nurses having a doctoral degree. A national PhD capacity development programme was introduced to scale up nurse education and to address these nursing shortages.

**Objective:** To evaluate a national PhD programme within the context of a nurse education strategy and a national health insurance plan in South Africa.

**Design:** A comparative effectiveness research (CER) design was employed.

**Setting:** The setting was in South Africa between 2012 and 2014, a country with 51.7 million inhabitants and approximately 130,000 registered nurses.

**Participants:** Participants included three cohorts of PhD candidates, programme facilitators, supervisors and key stakeholders.

**Methods:** Data from a one day consultative workshop were analysed using an inductive thematic analysis. Data from evaluation reports, compiled over a three year period, were analysed using descriptive statistics. A mapping of the alignment of the PhD topics with healthcare priorities, and a comparison of the development of nurse education, of the national and international funder were conducted.

**Results:** The evaluation reports rated the programme highly. Three themes were identified from the workshop. These were, "support" with the sub-themes of burden, leveraging and a physical supportive place; "planning" with the sub-themes of the national context and practice, and "quality" with the sub-themes of processes and monitoring and evaluation. The mapping of PhD topics revealed that research was in line with development priorities. However, further investment and infrastructural changes were necessary to sustain the programme and its impact.

Conclusions: To address sustainability and capacity in nations scaling up nurse education and healthcare insurance, it was recommended that top-up degrees for diploma educated nurses be developed along with, the implementation of a national nursing strategy for PhD and post-doctoral training encompassing clinical practice implementation and collaboration.

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## LDR PST 1 - Leadership Poster Session 1

### Promoting Interprofessional Collaboration, Global Health Awareness and Leadership Skills through International Service-Learning

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*Janice E. Hawkins, MSN, BSN, RN, USA*

*Christine A. Sump, MSN, BSN, RN, CNE, USA*

#### Purpose

The purpose of this presentation is to provide nurse educators with the tools to build a multidisciplinary study abroad global health course that fosters interprofessional collaboration and leadership skills in health science students while promoting global health awareness.

#### Target Audience

The target audience of this presentation is nurse educators and program directors interested in developing study abroad programs that cultivate interprofessional competencies and global health awareness.

#### Abstract

International service-learning programs offer a unique opportunity to incorporate interprofessional education and global health awareness into health science curriculums. Through service activities, students develop leadership skills and collaborative team approaches to promote the health of diverse populations. Appreciation, respect, integration of knowledge, and communication between multiple disciplines are crucial components of international health care teams and desired outcomes for health science students. Graduates of health science programs must have the knowledge, skills, attitudes, and values that prepare them to be “collaborative practice-ready” for the healthcare workforce. According to the Interprofessional Education Collaborative (IPEC), interprofessional service-learning experiences and global health knowledge prepares students for collaborative practice environments and population focused health promotion. Since effective global health initiatives rely on partnerships and the collaboration of diverse healthcare team members, it is prudent to implement a multidisciplinary approach to global health education and international service-learning experiences.

International service learning programs increase awareness of disparities in healthcare and prepare providers to improve the health of vulnerable populations both at home and abroad. Successful study abroad programs require thoughtful preparation and planning to ensure best practices in service-learning, maximize attainment of program outcomes, and minimize potential risks to students and international partners. Development of a global health study abroad service-learning course for health science students requires careful consideration of interprofessional competencies, learning activities, and evaluative criteria that are relevant to all majors. In addition to formulating appropriate didactic content, course developers must overcome logistical obstacles of multiple schedules and multiple levels of students. Universal topics such as cultural sensitivity, health disparities, ethics, values, communication, and teamwork can all be incorporated into the course framework.

Nurse educators will leave the presentation with the tools to build an international study abroad program that incorporates interprofessional competencies, global health awareness and leadership promotion into didactic content, cultural immersion experiences, and service learning projects. Nursing faculty will share their perspectives on overcoming the challenges of developing a single program for multiple disciplines at both the undergraduate and graduate level. The faculty will provide a blueprint of an international service-learning study abroad program designed to meet core competencies of nursing, dental hygiene, physical therapy and community health students. Tips for multidisciplinary integration in course development, including assessing and encouraging faculty buy-in, will be built into the presentation.

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# LDR PST 1 - Leadership Poster Session 1

## Outcomes of Participation in a Nurse Externship Program

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*Lourdes Maria Casao, PhD, RN-BC, FNP, USA*

### Purpose

The purpose of this presentation is to provide evidence resulting from a recent research study and published dissertation along with guidelines in the development and implementation of a sustainable pre-licensure student nurse externship program.

### Target Audience

The target audience of this presentation include professional developers responsible for building and sustaining a strong RN workforce pipeline, nursing faculty, and nurse leaders.

### Abstract

**Introduction.** Nurse externship programs were initially developed by healthcare institutions as a recruitment tool for new nurses. Literature has demonstrated the positive outcomes of the program on the participants and healthcare institutions but during times of economic difficulties, health care institutions discontinue the program. A literature review revealed the studies that demonstrate the value of the program are limited to the recruitment phase and the 2-year retention of the newly graduated nurses. A recent research study demonstrated the long-term outcomes of the program relative to RN retention over 5 years and adherence to quality indicators. More importantly the research found a negative correlation between participation in a nurse externship program and extension of unit based orientation. The average number of hours of extension was also identified thereby leading to the development of a return on investment formula for the program.

**Purpose.** The purpose of this learning activity is to present the results of the recent study along with practical ways to utilize the findings in developing, implementing, sustaining, evaluating the outcomes and improving nurse externship programs.

### **Outline.**

1. The research study presentation
  - a. Background
  - b. Research questions
  - c. Research aims
  - d. Study methodology
  - e. Findings
  - f. Practical use of the findings
2. How to establish a nurse externship program presentation
  - a. Identify and getting the buy in of key stake holders
    - i. Healthcare institutions
      1. Leaders
      2. Preceptors
      3. Patients
    - ii. Academic institutions
      1. Faculty
      2. Nursing students
    - iii. Community
  - b. Collaboration between healthcare institutions and academic institutions
  - c. How to choose your nurse externs
  - d. Implementation
  - e. Monitoring the success of the participants
  - f. Tips for success
3. Discussion on how to measure the outcomes of an externship program

#### 4. Conclusion

**Conclusion.** The findings of the research study can be utilized in developing, implementing, sustaining, evaluating, and improving programs designed to assist newly graduate nurses transition into their roles as a licensed, professional nurse. Programs that may benefit from these findings include both pre and post-licensure internship programs such as residency programs.

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## LDR PST 1 - Leadership Poster Session 1

### Policy and Practice: Rapid Health Impact Assessment (HIA) as a Leadership Tool

*Roberta P. Pawlak, PhD, RN, NEA-BC, USA*

*Barb Pinekenstein, DNP, MSN, BSN, RN-BC, CPHIMS, USA*

#### Purpose

The purpose of this presentation is to demonstrate the application of a Rapid Health Assessment (HIA) to a proposed policy and model of care change at the State level.

#### Target Audience

The target audience of this presentation includes community and public health nurse leaders, and nurses involved in public policy.

#### Abstract

DNP students at the Henry Predolin School of Nursing completed a Rapid Health Impact Assessment (HIA) on a proposed policy and model of care change for the Wisconsin Well Woman Program as part of the Population Health and Public Policy class. The results and recommendations were disseminated to key stakeholders to inform and impact policy decisions and mitigate unintended consequences of proposed policy changes. A rapid Health Impact Assessment (HIA) uses structured data, stakeholder feedback, professional expertise, and analytic methods to analyze complex effects of policy, practice, and programs on health. Use of HIA's been increasing in the public health sector. This tool provides a comprehensive and systematic approach to the analysis of complex health data sets to drive informed policy and practice decisions. The HIA process was applied to a current state policy decision resulting in active learning and recommendations for policy, practice, and program configuration. The use of a rapid HIA links to the Doctor of Nursing Practice (DNP) Essentials, and is an effective leadership tool used to support decision making and policy. The HIA provides a comprehensive and systematic approach to the assessment of health and illness parameters. It is an effective tool to evaluate the impact of decisions on health and wellness.

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## LDR PST 1 - Leadership Poster Session 1

### Collaborative Practice Revisited: Compassion as the Missing Antecedent

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#### Purpose

To revisit collaborative practice within a compassionate care focus. It will define a new concept, 'compassionate collaborative practice', present a revised practice model, and introduce strategies to promote and engage care partners in compassionate collaborative practice.

#### Target Audience

All nurses (those involved in clinical practice, leadership, education and research) who have an interest in understanding and promoting compassionate collaborative practice

#### Abstract

Interprofessional collaboration or collaborative practice is an evidence-based practice model that can improve health outcomes in and across all care sectors and settings. It is linked with increased access to care, improvements in chronic disease management, patient safety and healthy workplaces (Canadian Interprofessional Health Collaborative, 2009; World Health Organization, 2010). Although numerous policy statements promote interprofessional collaboration, and organizations attempt to integrate its concepts, it remains elusive in many health care institutions. One of the few exceptions is demonstrated in hospice and palliative care, a setting in which collaborative practice thrives. This presentation will argue an important missing antecedent in operationalizing collaborative practice - This is compassion.

Compassion is the heart of hospice and palliative care, and key to its success in achieving the benefits associated with interprofessional collaboration. In this setting, health care providers come together to advocate, and provide supportive care for the whole person and his or her family. The presentation will revisit collaborative practice within a hospice-driven focus on compassionate care. It will define a new concept, 'compassionate collaborative practice', present a revised practice model, and introduce strategies to promote and engage care partners in compassionate collaborative practice.

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## LDR PST 1 - Leadership Poster Session 1

### Implementing a Capstone Course as a Means for Assessing Program Outcomes

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*Laurie Bladen, PhD, MBA/HCM, RN, USA*

#### Purpose

to present initial findings on the assessment of program outcomes through a capstone research course. During this course, students in an online RN BSN program carry out research projects designed the previous semester. In addition, students assess the outcomes of the RN BSN program through reflection journal assignments.

#### Target Audience

The target audience for this presentation include educators, researchers, and other interested participants

#### Abstract

The purpose of this presentation is to describe the capstone course of an online RN BSN program. The capstone should provide a culminating experience requiring students to use the knowledge and skills learned throughout the program. Prior to the current curriculum, students developed hypothetical research proposal without data collection or analysis. The curriculum lacked a method for translating evidence into practical knowledge for our students. Moving to an evidence-based model for nursing education, an undergraduate research project is now required as part of the capstone course. Research studies are designed in the previous semester and evolve from the strategic plan priorities of the National Institute of Nursing Research (NINR). Working in small groups, students receive IRB approval; complete their studies, and present finding to an online forum of students and faculty. The goal of this curriculum innovation is to create learning opportunities in research, which builds students' professional knowledge and skills so that BSN nurses will practice nursing research competently in a changing health environment. This curriculum innovation contributes to the health and quality of life of the clients served by BSN students.

The capstone course also serves as a means of assessing the RN BSN program outcomes. Through the use of reflection journals, students assess the outcomes of the RN to BSN program. Reflection journals encourages the student to consider their learning experiences for the curricular threads and comment on what they learned, how they learned it, and how they can apply the knowledge in their current position. At the same time, students reflect on their discoveries and growth as a BSN nurse, which helps the students to identify successful principles to use again. Participants will learn about the teaching strategies to assist students in performing a pilot study. Participants will also learn creative solutions to assist students in reflecting upon what they have learned in the BSN program as well as how to use this knowledge in their future practice.

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## LDR PST 1 - Leadership Poster Session 1

### Doctoral Education in Nursing: A Polish Perspective

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*Lena Serafin, MSN, BSN, RN, Poland*  
*Anna Doboszynska, MD, PhD, MD, Poland*  
*Ewa Kadalska, PhD, MSN, BSN, RN, Poland*

#### Purpose

The purpose of this presentation is showing the Polish doctoral education in nursing.

#### Target Audience

The target audience of this presentation are nurses who are interested in educational system in other countries.

#### Abstract

Background: Becoming a registered nurse in Poland requires a completing of a three-year bachelor's degree. Afterwards nurses have an opportunity to continue their education at master's degree level or start a two-year clinical nurse specialist course. Doctoral education can be attended by nurses who have successfully completed their master's degree. The main law which regulates nursing practice in Poland is an act from 15<sup>th</sup> July 2011. According to this document Polish registered nurses are obligated to continuously develop their skills and competences. This is the reason why so many nurses improve their skills by attending a postgraduate courses (around 7,5% of them have obtained a title of specialist at some clinical field) (Main Chamber of Nurses and Midwifery, 2012).

Discussion: First Polish nurses obtained they doctoral degrees in early 80s. The dissertations focused mainly on human sciences, natural sciences or medical sciences, nevertheless it were not focused strictly on nursing, as it was not recognized as a field of science back then. According to Polish Nursing Association, since 2006; 51 polish nurses became doctoral of science.. Gaworska-Krzemińska (2009), head of Nursing Management Department of Medical University of Gdańsk, claims that only 0,5-1% nurses, who graduated a master's degree, continued their education at doctoral level. Today, in the Polish education system there are still no doctoral studies specifically in nursing - it is not possible to obtain a doctor of nursing science degree. Currently majority of nurses start studies at faculty of health sciences and they obtain a doctor of health science title. Each faculty which conducts a doctoral education is obligated to create their own curriculum.

The course of doctoral studies is regulated by Directive of Minister of Science and Higher Education from 24<sup>th</sup> October 2014 regarding the doctoral studies and doctoral scholarship. This act defines organizational aspects of courses and duties of directors of the studies. For example, according to the Faculty of Health Sciences (The Medical University of Warsaw) doctoral education program, the curriculum takes four years and contains 1205 study hours. The most part (360 hours) of the degree is focused on teaching skills. Doctoral candidate has to conduct classes with students. Then, 326 hour is a self study – mainly to prepare for the classes. Furthermore, students have to complete the following courses: biostatistics, history of medicine, bioethics, psychosomatic medicine and humanistic basics of medicine. There are two options of studying: paid and free of charge. The first one is chosen definitely more often than the second. Furthermore if doctoral candidate completes a program of study on time (verified once a year), during four years of education he receives a monthly scholarship. Additionally, students have an opportunity to receive money from external facilities.

Conclusions: For many years Polish nurses have been putting their efforts into being able to obtain a doctoral degree specifically in nursing science. The opportunity of education at doctoral level has shown new perspectives for Polish nurses They can willingly improve their skills. Scientific work is an important aspect of developing nursing profession in Poland as it helps to progress evidence-based practice what is essential for improving the quality of care.

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## LDR PST 1 - Leadership Poster Session 1

### How Nurses and Engineers May Contribute to Improved Global Nutrition

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*Daniel Oerther, PhD, PE, BCEE, USA*

*Sarah E. Oerther, MSN, MEd, BSN, RN, USA*

#### Purpose

The purpose of this presentation is to motivate nurses to take action locally to improve nutrition through their understanding of the global threats to food security and nutrition arising from population growth, environmental constraints, and climate change.

#### Target Audience

The target audience of this presentation is nurses who want to have a positive impact in the nutritional status of their local community through discussion of case studies from local and global examples.

#### Abstract

Despite the efforts of the United States and other nations, more than 800 million people remained food insecure in 2014. Within the United States, more than 50 million people reported food insecurity at some point in 2014, defined as unable to provide adequate food for one or more of its members, due to lack of resources. This presentation will highlight collaborative efforts by the presenters to develop local nutrition interventions based upon evidence-based approaches using a conceptual framework that takes into account global development goals. In particular, the recently completed negotiations that were part of the Second International Conference on Nutrition will be highlighted as well as the recently released, inaugural Global Nutrition Report. Important partnerships with awareness raising advocacy campaigns such as the 1,000 Days Partnership as well as the value of country-led plans that are part of the Scaling Up Nutrition Network will be described. With case studies of local community gardens, international school lunch programs, and global, intergovernmental negotiations, this presentation will provide a framework for nurses to engage their local communities with evidence based practice to improve nutrition through effective interventions.

#### References

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## LDR PST 1 - Leadership Poster Session 1

### Workforce Planning: Developing and Maintaining for National Health Security

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*Konstance I. Cook-Withers, PhD (Hon), MSN-ED (Informatics), PHN, USA*

#### Purpose

The purpose of this presentation is to provide and sustain a tiered, scalable system approach with an "All Hazards Scalable Medical Surge Model" reducing the response time to reach capacity and capability during the threat of Mass Casualty Incidents.

#### Target Audience

The target audience of this presentation is geared towards transformational nursing leaders, health providers, administrators, emergency planners, and specialist who collaborate together in building a sustainable workforce for daily surge activities and for national health security.

#### Abstract

**Background:** Hospitals day to day staffing needs are tremendously compromised in the care of patients compounded by a disaster. An All Hazards Scalable Medical Surge Model provides a competent skilled workforce in a timely manner to survive a medical surge at the federal, state, and local capacity and capability for National Health Security.

**Objective:** To provide an innovative approach to reduce the time necessary to activate designated medical personnel in response to a public health emergency meeting surge capacity and capability.

**PICOT Question:** For the patient population and mass influx of disaster related patients, does an All Hazards Scalable Medical Surge Model compared to day to day practice provide the appropriate and timely clinical level of care; reducing the risk of morbidity and mortality in response to a catastrophic incident?

**Implementation Process:** A comprehensive literature review was conducted of databases: Medline, CINAHL, PubMed, using key words "disasters, preparedness, response, medical surge". A thorough review of real world examples, after action reports, training of tabletop, functional, full scale exercises, and the use of the All Hazards Scalable Medical Surge Model was examined.

**Result:** Progress has been made although Ready or Not Scores provided by Trust for America's Health and the Robert Wood Johnson Foundation, CDC, and WHO continue to fluctuate.

**Implications:** The Healthcare workforce must be able to scale up to surge capacity and capability for all hazards and conditions requiring a medical surge.

**Recommendations/Conclusions:** Additional research and emergency preparedness is needed to contribute to a community's resilience by incorporating an All Hazards Scalable Medical Surge Model.

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## LDR PST 1 - Leadership Poster Session 1

### Evaluation of a Psychoeducation Practitioner Training Program (PPTP): A One-Group, Pre-Test/Post-Test Study

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*M. Matsuda, PhD, RN, Japan*

*A. Kono, PhD, RN, Japan*

#### Purpose

The objective of this study was to evaluate the usefulness of a psychoeducation practitioner training program (PPTP) with regard to nursing competency (Defloor et al., 2006) with the exclusion of skill.

#### Target Audience

The target audience for this study is psychiatric nurses and psychiatric nursing researchers. „«

#### Abstract

**Background:** In Japan, mental health care is currently undergoing a transformation, in accordance with new government policies under the slogan: “from inpatient to community health care”. Nevertheless, the mean period of hospitalization is longer and the number of beds for psychiatric patients in Japan is greater than in other countries, and symptoms recur and lead to readmission in many patients. Recurrence of mental diseases is likely to be prevented by improvement of medication adherence on the part of psychiatric patients (Kissling, 1991). Xia, Merinder, and Belgamwar (2011) reported in a literature review related to randomized controlled trials focusing on psychoeducation for patients with schizophrenia that psychoeducation reduced relapse, readmission, and encouraged medication adherence.

In Japan, mental health care institutions have paid attention to psychoeducation as psychosocial treatment. However, in Japan, only approximately 30% of psychiatric care facilities have adopted psychoeducation so far. Consequently, we considered that it was extremely important to evaluate a training program of psychoeducational practice developed by Matsuda and Kono (2013).

**Objective:** The objective of this study was to evaluate the usefulness of a psychoeducation practitioner training program (PPTP) with regard to nursing competency (Defloor et al., 2006) with the exclusion of skill.

**Methods:** Research design was applied to a one-group, pre-test/post-test study. The participants were recruited from among nurses working in all psychiatric hospitals in A Prefecture, Japan. The PPTP was developed based on the survey results, literature associated with psychoeducation, and the principles of NPE developed by Matsuda (2008). The program was conducted over two consecutive days. A questionnaire survey consisted of their Characteristics, the Knowledge of Illness and Drugs Inventory (KIDI; Maeda, Mukasa, & Ogoh, 1992), the General Self-Efficacy Scale (GSES; Sakano, 1986), the Japanese Version of the Evidence-Based Practice Attitude Scale (EBPAS-J; Okumura, Fujita, Noda, & Ito, 2010), the Work Motivation Measurement Scale for Nurses (WMMSN; Sano & Yamaguchi, 2005) and Nurses' perception of psychoeducation practice. Statistical differences were detected by non-parametric Wilcoxon rank sum test. Prior to its commencement, this study was approved by the Institutional Review Board.

**Results:** Forty nurses participated in the PPTP, of whom 38 (17 men and 21 women) completed a two consecutive days curriculum (dropout rate: 5 %). The mean KIDI total score after intervention was significantly higher than that before intervention ( $Z(38) = 2.094, p < .05$ ). Furthermore, between pre and post intervention, the 'knowledge of drugs' subscale score had a significant difference ( $Z = 3.902, p < .05$ ), but the 'knowledge of illness' subscale score had no significant difference. The total GSES scores showed no significant differences between pre and post the intervention, whereas there was significant difference in the 'social positioning of one's ability' subscale score. The EBPAS total scores and the 'openness' ( $Z = 3.295, p < .001$ ), 'appeal' ( $Z = 3.080, p < .05$ ) and 'requirements' ( $Z = 1.981, p < .05$ ) of its



subscale scores after intervention were significantly higher than those before intervention, but the 'divergence' subscale showed no significant change.

On the other hand, the WMMSN fell short of statistical significance ( $p=n.s$ ). Nurses' perception of psychoeducation questionnaire scores showed significant differences in the 'I have an understanding of psychoeducation' ( $Z=5.245$ ,  $p<.001$ ) and 'Psychoeducation should be provided by other professions' items score ( $Z=2.707$ ,  $p<.05$ ). However, the other items' score showed no significant change.

**Discussion:** The PPTP was considered to help participants develop an extensive knowledge of psychoeducation in a short period of time. The 'social positioning of one's ability' subscale score of the GSES indicated a statistically-significant difference. If the nurses who participated in the PPTP have a successful experience of conducting psychoeducation, this may improve their self-efficacy.

Especially, improving subscales of the EBPAS showed that the PPTP provided not only satisfaction with the contents of the program but also interest in psychoeducation for the participants.

The PPTP was not able to directly support the acquisition of particular skills of psychoeducation for psychiatric nurses; however, the result of this study indicated that the program generally improved those nursing competencies required to provide psychoeducation. Thus, in a future study, it will be necessary to consider the methodology of the program to reinforce these skills.

#### References

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## LDR PST 1 - Leadership Poster Session 1

### From MDG's to SDG's: Nursing's Role in Development through 2030

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*Daniel Oerther, PhD, PE, BCEE, USA*

#### Purpose

The purpose of this presentation is to share outcomes of the United Nations negotiations on the Sustainable Development Goals and to highlight the role that nursing will play in development through 2030.

#### Target Audience

The target audience of this presentation is nurses without borders including nurse leaders, nurse educators, and nurse practitioners who want to use an understanding of global development to motivate their local influence.

#### Abstract

From 2000 through 2015, the Millennium Development Goals (MDGs) have served as time bound, quantifiable objectives to measure progress towards development. The first seven MDGs focus upon specific areas of action including hunger, education, gender, children, maternal, HIV, and environment; and the eighth goal focused on the importance of global partnerships. Throughout 2015, the world is taking stock in our collective efforts towards achieving these eight goals. In September of 2015, the United Nations will convene a summit to adopt the post-2015 development agenda. Known as the Sustainable Development Goals (SDGs), from 2015 through 2030 a set of up to 17 goals will be considered and finally adopted. Among these new goals, nurses must identify where they can most successfully contribute towards the global development agenda. While the SDGs will be set before the STTI biennium conference convenes, the 2015 meeting of STTI represents the first opportunity for nurses to collectively consider how to integrate into the ongoing development agenda. This presentation will highlight the final form of the SDGs including specific opportunities for nurse leaders, researchers, and practitioners to align their global vision with their local influence. The presenter is uniquely able to offer this opportunity to reflect on the SDGs because of his unique position as a science and technology policy advisor to the Honorable John Kerry, Secretary of State of the United States.

#### References

Full report of the Open Working Group of the General Assembly of the United Nations on Sustainable Development Goals, document A/68/970, available at <http://undocs.org/A/68/970> United Nations Millennium Declaration Resolution Adopted by the United Nations General Assembly, document A/RES/55/2, available at [www.un.org/millennium/declaration/ares552e.htm](http://www.un.org/millennium/declaration/ares552e.htm)

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# LDR PST 1 - Leadership Poster Session 1

## Faculty Attitudes toward Interprofessional Education and Teamwork

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*Jodie C. Gary, PhD, RN, USA*

*Regina Bentley, EdD, MSN, RN, USA*

### Purpose

The purpose of this presentation is to: 1) Describe the development interprofessional education (IPE) at a health science center (HSC). 2) Examine barriers and solutions to IPE within health professions education. 3) Report on a study conducted to evaluate attitudes towards IPE and teamwork among a population of HSC faculty.

### Target Audience

The target audience of this presentation is: •Health professions educators and clinicians to include: nursing, medicine, pharmacy, dentistry, and public health faculty •Those interested in interprofessional education (IPE) and teamwork implementation in a health science center (HSC) setting

### Abstract

The purpose of this presentation is to describe a journey for interprofessional education (IPE) at a health science center (HSC). Barriers for IPE and solutions will be examined. As attitudes of faculty towards IPE and teamwork impacts health professions education students, report on data from a study conducted to evaluate these attitudes will be shared.

Purpose: Needed is the understanding of HSC faculty attitudes toward interprofessional education and teamwork in order to develop targeted faculty development in order to support interprofessional education amongst the health professions.

Problem, Background & Significance: Team-based collaborative care is essential in today's healthcare environment. While healthcare delivery is a team effort and not a collection of individual efforts, most healthcare professionals are educated in silos. Key to facilitating interprofessional collaboration may to provide targeted faculty development for HSC faculty. It is logical that interprofessional training should occur during the education of healthcare professionals, but the attitudes of the faculty responsible for training healthcare professionals be better understood.

Accrediting bodies across the health professions are requiring interprofessional education (IPE) (Zorek & Raehl, 2013) and the core competencies for interprofessional collaborative practice have been developed to guide implementation by the Interprofessional Education Collaborative Expert Panel (ICEP, 2011).

As the attitudes of faculty towards IPE and teamwork impacts health professions education students, the presentation would report on data from a study conducted to evaluate these attitudes. The professions from the HSC perspective include the nursing, medicine, pharmacy, dentistry, and public health.

### Research Questions:

RQ1. What linear combination of independent variables predicts health science center faculty attitudes towards interprofessional learning in the healthcare setting?

RQ2. What linear combination of independent variables predicts health science center faculty attitudes towards interprofessional health care teams?

RQ3. What linear combination of independent variables predicts health science center faculty attitudes towards interprofessional education?

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## LDR PST 1 - Leadership Poster Session 1

### The Value of the DNP (Doctorate of Nursing Practice) in Nursing Education

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*Diane A. Anderson, DNP, MSN, BSN, RN, CNE, USA*

#### Purpose

The purpose of this presentation is to discuss the value of the DNP (Doctorate of Nursing Practice) in nursing education. Many consider the DNP a practice degree and not as present in the education realm.

#### Target Audience

The target audience of this presentation is for faculty, educators and clinical practitioners.

#### Abstract

The Doctorate of Nursing Practice (DNP) is a newer degree endorsed by the American Nurses Association (ANA) in 2004 as the practice doctorate degree. There continues to be confusion as to the benefits of the DNP in academia. The counterpart PhD focuses on research based strategies and is the chosen degree for tenure in university settings. Controversy surrounding “academic rigor” of the DNP presents a barrier for not offering tenure to DNP prepared faculty. Unfortunately, there have been negative viewpoints that ultimately impact the tenure potential for the DNP prepared nurse educator in an academic setting.

Many university settings don't consider the DNP candidate for classroom instruction; however, the rationale for this practice is not clearly defined. It is advantageous for both the PhD and DNP to collaborate in the classroom setting, sharing both clinical and research experiences, which will aid in strengthening the nursing profession overall. This has resulted some conflict with regard to the value of the DNP in the academic setting, and also a lack of support in the evidence that is necessary to demonstrate the credibility of the DNP degree. It is necessary to demonstrate credibility of the DNP degree and to debunk preconceived impressions by doctoral prepared colleagues.

The contributions of the DNP prepared nurse educator cannot be overlooked, regardless of whether they are being considered for research based publications, or for tenure track. Graduates of either a PhD or DNP programs have not specifically prepared for a faculty teaching role, and upon graduation both still require mentoring and preparation in teaching methodologies, program development, and curriculum design.

Exploring the value of the DNP degree in nursing education, and how it compliments other terminal nursing degrees must be explored, and ultimately the best of what each has to offer for the benefit and success of nursing students and the profession of nursing.

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## LDR PST 1 - Leadership Poster Session 1

### Academic Integrity: It's More Than Not Cheating

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*Deborah A. Raines, PhD, EdS, MSN, BSN, RN, ANEF, USA*

#### Purpose

The purpose of this presentation is to discuss the difference between a culture that focuses on promoting academic integrity and one focused on catching cheaters. The implications on learning, behavior and professionalism will be discussed. Specific strategies for initiating a culture change will be shared.

#### Target Audience

The target audience for this presentation is nurse educator and academic administrators.

#### Abstract

The introduction of the internet and web-based resources have made it easier to cheat and easier to get caught. As a result many programs and universities have developed academic integrity policies. However, on closer inspection the focus of many of these policies is to stop cheating (and other academic irregularities), by listing what is considered cheating and the possible punishments. But does today's student know the meaning of academic integrity? Do faculty and educational administrator's role model academic integrity in the teaching/learning environment? Academic integrity is more than not cheating it encompasses values of honesty, trust, fairness, responsibility and respect. As healthcare professionals integrity is foundational to the nurses' role and responsibility. This presentation will explore the significance of changing the culture in our academic institutions to promoting integrity instead of focusing on catching and punishing the cheater. A focus on academic integrity has an impact on learning, behavior and professionalism. Seven strategies to promote academic integrity in your course or program will be shared as well as assessment strategies used in both large and small class settings, clinical education and even online learning environments.

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## LDR PST 1 - Leadership Poster Session 1

### Post Doctoral Career Pathway through Collaboration across Continents

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*Tarja Kvist, Docent, PhD, MSN, RN, Finland*

*Paula R. Sherwood, PhD, MSN, BSN, RN, CNRN, FAAN, USA*

#### Purpose

The purpose of this talk is to give an overview of a systematic project in advancing post-postdoctoral education between Finland, other European countries and USA.

#### Target Audience

The target audience of this presentation is researchers and clinicians as well as leaders in Nursing, interested in career development

#### Abstract

Since the latter part of 20<sup>th</sup> century, doctoral programs began in nursing in different parts of the world. It has been stated that innovative doctoral programs should be connected to units' research programs and must involve international collaboration and multidisciplinary expertise (AACN 2010, Kim et al. 2015). Doctorally prepared nursing experts are crucial to the development of societies and health services as well as to advancement of the discipline of Nursing. Still, the development of post doctoral career pathways is extremely important. Unfortunately, systematic, well-organized post-doctoral training programs have been missing in many countries in Europe, including Finland. This has been noted by many professional organizations such as European Academy of Nursing Science (EANS), Sigma Theta Tau International (STTI) and the International Network for Doctoral Education in Nursing (INDEN). The purpose of this talk is to give an overview of a systematic project in advancing post-postdoctoral education between Finland, other European countries and USA.

In 2013, an urgent need was recognized in Finland to develop a post-doctoral education program by strong collaboration between Finnish and US nursing experts in academia. This program was supported by Finland's over 30-year history in doctoral education in nursing. Doctoral education has been organized in nursing and health sciences since 1979 and the first doctoral degree in the country was awarded in 1984 in Kuopio. Since 1984, a total over 100 students have completed their doctoral degree at the University of Eastern Finland (UEF, Kuopio).

European and Finnish higher education and research strategies called for more systematic researcher's career development after doctoral degree (Research Careers 2010, Report on Mapping Exercise 2011). Our aim was to develop a two-year post-doctoral training program in Nursing Science at the University of Eastern Finland to expand the research skills and have guided experiences related to the research programs of the department. The post doctoral program was designed to be an individualized experience, meaning it takes into consideration the interests, background, and competencies of the fellow and the aims and objectives of the research program. The fellow meets regularly with the mentor who provides ongoing guidance to her/him. The aims of the program were: 1) to expand knowledge and skills relevant to the trainee's research interests, 2) conduct preliminary studies and prepare a research proposal to be submitted for extramural funding, 3) produce manuscripts for submission, 4) expand skills relevant to interdisciplinary and international collaboration in research and scholarship, 5) be knowledgeable about the tenure track positions at the department as well as, various other future employment opportunities and 6) promote skills to lead a research project.

A preliminary plan was completed in 2013 by favorable funding from the university (UEF) and support from a US colleague. Preliminary post doctoral program planning was fruitful and opened possibilities for strong funding from European Union program Horizon 2020 with partners from Europe and University of Pittsburgh, USA. The four year research and innovation program including career training will start in 2015.

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# **Leadership Poster Presentations Session 2 (LDR PST 2)**

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## LDR PST 2 - Leadership Poster Session 2

### Clinical Nurse Specialist Designed Certification Preparation Course

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*Margie A. Hull, MEd, MSN, ACNS-BC, CDE, RN, USA*

#### Purpose

The purpose of this presentation is to implement and evaluate a Clinical Nurse Specialist led medical-surgical certification preparation course for medical-surgical nurses.

#### Target Audience

The target audience is medical-surgical nurses seeking certification and the leaders at their institution especially if they are seeking Magnet status.

#### Abstract

**Purpose:** The purpose was to implement and evaluate an institutionally-based CNS-led medical-surgical preparation course in order to prepare its medical-surgical nurses to become certified. **Significance:** The CNS competencies provide a basis for a CNS-led medical-surgical preparation course. Nursing certification may have many benefits to organizations including improved nursing competence; confidence; patient care; promotion of professional growth; and reflection of knowledge and expertise in a specialty. **Background:** There is no formal medical-surgical certification preparation course at the institution. This course was requested by practicing medical-surgical nurses and organizational leadership. The approach to certification preparation was innovative by being institutionally-based for its own nurses eliminating cost of tuition and travel. Magnet recognition and career ladders elevate the importance of attaining nursing certifications. CNS facilitation of certification preparation courses has received little attention in the literature. **Description:** Two CNSs collaborated to implement and evaluate the medical-surgical certification preparation course by: planning each preparation session; advertising; developing novel instructional materials; acquiring study resources; fostering a safe learning environment; analyzing evaluation data; disseminating findings. Topics included in the review course were: navigating certification websites; identifying testable material; cultivating study skills; deciphering test questions; identifying perceived barriers to studying/learning; addressing known areas of weakness; decreasing test anxiety; test taking and study tips. Participants' knowledge was assessed by administering a 10-question pre- and post-test covering certification test content. The CNS-led medical-surgical certification preparation review course was evaluated by administering a CNS-designed Certification Preparation Course Survey consisting of a pre-(12 item) and post-survey(16 item) to assess overall course effectiveness. **Outcomes:** The medical-surgical certification preparation course included five sessions(1.5 hours each) over a six-week period(n=6 nurses). Pre-test results were 38%; post-test results were 84%. The Certification Preparation Course Survey results were positive. For the survey item, "I plan to take the medical-surgical nursing certification exam", results were yes(n=5) and maybe(n=1). Perceived degree of anxiousness when taking a test was measured using a 4-point Likert Scale(higher scores equaling more anxiety). Mean perceived anxiety scores were pre-(3.0) and post-survey(1.7). All participants reported learning additional content; content presented was valuable; presenters and teaching methods were effective; practice questions were beneficial; personal goals were attained; course expectations were met; the environment was conducive for learning. **Interpretations:** Results indicate a CNS-led medical-surgical certification preparation course was an effective approach to enhance knowledge about medical-surgical content. Longitudinal evaluation strategies should assess overall cost-effectiveness and participants' retention and use of knowledge.

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## LDR PST 2 - Leadership Poster Session 2

### Nursing Students' Clinical Training Experiences that Motivated Them to Study

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*Hisako Kobayashi, MSN, RN,, Japan*

#### Purpose

The purpose of this presentation is we clarified nursing student's experiences that had promoted their motivation to study during acute-phase adult training, in order to improve such training . In addition, students motivation and effort will be able to lead them to land a better job.

#### Target Audience

The target audience of this presentation is hospital's administrative staffs, lecturers, college professors, student's nursing advisers and college students.

#### Abstract

**Purpose:** If a nursing student becomes interested in their clinical training, and it motivates them to study more, their future self-image and effort to search for a job may be promoted. In this study, we clarified nursing students' experiences that had promoted their motivation to study during acute-phase adult training, in order to improve such training.

**Methods:** The study subjects comprised third-year college nursing students. On the last day of each subject's training, they were asked to freely write down their experiences that had promoted their motivation to study in college. The subjects' accounts were classified according to meaningful sentences, which were subjected to qualitative and inductive analyses as well as categorization. This anonymous questionnaire survey was conducted with the approval of the ethical review board of an institution that the researchers belonged to.

**Results:** A total of 93 subjects participated in our study, with a mean age of 21.0 ( $\pm 0.87$ ) years. The subjects' accounts regarding their experiences that had motivated them to study were classified into 167 codes and 10 subcategories, from which the following 5 categories were extracted: 1) pleasure of deepening knowledge, 2) increased motivation after being praised, 3) satisfaction with thorough instructions, 4) nursing practice in which one's efforts can pay off, and 5) desire to become a nurse. Some subjects were praised by their patients, teachers, or instructors during their training, and such an experience promoted their motivation to study.

**Discussion:** Our findings suggest that trainees' motivation to study may be nurtured through their relationship with other people and their own positive feelings, and that their self-esteem may increase through receiving one-to-one instructions or praise.

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## LDR PST 2 - Leadership Poster Session 2

### Bringing World Class Nursing Care to a World Class Eye Institute through Transdisciplinary Collaboration

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#### Purpose

The purpose of this presentation is to demonstrate how an American school of nursing collaborated with a world class eye institute in India to improve the education of the nursing staff, and expand the institute mission of preventing blindness in India.

#### Target Audience

The target audience of this presentation is nurses who have an interest in making a global difference by sharing expertise, educational program development, and interprofessional collaboration.

#### Abstract

A compelling example of interprofessional collaboration that has been identified came from a study of “the psychological and sociocultural factors that influence the risk of Human Immunodeficiency Virus (HIV)/Sexually Transmitted Disease (STD) for married men in urban poor communities of India” (Schensul, Nastasi, and Verma, 2006, p. 96). This interprofessional team consisted of an American anthropologist, an American psychologist, an Indian psychologist, demographers, STD epidemiologists, public health physicians, allopathic physicians, microbiologists, educators, and traditional healers and activists from the study communities. This collaboration of both medical and social scientists is called for in a paper by Rosenfield in 1992 where she defines three different levels of disciplinary collaboration:

Multidisciplinary – in which researchers work in parallel or sequentially from a disciplinary-specific base to address common problems...

Interdisciplinary – in which researchers work jointly but still from a disciplinary-specific basis to address a common problem...

Transdisciplinary – in which researchers work jointly using a shared conceptual framework drawing together disciplinary specific theories, concepts and approaches to address a common problem. (p. 1351)

By collaborating on development of this research in a transdisciplinary method, the team used a combination of methods in forming and evaluating the project, and ultimately developing the intervention tool, which “addressed medical, psychological, and cultural factors related to men’s sexual risk” (Schensul et al, 2006, p. 102). This team was diverse not only in terms of professional background, but also in terms of their nationality, type of institution, religion, work experience, age, gender, and socioeconomic and educational background. Although there were several factors that were viewed as challenges (language, hierarchy, funding, common misunderstandings), other factors played into the success of the study (development of personal relationships over time, central lodging, dedication and commitment to the project, electronic communication over distances, open dialogue, professional benefits, replicability of the study components). An intervention that will take place at the LV Prasad Eye Institute (LVPEI) illustrating the effectiveness of transdisciplinary work is a continuing education project to increase the knowledge base of the current staff, while improving the training of new staff; building collaborative relationships through joint continuing education, and allowing each discipline to through its own concepts and approaches while using the shared pyramid of care concept that has driven LVPEI to the top of the eye care world. Surveying the staff prior to instituting this intervention, to determine their current level of transdisciplinary collaboration will be vital, as will be an exit survey at the end of the clinical teaching period. Additional surveys regarding the transdisciplinary approach will be useful when conducted at 1 year marks for the next 3-5 years. This will measure impact at the team level.

An additional theory that will show benefit to the transdisciplinary approach at LVPEI in India is situated learning theory. Situated learning is a social learning approach and views learning “as a social activity situated within a particular environment or context” (Sargeant, 2009). It was first described by Jean Lave, a social anthropologist, in 1988. The key concept that this theory introduced was that in a situational environment, learning would be more successful. Anderson, Reder, and Simon (1996) state that the four key concepts of situated learning are that (1) action is grounded in the situation where it occurs, (2) knowledge does not transfer between tasks, (3) abstract training is not useful, and (4) instruction must be done in a complex, social environment. Through the construction of a simulation lab that is mocked up to be both environments common to LVPEI (operating theatre and patient care ward), practitioners of all levels will be able to practice not only clinical and technical skills, but communication and teaching skills. Outcomes of this intervention can again be measured by surveying the staff involved prior to and following the simulation exercise, and tracking the success of their work during the actual simulation. This will measure the impact of situated learning at the individual level.

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## LDR PST 2 - Leadership Poster Session 2

### Capturing Faculty Practice Data: Examining the Interdisciplinary Student Opportunities in a Multi-Site Faculty Practice Setting

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*Alice Geis, DNP, RN, APN, USA*

*Angela M. Moss, MSN, BSN, APN-BC, RN, USA*

#### Purpose

The purpose of this poster is to describe the interdisciplinary efforts of the clinicians in Faculty Practice sites. We will examine these efforts in relation to recommendations for successful interdisciplinary education. Recommendations will be made regarding specific needs to support interdisciplinary student opportunities in the clinical areas.

#### Target Audience

The Target audience of this poster is nursing educators, persons involved in faculty practice sites, preceptors, and leaders in interdisciplinary education and practice.

#### Abstract

Since the 1980s, the Rush University College of Nursing Office of Faculty Practice has maintained multiple Chicagoland community partnerships for the provision of nurse-managed, faculty-led access to healthcare. Community partners and faculty collaborate to develop programs and services based on community and population needs. Currently, Rush University College of Nursing Faculty Practice encompasses over 20 direct care clinical sites and employs 30 Registered Nurses and APRNs. Over 16,000 hours of direct patient care are provided annually to populations traditionally classified as medically underserved, such as minority, immigrant, low-income, and women and children. Clinical services include direct patient care in the following areas: primary care, women's health, mental health, occupational health, school-based health, and pediatrics.

Due to the diversity of services provided and populations served, it is difficult to accurately and consistently capture practice and outcome data, including student clinical activities. Therefore, the Office of Faculty Practice has created a Faculty Practice supported position dedicated to the collection and analysis of outcome data and quality improvement efforts of the practice. An initial step in outcome analysis was conducting a cross sectional descriptive survey directed to each Rush University College of Nursing Faculty Practice clinician.

An illuminating result from the survey is the higher than expected number of health disciplines represented among the students at the faculty practice sites. Of the clinicians reporting, 75% currently have at least one student in clinic. Clinicians most frequently report nursing students- both Baccalaureate students and Doctoral students, many of which are Advanced Practice students. Also reported are Medical, Social work, Pharmacy, Physical Therapy, Occupational Therapy, Psychology, and Respiratory Therapy students. Additionally, while Rush University is the most common university represented, the Faculty Practice sites also precept and teach students from eleven other regional colleges and universities.

The importance of interdisciplinary education and health care has been expressed frequently by professional organizations of both education and healthcare as well as by the federal government. In 2013 a Health Resources and Service Administration (HRSA) advisory committee recommended for the inclusion of "population health and interprofessional competencies" into program funding opportunities for public health (HRSA, 2013, p9). The American Association of Colleges of Nursing and Sigma Theta Tau International recognize the importance of interdisciplinary health education as well as health care in white papers and position statements (AACN, 2015; STTI, 2003).

These organizations and others have recognized the benefits of interdisciplinary learning, which have been described in several scopes. Some authors have pointed to financial benefits. Problems with interdisciplinary communication and collaboration have been shown to be costly in terms of patient outcomes in health care systems (Sargeant, 2009), resulting in as much as 70% of adverse events being related to problems in collaboration and communication between providers (Fewster-Thuente & Velsor-Friedrich, 2008). Beyond the economic advantages, participants in IPE report improved interprofessional communication (Kilminster et.al, 2004) and increased familiarity with the viewpoints of disciplines other than their own (Robben et. al, 2012).

The purpose of this poster is to describe the existing interdisciplinary efforts of the clinicians in Rush University College of Nursing Faculty Practice sites. We will examine these efforts in relation to current recommendations for successful interdisciplinary education. Finally recommendations will be made to the Office of Faculty Practice regarding specific needs to support interdisciplinary student opportunities in the clinical areas.

Method: Three to four of the most professionally diverse Rush University College of Nursing Faculty Practice sites will be selected. Faculty Practice clinicians responsible for the clinical experiences of students will be interviewed to discern the various ways that interdisciplinary experiences for students occur. Themes will be sought, conceptually organized to assess the following areas: Interprofessional presence; Intersection of patient and interdisciplinary student collaboration; Community partner commitment to interdisciplinary education; Interprofessional communication (role clarification and debriefing are key to ongoing experience).

Results: It is expected that each site will have strengths as well as areas in which the Office of Faculty Practice can provide improved support. After interviewing the clinicians, it may be possible that the information gathered can be generalized across Faculty Practice sites to enhance interdisciplinary student clinical interactions within the diversity of Faculty Practice sites. This information may also inform the overall academic practice partnership models in use, and assist in efforts to create rubrics for effective interdisciplinary student collaboration which supports the strategic goals and missions of both the academic and practice organizations. An example might be interdisciplinary student collaboration on projects could provide data for grant applications, build new structures for student orientations or clinical rotations, and support other agency initiatives, giving the students "real world" experience in effective collaboration.

Implications and Next Steps: As noted in STTI's Arista 3, interdisciplinary health delivery is a key prerogative in a changing health environment (STTI, 2003). Interdisciplinary education in the clinical setting aligns with the goals of the Rush University College of Nursing Office of Faculty Practice, fostering student learning of innovative care models in diverse learning opportunities.

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## LDR PST 2 - Leadership Poster Session 2

### Intersectoral Collaboration to Promote Interprofessional Education

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*Leslie L. M. Graham, RN, BScN, MN, Canada*

#### Purpose

The purpose of this presentation is to share experiences and outcomes related to university-hospital collaboration to promote interprofessional education. Through discussion of student, faculty, and hospital partner experiences, benefits and challenges to collaboration will be discussed.

#### Target Audience

The target audience for this presentation would include nursing and health sciences educators.

#### Abstract

Interprofessional education (IPE) is becoming increasingly significant in nursing and health care curricula, now widely recognized as a precursor to patient safety and quality of care mandates across North American and internationally. IPE provides health care students with the opportunity to learn with, from, and about each other to both promote effective collaboration and improve health outcomes (Meakim et al., 2013). Historically, nursing and health care students have typically learned in “professional silos”, a model known to contribute to poor communication skills, teamwork failures, and compromised patient safety (Palaganas, 2014). Although there has been movement toward integrating IPE into curricula, there is as of yet not enough data to draw definitive conclusions about IPEs effectiveness. Nevertheless, there is some indication, albeit limited, that IPE has a positive impact on the interprofessional practice (IPP) agenda (Coffey & Anyinam, 2014). Within the Canadian context, few opportunities exist for students to engage in IPP. This reality results in gaps in student preparation for the real-world practice environment and may negatively impact nursing care and patient outcomes. This presentation will provide an overview of the early results of an educational initiative that builds upon strong collaborative ties between a university and a community teaching hospital. By teaching about interprofessional practice, in a setting which promotes and supports interprofessional practice, students were invited into both real-world and simulated learning that extended theoretical knowledge into the practice setting. Student perceptions of learning through large-group simulations will be discussed. Lessons learned from the student experience will be shared. Faculty perceptions of barriers and facilitators to large group interprofessional, simulation-based education for nursing and health sciences students will be explored. Finally, discussion of the benefits and challenges of intersectoral collaboration between the post-secondary education and health care sectors to provide opportunities for IPE and IPP will be discussed.

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## LDR PST 2 - Leadership Poster Session 2

### Interprofessional Education through Community Service

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#### Purpose

To educate nurses to participate in inter-professional teams with both a leadership and service learning objectives. The presentation will promote how to develop an inter-professional team that includes both faculty and students from various health care specialties.

#### Target Audience

The target audience of this presentation are Nurse educators, Public health/Community health Nurses interested in population health.

#### Abstract

**Introduction:** The Virginia Academy of Nutrition and Dietetics (VAND) conference is designed to address the essential knowledge requirements of professionals and paraprofessionals who work with vulnerable populations in the Hampton Roads area. Specifically, the objective of this project is to facilitate a creative learning environment that will provide a foundation for these attendees to take back to their smaller communities as health promotion improved maternal child healthcare with an emphasis on oral healthcare.

**Background:** Health promotion involves the process of enabling people to increase control over, and to improve their health. It not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health (Public Health Agency of Canada, 2007). The measure of a community's needs can often be determined through the infant mortality rate as it reflects the quality of prenatal and birth care available to both children and mothers and is a critical indicator of the overall health and welfare of a nation. Virginia's infant mortality rate is higher than the national average at 6.8/1000 and the highest rate is in Hampton Roads at 9.1/1000 (Virginia.gov, 2014a). Oral healthcare has been identified as one of the top three barriers to health access in Hampton Roads (Hampton Roads Community Health Assessment, 2004)

The World Health Organization asserts that interprofessional education (IPE) of healthcare students is essential to positively impacting population-based health outcomes, disease prevention, social advocacy and elimination of health disparities to include maternal-child health indices (Chavez, 2013). Maternal child health has the greatest impact on the outcomes of adult health by virtue of establishing the potential genetic environment of the developing fetus, which will, in turn, set the stage for a healthy, productive citizenry. Additionally, IPE affords students with an understanding of the importance of each discipline's role in meeting a community's health needs.

This service learning project will address these needs through the development of a faculty facilitated student-led educational forum to be presented at the Spring 2015 Virginia Academy of Nutrition and Dietetics (VAND) conference. Service learning has been used successfully in both Nursing and Dental Hygiene to increase awareness of health disparities for vulnerable populations (Bentley & Ellison, 2005).

**The Project:** This innovative project supports the development of a new service learning opportunity with a community partner: Virginia Academy of Nutrition and Dietetics. Our goal is to connect interdisciplinary teams of students from four departments (Dental Hygiene, Nursing, Environmental Health, and Public Health) within the College of Health Sciences to develop this educational forum by (1) students will assess basic learning needs within existing programs in the Hampton Roads area. For example, Resource Mothers and Loving Steps are two programs that train lay healthcare workers to mentor pregnant teens through a community driven initiative to not only eliminate significant disparities in

perinatal health experienced by African-American women and their families but to prevent infant mortality and low weight births within a population that has this risk, (2) students will meet and collaborate with VAND representatives to assess their basic learning needs based on their input to develop an educational program that is specifically designed and packaged for use in their field of training. (3) students will be exposed to programs within the community and likewise expose the facilitators of these programs for their potential to be expansion of service learning opportunities, (4) students will learn the value of health promotion interdisciplinary team advocacy to increase positive health outcomes, (5) students will use measureable criteria in the evaluation of outcomes and solicit feedback from paraprofessionals and stakeholders regarding results of conference.

#### **Student Learning Outcomes:**

- Apply disciplinary specific knowledge and skills to an inter-professional service learning opportunity.
- Assess the community's perspectives on health.
- Collaborate with VAND, each other, and faculty members to facilitate community-based health promotion for individuals and communities.
- Identify additional community needs and resources relevant to the communities paraprofessionals serve.
- Incorporate the principles of health literacy into the design and implementation of health promotion programming.
- Evaluate through measureable criteria conference outcomes from solicited feedback.

**Community Needs and Outcomes:** The Virginia Academy of Nutrition and Dietetics (VAND) is a professional, not-for-profit organization of food and nutrition experts affiliated with the Academy of Nutrition and Dietetics. Nearly 1600 members serve the citizens of our Commonwealth through the promotion of optimal nutrition, health and well-being. This Interdisciplinary service learning project directly impacts the organizations goals and objectives by:

- Supporting community partners in their efforts to improve the public's health
- Decrease infant mortality and malnourishment through nutritional programs in the community
- Decrease oral health disease and influencing the risk factors that cause oral diseases
- Strengthen professional/paraprofessionals' abilities to improve health through strategies that focus on community development and sustainable programs.

**Evaluation:** Critical reflection (Bringle & Hatcher, 1999) is essential to assisting the students to achieve a meaningful service learning experience which bridges coursework with critical community health needs. Thus, students will be asked to reflect on their own attitudes, beliefs and values regarding health promotion. Blogs, free writing exercises, and post-event round table discussions will be used as teaching-learning strategies for facilitating student reflection, achievement of learning outcomes, and evaluation. Student will also prepare a poster to be presented at the College of Health Science Interprofessional Education (IPE) day Spring, 2015.

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## LDR PST 2 - Leadership Poster Session 2

### Using Wikis to Stimulate Collaborative Learning in Interprofessional Nursing Education

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#### Purpose

The purpose of this presentation is to discuss the use of wikis to support undergraduate nursing students to develop the collaborative skills needed in their future professional roles in communities of practice by sharing our experiences of the implementation of wikis for group assignments in two interprofessional health sciences courses.

#### Target Audience

The target audience of this presentation is nursing and health sciences educators interested in technology-enhanced collaborative learning in nursing education.

#### Abstract

The use of wiki technology fits well in courses that encourage constructive knowledge building and social learning by a community of learners. Pedagogically, wikis have attracted interest in higher education environments as they facilitate the collaborative processes required for developing student group assignments (Carroll, Diaz, Meiklejohn, Newcomb & Adkins, 2013; Collier, 2010; Rasmussen, Lewis & White, 2013; Thompson Martin, 2012). Collaborative group projects within a wiki environment closely mimic community of practice settings that nursing students will face as future health professionals. Furthermore, the impetus towards interprofessional communication in contemporary healthcare education and practice environments strongly lends to the rationale of employing robust tools, such as wikis, within undergraduate nursing education. Technologically-enabled collaboration integral to wikis may be ideal for modeling and training effective interprofessional communication within interdisciplinary courses focused on interprofessional health care teams (Stephens, Robinson & McGrath, 2013). In this presentation, we describe our pilot project to assess the implementation of wikis in two online small- and mid-sized elective courses comprised of nursing students in third or fourth year undergraduate levels within interdisciplinary health sciences courses. Despite a number of challenges in the implementation and use of wiki for teachers and learners, our experiences clearly indicated a number of potential advantages. However, there is a need to further develop the pedagogical use of wiki environments before they can be expected to support collaboration among undergraduate nursing students. A key insight gleaned from our project is the fundamental need to invest in the process of creating an effective wiki learning environment in order to facilitate meaningful educational student experiences. Adapting wiki implementation to suitable well-matched courses will make adaptation of wikis into nursing curricula more effective and may increase the chances that nursing students will hone the collaborative abilities that are essential in their future professional roles in interprofessional communities of practice. The STOLEN approach (Foord, 2007) is a systematic approach to wiki implementation, and will be discussed to more effectively facilitate the use of wikis into nursing curricula and increase the chances that students will engage positively in ways that will make them consider using wikis in future virtual collaborative endeavors as health professionals.

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## LDR PST 2 - Leadership Poster Session 2

### Strategies to Increase Nursing Student Diversity

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#### Purpose

The purpose of this presentation is to identify barriers to enrollment for the under-represented groups, i.e. African Americans, Hispanics and males, and to form action plans to recruit well qualified students to increase student diversity in nursing programs

#### Target Audience

Anyone who is interested in having diversified nursing work workforce to meet the health care needs of diverse population

#### Abstract

**Background:** The US population is becoming more and more diversified. According to the year 2010 national census, the population was distributed as 72.6% white, 16.3% Hispanic, 12.6% African American, and 4.8% Asian. The most recent national figures on registered nurses indicate that 83.2% are white, 3.6% Hispanic, 5.4% African American, and 5.5% Asian. To provide socially and culturally competent patient care, it is necessary for nursing programs to produce diversified graduates.

**The objective** of the project is to identify barriers to enrollment for the under-represented groups, i.e. African Americans, Hispanics and males, and to form action plans to recruit well qualified students to increase student diversity in nursing programs.

**Method:** This is a qualitative study utilizing interviews with members of the target groups and nursing program recruiters. The project was done in three phases: 1). A literature review to determine successful recruitment strategies currently being used by nursing programs; 2) interviews with members of the target groups and nursing program recruiters; and 3). Development of a recruitment plan to help guide nursing colleges in diversifying the student body.

**Result:** The major themes of barriers for the under-represented groups include lack of media image, role models, educational resources, money for tuition, guidance, opportunities, math and science academic foundation, confidence, and perseverance. The actions plans for recruiting diversified students include 1.) introduce nursing as a profession by utilizing multimedia, TV, radio, newspaper, pamphlet, internet and live presentation at middle schools, high schools, junior colleges, churches, shopping centers, community centers that have higher Hispanic, African American and/or male populations; 2). promote the importance and the reward of nursing as a profession by relating case scenarios and retelling positive stories from patients and nurses; 3). establish role models of Hispanic, African American and/or male nurses and/or nursing students in the communities by inviting members of these groups to meet with and talk to prospective nursing students at various nursing promotions, such middle and high school career days, college career fairs and community job fairs; 4). provide counseling on financial resources available to potential nursing students by detailing the financial obligations for nursing programs, the federal and state financial funding, the private sect loans, the scholarships available, and most importantly let the prospective students know that they will have guidance for the financial planning through the whole nursing program; 5). mentor potential nursing students to set up goals for their professional growth, to prioritize their goals and to persevere in achieving their goal to enroll in nursing program

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## LDR PST 2 - Leadership Poster Session 2

### Nursing Leadership and the Relation with Management Models Adopted in Healthcare

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#### Purpose

The purpose of this presentation is to transfer the knowledge generated from the analysis of the contributions of the produced research on nursing leadership and management models adopted in the health services, published in national and international journals from 2003 to 2014.

#### Target Audience

The target audience of this presentation is all health professionals, managers, leaders, teachers and students who are interested in the theme of leadership and its correlation to the adopted management models.

#### Abstract

**Introduction:** The importance of leadership can be measured through the strength at which this theme has been shown in the academic literature. The professionals of nursing who are health teams' leaders, develop not only a function of influence, but also collaborate on accomplishment of mutual goals of their teams<sup>(1)</sup>.

**Objective:** The study aims to analyze the contributions of the produced research on nursing leadership and management models adopted in the health services, published in national and international journals from 2003 to 2014.

**Methods:** It was used Integrative Literature Review which is a research method that allows the search, critical evaluation and synthesis of available evidence about the researched theme<sup>(2)</sup>. In this methodology were covered six distinct stages: issue identification, literature search, categorization of primary studies, assessment of studies included in the integrative review, interpretation of results and synthesis of knowledge evidenced<sup>(3)</sup>. The main question of the research was developed through the PICO strategy, which represents the acronym Patient, Intervention, Comparison and Outcomes: what are the leadership styles used in health services when they adopt vertical management model or participatory management model? A form was used to collect bibliographic data, in which information was drawn on the identification of the authors, database where the paper was found, the study objective, methodology, type of research, findings, conclusions and level of evidence. The level of evidence was classified using the evaluation criteria established between one and seven, where level 1 is systematic review, with randomized controlled trials to level 7, which shows authorities of opinion articles or experts committees report<sup>(4)</sup>. For the selection of articles the following databases were used: Latin American and Caribbean Health Sciences (LILACS), Medical Literature Analysis and Retrieval Systems Online (MEDLINE), SciVerse Scopus and CINAHL, published from 2003 to 2014. Were included primary articles extracted from the databases. Theses, dissertations, monographs, books and revisions of any style were excluded. The sample consisted of scientific articles found in the selected databases, published in Portuguese, English and Spanish, in national and international journals, located by controlled descriptors "leadership", "hospital management", "hospital management" and "nursing" beyond the uncontrolled descriptor "health management model."

**Results and Discussion:** The searching resulted in a total of 220 potential references; 168 excluded for being inadequate to the theme, 14 because they are not available online and 15 for being literature review. The study was then composed of 13 indexed articles dealing with the leadership styles used by



nurses and the relationship with the management model adopted which met the criteria proposed in this study. In order to facilitate the interpretation of data, publications were grouped into three categories: "Contemporary leadership and participatory management model" which 07 papers stood out with key features to keep professionals in an atmosphere of partnership and trust, thus providing a healthy workplace and facilitator of the care process. The second category entitled "Contemporary leadership and vertical management model" highlighted 04 papers. This category seems paradoxical, since to adopt a more participatory leadership style, as the authentic and transformational, it is expected that the institution has established teamwork, collective decision and dialogical communication, contradictory to the assumptions of hierarchical management model. The third category called "Autocratic leadership and vertical management model" emphasized 02 papers that aimed to know the leadership styles developed by nurses and their influence on interpersonal relationships established between the nursing staff. Among the surveyed studies, three leadership styles stood out as the most used by nurses: transformational, democratic and authentic. These three styles have characteristics in common as all point out that in a nursing team there are people with different personalities and different technical level, and also emphasize that nurses should have a group vision, recognizing in each member the technical skills and simultaneously, helping them to overcome their difficulties. These styles also give more autonomy to the led about the decisions to be taken, and the nurse assumes a role of encouraging the development of his team activities. Besides the attention to contemporary styles of leadership, it emphasizes the autocratic style, also evidenced by the study. This style, although has some advantages, is targeted to inhibit employees' potential, since it ends up hindering creativity, participation and motivation. This style is characterized as non-dialogic, authoritative, and should be avoided as far as possible. However, the adopted leadership style is usually linked to the management model implemented in the institution. More innovative management models induce the use of more participative and transformational leadership styles. On the other hand, more vertical and hierarchical models suggest a more authoritarian leadership.

**Conclusions:** In this study, it is observed that there is not a unique style which may be previously practiced by the leader, unless he knows the personal characteristics of his team. Thus, effective leadership demands knowledge by the leader about the management philosophy of the institution, as well as the virtues and difficulties faced by his subordinates. The study showed the need for further research with larger level of evidence, that enable the improvement of the quality of care through the use of more innovative leadership practices which encourage professionals to work more motivated and satisfied, and to be more collaborative and co-responsible with the results provided to patients. On the subject, the authors intend to continue the study through the development of field research with professionals working in services which adopt different management models and leadership styles.

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## LDR PST 2 - Leadership Poster Session 2

### A Measure of Perceived Fatigue among Nurses in Western North Carolina

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#### Purpose

The purpose is to present a study of reported fatigue among nurses in a large hospital system including 5 facilities. The study compared differences among varying demographic groups within the study. The level of fatigue, acute versus chronic, and the ability to recover from fatigue between shifts was also measured.

#### Target Audience

The target audience of this presentation includes hospital leaders who make decisions about staffing and staffing models as well as nurses involved in patient care.

#### Abstract

**Background/ Significance:** Managed health care and reduced reimbursement together with the nursing shortage is leading hospitals to rely on nursing overtime to meet staffing needs. We are anticipating a heightened shortage of nurses as our aging population retires. Other industries such as airline, trucking, and railroads have put policies into place to limit the hours employees can work in a week to circumvent fatigue in workers because fatigue contributes to worker errors. Previous research has demonstrated a link between working long hours, fatigue, and decreased performance among nurses. Fatigue has specifically been linked to on the job injuries and poorer patient outcomes. The current trend in nursing is working 12-hour shifts. This shift is popular among nurses and most think they fully recover from the long day on subsequent days off; however, research shows fatigue has more impact on a nurse working a 12-hour shift than one working an eight hour shift. Evidence shows numerous negative effects of nurse fatigue on work performance. It is well established that fatigue leads to decreased alertness, slowed reaction time, impaired communication, reduced motivation, lower productivity, lapses of attention to detail, compromised problem solving, increased risk of injury, and loss of empathy.

**Purpose:** This research study examined perceived fatigue among nurses. The objectives were to measure the level of fatigue present, distinguish acute from chronic fatigue, determine the nurses' ability to recover between worked shifts, and compare differences in fatigue across the various demographic groups within the study.

**Study Design/Methodology:** An anonymous survey was conducted to measure fatigue following a descriptive, correlational study design. The survey instrument used in this study incorporated both the Fatigue Assessment Scale and the Occupational Fatigue Exhaustion Recovery Scale. These two survey instruments have proven reliability and validity and were combined to capture a more comprehensive depiction of fatigue than use of just one survey instrument may have offered. The survey was distributed through email to nurses in direct patient care roles. It was explained that participation was voluntary. The email contained a link to an online survey where nurses could anonymously complete the survey. There was no contact between the participants and the researcher. Surveys were de-identified; IP addresses were not tracked.

**Setting/Sample:** The study was conducted in a large hospital system comprising five acute care facilities. The hospitals are located in both urban and rural settings. A convenience sampling method was utilized. The total number of nurses in the study population was 2,764. Study participants totaled 610 and represented a widely heterogeneous group of nurses. All registered nurses who provide direct patient care in the hospitals were included in the study. Nurses not working in direct patient care roles were excluded from the study. All five hospitals were represented among the participants.

**Results:** When looking at the entire group of study participants, results from the Fatigue Assessment Scale indicated an overall presence of fatigue with a mean score of 23.5 utilizing descriptive statistics in SPSS. When analyzing the Occupational Fatigue Exhaustion Recovery Scale, the study participants

indicated an overall high level of acute fatigue with a mean score of 67.2. The Occupational Fatigue Exhaustion Recovery Scale also revealed that participants, as a group, reported a medium or moderate amount of chronic fatigue with the mean score of 47.1 and a moderate ability to recover between worked shifts represented by a mean of 52.1. A comparison of shift lengths revealed that nurses working a 12-hour shift reported a statistically significant higher level of acute fatigue with a mean score of 68.8, ( $p < .001$ ), than nurses working  $\leq 9$  hours and nurses working 10 hours. This is consistent with other studies of fatigue among nurses. When comparing day, evening and night shift nurses, nurses working night shift scored statistically significant higher on the Fatigue Assessment Scale with a mean of 24.9, ( $p < .001$ ), than nurses' working day or evening shifts. Additionally, nurses in the study working night shift report the least ability to recover between shifts. These results raise concerns regarding safe, high quality patient care since so many nurses are working 12-hour shifts in hospitals today. There was not a statistically significant difference in reported fatigue between nurses who are required to take call and those who are not required to take call. Moreover, there was no difference between nurses working in a trauma center and nurses working in community hospitals. Although nurses working greater than 40 hours per week reported more chronic fatigue, mean 52.1, than nurses working less than 40 hours per week, mean 46.7, when compared there was not a statistically significant difference between the two groups ( $p = 0.08$ ). There was also no difference in reported fatigue among the various age groups. . The departments reporting statistically significant higher levels of acute fatigue compared to the other departments were labor and delivery and medical surgical inpatient units with mean scores of 72.9 and 72.3 respectively, ( $p < 0.5$ ). These mean scores represent a high level of acute fatigue. The behavioral health department reported a statistically significant low capability of inter-shift recovery with a mean score of 37.9 ( $p < .05$ ).

**Conclusion:** Considering the increased acuity of patients today, the desire for quality patient care and the growing nursing shortage, the retention of experienced nurses should be a top priority. This study and many others illustrate that 12-hour shifts result in a fatigued workforce. Fatigue leads to exhaustion and burnout, which has shown to be a factor in nurses deciding to leave the profession. Such a scheduling pattern is incompatible with goals for safe, high quality patient care; therefore the use of 12-hour shifts should be limited. Healthcare leaders must provide healthy work environments to retain experienced nurses and to provide patients with safe experiences. Shorter work shifts should be implemented in efforts to reduce the incidence of fatigue and burnout among nurses. Hospital leaders must recognize that fatigued nurses present a risk to patients. The number of hours that are required between worked shifts should also be well-defined to allow for adequate recovery. Lastly, hospital leadership should change staffing patterns as well as their expectations of overtime and call duties, and view a fatigued nurse as incongruent with goals of patient safety.

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## LDR PST 2 - Leadership Poster Session 2

### Empowering Nurses to Partner in the Care of Children with Developmental Disabilities

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#### Purpose

The purpose of this presentation is to describe the value of the multi-dimensional LEND program for graduate nursing students and a description of dissemination of this specialized knowledge to upgrade undergraduate and graduate curriculum.

#### Target Audience

The target audience of this presentation is nursing professors and administrative individuals in revising nursing curriculum. Clinical nurses will benefit from the importance of increasing knowledge on this specialized population.

#### Abstract

The CDC and HRSA have published that the prevalence of Developmental/Intellectual Disabilities has increased by 17.1 % in nearly 10 years, calculating that about 1.8 million children currently live with Developmental and Intellectual Disabilities in the United States. During a nurse's careers they will come into contact with infants, children, adults, and families that are affected by intellectual/developmental disabilities throughout the lifespan. Caring for such a specialized community can be challenging for the healthcare provider. Are nursing students in an undergraduate and graduate degree programs being exposed to proper training and enrichment programs? Numerous studies have looked at this question. The results from many studies suggest that nursing students at both the undergraduate and graduate level are not receiving the education and clinical experiences needed in working with this specialized population. Limited disability curricula can be attributed to lack of faculty expertise and limited time in an already packed curriculum. However this has attributed to negative attitudes by nursing students and providers of individuals with disabilities. Through the revision of a generic Master's of Nursing Leadership Curriculum at Fairfield University there is a comprehensive and interprofessional opportunity for nursing graduate students who have a passion for this specialty area. This clinical/educational experience is known as LEND (Leadership, Education in Neurodevelopmental Disabilities). LEND programs are a nationwide initiative for graduate and post graduate students to take part in a training program to develop skills in advocacy/policy, clinical, research, and teaching; with the goal of taking on a leadership role in a career specialized in children and families with disabilities and special healthcare needs. The program is a unique opportunity for nursing students to work in a multidisiplinary setting for the common goal of helping and assisting children and families with disabilities and special healthcare needs. In many instances graduate nursing students are inhibited from participating in rich academic experiences due to restrictive curricular plans. This poster/presentation will describe the value of the multi-dimensional LEND program for graduate nursing students and a description of dissemination of this specialized knowledge to upgrade undergraduate and graduate curriculum.

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## LDR PST 2 - Leadership Poster Session 2

### Breakthrough Leadership – A Window into the Boardroom: A Descriptive Phenomenology Pilot Study about the Experiences of Nurses Serving on Interprofessional Healthcare Governing Boards

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*Lisa J. Sundean, MSN, MHA, RN, USA*

#### Purpose

The purpose of this presentation is to share the results of a first time study about experiences of nurses on interprofessional healthcare governing boards, to raise awareness about the importance of the engagement of nurses on boards, and to inspire nurses to seek board placements to improve the healthcare system.

#### Target Audience

The target audience for this presentation is nurses who aspire to use their knowledge, skills, and expertise to improve health and healthcare through high-level decision-making and leadership in the interprofessional healthcare governance boardroom.

#### Abstract

Nurse engagement on healthcare governing boards in the United States is low between two and six percent. The 2010 Institute of Medicine report, *The Future of Nursing; Leading Change, Advancing Health*, recommends nurses engage as board members and become equal partners with other healthcare leaders to make critical decisions about healthcare design and reform. The Robert Wood Johnson Foundation (RWJF) recently launched an initiative to place 10,000 nurses on boards by 2020. Nursing organizations like Sigma Theta Tau International, the American Academy of Nursing, and the American Nurses Association have partnered with RWJF to bring the initiative to fruition. Considering nurses are at the nexus of patient care, quality, and costs, nursing leadership at the board level is critical. Few research studies examine the issue of nurses on boards. **PURPOSE:** The purpose of the pilot study was to describe the experiences of nurses on interprofessional healthcare governing boards and to begin a trajectory of research evidence about this topic. **METHOD:** The research design used was descriptive phenomenology. A purposive sample of three nurse board members from New England participated in the study. The interview statement was, "Please describe to me your experiences as a nurse serving on an interprofessional healthcare governing board. Please describe all your thoughts, perceptions, feelings, and specific examples you can recall and wish to share." Data were analyzed using Colaizzi's method of phenomenological data analysis. **RESULTS:** Data analysis yielded seven themes: 1. Role on the Board: Pusher and Prodder, 2. Nursing Skill Sets: Innovator, Implementer, Evaluator, 3. Composition of the Board: Hats Off to the Person Who Brought Me onto the Board, 4. Voice and Influence: By the Way, I Happen to be a Nurse, 5. Culture of the Board: It was an Old Boys Network, 6. Board Work: Let's Get Down to Business, and 7. Personal Outcomes: A Fantastic Learning Opportunity. The fundamental structure of the experience is one of breakthrough leadership described in terms of influence, contribution, respect, pride, and personal development. **DISCUSSION:** Even though challenges were described, serving on healthcare boards allowed the nurse participants to effectively use their voice, knowledge, skills, and expertise to contribute to high-level leadership and decision-making about healthcare. The experiences of the nurse board leaders in this study demonstrated their ability to engage in board level discussions and decision-making as recommended in the IOM report. The experiences of the nurses in the study provide a window into the boardroom. The boardroom is one that few nurses enter. To effectively contribute to the transformation of the healthcare system, it is critical for nurses to engage as leaders in healthcare boardrooms.

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## LDR PST 2 - Leadership Poster Session 2

### A Global Resource for Nurses: Work Team Empowerment

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#### Purpose

to review the current status of empowerment research in health care with a focus for identifying nursing work team strategies that can assist those work teams to further improve their workplace empowerment.

#### Target Audience

any nurse, who is a member of a work team, within any practice setting and any location globally.

#### Abstract

The purpose of this presentation is to review the current status of empowerment research in health care with a focus for identifying strategies that nursing work teams can implement to further improve their workplace empowerment. The target audience for this presentation is any nurse, who functions as a member of a work team, within any practice setting and any location globally.

Empowerment is a perspective with global implications for nurses in all practice settings. In terms of the health care environment, the literature has identified there are many benefits that result from empowerment within the work place. These include: increased satisfaction, increased retention, etc. The empirical literature supports the relationship between structural and psychological empowerment to: 1) job satisfaction, and the 2) Magnet hospital characteristics of autonomy, control over practice environment and positive nurse-physician relationships.

Research also suggests that team membership and power are associated with student empowerment. The ability to empower nursing students as teams may enable them to create transformative, collaborative working environments globally.

However, there are two aspects of the current literature that are problematic when attempting to assist healthcare work teams to fully benefit from work team empowerment. First, the majority of health systems research is focused on the empowerment of individuals rather than work teams. This perspective is problematic as it conflicts with the fact that nurses routinely practice as members of healthcare work teams, regardless of their practice setting or global location. An additional problem is presented by research that originates from a paternalistic view of empowerment where the work team's empowerment depends upon either the environment or other individuals within that environment rather than on the efforts of the work team.

In this presentation, a view of empowerment will be presented that focuses on 1) practical empowering nursing work team strategies that 2) use established mechanisms in innovative combinations to assist nursing work teams to enhance their forward thinking skills, particularly in terms of addressing environmental forces that effect health care. The Sieloff-King theory of work team empowerment within organizations, and the related instrument (Sieloff-King Assessment of Group Empowerment within Organizations) focuses on: 1) healthcare work teams, and 2) the team's ability to autonomously empower themselves. This theory has demonstrated its global applicability through research in a variety of practice environments and global (Finland, Israel, Korea, United States). This theory and the reliable and valid instrument provides all nursing work teams with practical and innovative strategies

Through the use of the reliable and valid instrument, any nursing work team should be able to both assess and further improve its level of empowerment. The ability to achieve transformative nursing practice, and enhance nursing teams' talents in a variety of professional situations, depends upon individuals who believe empowerment is an active process as opposed to a passive process that leaders

perform for their followers. Likewise, team empowerment supports group cohesiveness that has also been correlated to nurse retention and increased satisfaction.

Over the past 40 years, nursing has been described in the literature as behaving as an oppressed group. The time for forward thinking is now where nurses believe they are responsible for their own ability to achieve goals and to empower themselves and their work teams. Quality nursing education, practice and research to support transformative nursing practice and safe and quality patient outcomes depends upon effective, empowered, nurse work teams.

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## LDR PST 2 - Leadership Poster Session 2

### Constant Chaos: Utilizing Change Theory in Baccalaureate Nursing Leadership Education

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#### Purpose

To share with participants how we utilized the concept of change in the development of student knowledge and skills in change management and leadership.

#### Target Audience

Educators and nurse leaders

#### Abstract

The need for leadership education in undergraduate nursing has been established (CASN & CNA, 2014) and is essential for the progression of the profession (Duncan, Rodney & Thorne, 2014). As a part of learning on leadership the concept of change was utilized with fourth year nursing students to solidify their understanding of leadership concepts and their effects on change. It is essential that nurses develop the skills required to be involved in successful change. Beginning the exploration of change within nursing education provides nurses with the foundation needed to become leaders of change and effective followers.

Change is inevitable in health care and is something that nurses are a part of continually. This presentation will explore how the concept of change was introduced in a leadership course in the fourth year of an undergraduate degree program in Canada. Using identified change theories students were asked to examine a change being implemented in health care and were asked to explore the role of the nurse and connection to change theory. Through this examination students were able to see the influence they as new RN graduates can have on change initiatives and gain insight into surviving and thriving in change.

In this presentation participants will be presented with information on the education program, curriculum, place of learning, and influencing literature and policy driving leadership education in this school of nursing. There will be an opportunity to discuss key leadership concepts used in undergraduate education and explore possibilities for future development. From the broad concept of leadership participants will focus on the concept of change and identify how a specific assignment was utilized to consolidate student learning on leadership. The goal of the assignment was to foster an understanding in students of their potential roles in ensuring change is positive and effective. By understanding the complexity and dynamics of planned change fourth year undergraduate students have the opportunity to explore their role in change and how they can contribute and develop their leadership skills, knowledge, and abilities.

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## LDR PST 2 - Leadership Poster Session 2

### Effective Nursing Leadership and Emotional Intelligence

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#### Purpose

The purpose of this presentation is to share nurse leaders' perceptions of effective nursing leadership, to discover the elements of effective nursing leadership, and to discuss about the role of emotional intelligence in nursing leadership.

#### Target Audience

The target audience of this presentation is educators and nurse leaders. In order to emphasise the role of emotional intelligence in nursing, key players need to be aware of the subject.

#### Abstract

Current issues in healthcare such as nursing shortage and turnover, health reform, and quality of care have turned the focus to nursing leadership. Research has shown that the concept of emotional intelligence, as integrated in nursing, has positive effects on staff, patient and organizational outcomes. Nurse leaders are in a crucial position to promote positive staff outcomes, positive patient care outcomes, and eventually, positive organizational outcomes. It is important to research what makes effective nursing leadership, and perhaps even more importantly, how nurse leaders perceive effectiveness. The purpose of this study was to describe nurse leaders' perceptions of effective nursing leadership, to discover the elements of effective nursing leadership, and to determine the role of emotional intelligence in nursing leadership as perceived by nurse leaders.

The study used a qualitative research design. Data were collected by using a secured online questionnaire during September and October 2010. Data collected were analyzed by using Colaizzi's Method of Data Analysis. The findings were examined through Goleman's framework of emotional intelligence competencies.

The study group (N=20) consisted of female registered nurses in formal nursing leadership positions. Participants were recruited through a national organization for nurse leaders. Participants were members of the organization and they were located throughout the country.

This study found that emotional intelligence is considered as an element of effective nursing leadership. Moreover, it was found that effective nursing leadership is relationship-centered, and can be demonstrated through qualities such as communication and attentive listening. Also, an organization and its culture have a role in effective nursing leadership.

However, more nurse leader-focused research is needed since it can promote the establishment of evidence-based nursing leadership. Further, it would be beneficial for the future of nursing leadership to include formal emotional intelligence education in both BSN and MSN programs, and to emphasize emotional intelligence qualities already when selecting and hiring nurses and nurse leaders.

The study could be replicated by using triangulation with a more diverse study group. More detailed research regarding the needs of the target group should be conducted in order to design curriculum regarding emotional intelligence education. Furthermore, it would be good to continue researching reliable ways to measure the impact of effective nursing leadership on staff outcomes, patient outcomes and organizational outcomes, as well as the effects of organizational culture on nursing leadership performance.

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## LDR PST 2 - Leadership Poster Session 2

### Educating Nurses as Leaders Who Promote Health Equity through Social Change

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#### Purpose

The purpose of this presentation is to describe the implementation of high impact practices for preparing baccalaureate nursing students to be leaders who promote health equity through social change. The Social Change Model of leadership development is presented as a framework for program planning.

#### Target Audience

The target audience of this presentation is nurse educators interested in student leadership development with a focus on promotion of health equity.

#### Abstract

Nurse educators have a responsibility to prepare graduates as leaders whose actions will contribute to the achievement of health equity. The Social Change Model (SCM) can provide a framework for a lifelong developmental process of leadership identity that is congruent with nursing's social policy agenda. The SCM asserts that leadership is a collaborative, service-oriented, values-based process that is about effecting change on behalf of society. It posits that leadership includes people in positional and non-positional roles, views leadership as a process rather than a position, and promotes equity, social justice, self-knowledge, service and collaboration. The seven values of the SCM cluster across individual (consciousness of self and others, congruence, commitment), group (collaboration, common purpose, controversy with civility), and societal (citizenship) domains.

When societal health equity is at stake, participation of underrepresented and underresourced students is a key to the ultimate effectiveness of leadership development initiatives. A climate of inclusivity within the university and a broad definition of diversity are essential components of meaningful programs. At the program level, best practices should include open discussions about definitions of labels and the underlying assumptions about student aptitudes. The seeds of leadership for social change need to be planted early and cultivated throughout a nurse's education. Activities need to be sequenced to meet student's developmental needs over time and consider specific influences that may vary by race, ethnicity, gender, sexual orientation, age, and socio-economic status. It is important to recognize that a student's leadership self-efficacy can be nurtured through activities beyond those of "positional leadership." Equally important is the notion that leadership is important for all nurses- not just those in formal leadership roles.

Leadership development initiatives should extend into co-curricular and extracurricular activities that are supervised or mentored by faculty and nurse leaders. Evidence suggests that high-impact practices that can shape college students' capacities for socially responsible leadership fall into four categories: sociocultural conversations, mentoring relationships, community services and membership in off-campus organizations. These categories, grounded in the tenets of the Social Change Model, provided guidance for the activities in our nursing student leadership development program. Specific examples include:

- 1) Sociocultural conversations: small group meetings where nurse leader, faculty, alumnae/i and staff facilitators address how all nurses can advocate for the vulnerable and underserved to influence health and social policy agendas and facilitate dialogue around socio-cultural issues in the clinical settings; required written reflections and blogposts about program activities; opportunities for language and cultural immersion; student participation in the school's diversity advisory activities; open classroom and clinical discussions on sociocultural issues; alliances with multicultural organizations on campus.
- 2) Mentoring relationships: required meetings with assigned faculty mentor with follow up written reflection; developmental mentoring experience whereby upperclassmen are guided as they provide

mentorship for underclassmen; leverage other mentoring opportunities on campus, such as research fellowships and student organization involvement.

3) Community service: involve students in local health fairs/flu clinics; encourage participation in service immersion opportunities; seek clinical placements in nontraditional clinical settings within the community.

4) Membership in off-campus organizations: State and National Student Nurses Association and local chapters of the National Black Nurses Association, National Association of Hispanic Nurses, Asian American and Pacific Islander Nurses Association, et al. are eager to engage students and provide opportunities for networking, professional growth, and sociocultural reflection. Other organizations receptive to student involvement include the Institute for Healthcare Improvement, Peer Health Exchange, American Red Cross, etc.

Social change is an active, long term process that begins with insight and is realized through skills that can be taught and developed in a nursing program and carried forward in one's career and as a citizen of society. Nurse educators are in a prime position to cultivate leadership for social change through intentional student programs that recognize the developmental nature and need for inclusivity in student formation. The next challenge will be to define and track specific outcomes that would demonstrate the long-term effectiveness of socially responsible leadership development programs; those outcomes should reflect the participants' activities that are aimed at reducing health disparities, promoting social justice, and contributing to the betterment of society.

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## LDR PST 2 - Leadership Poster Session 2

### Global Service Learning Aboard the U.S. Navy's Pacific Partnership Mission

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*Gary Glauberman, MS, RN, APHN-BC, USA*

#### Purpose

The purpose of this presentation is to describe a Global Service Learning partnership between the UH Mānoa Nursing program and the U.S. Navy's Pacific Partnership mission with the aim of developing skills to address global health challenges as part of an international, interdisciplinary team of providers and health educators.

#### Target Audience

The target audience for this presentation is nursing educators, undergraduate and graduate nursing students interested in engaging in global health.

#### Abstract

Nursing around the world is facing complex challenges to individual, community and global health. To be prepared to face these challenges, nursing students need to develop a global perspective on local health issues. Academic institutions that educate nurses must establish creative partnerships to provide innovative learning environments for nursing students to improve their skills while working together with professionals from multiple disciplines to address the broad range of social determinants that influence health. Global Service Learning (GSL) offers a model for promoting culturally compassionate learning and collaborative leadership skills while addressing global health issues. GLS is based on seven core principles with an aim of immersing students in service-learning experiences that are mutually beneficial to the learner as well as the population they serve.

The collaboration between the University of Hawaii at Mānoa (UHM) School of Nursing and Dental Hygiene and the U.S. Navy's Pacific Partnership mission demonstrates this kind of engagement. The Pacific Partnership mission is an annual humanitarian assistance exercise to Asia and Pacific Island countries. Together with participants multiple countries and multiple disciplines, UHM nursing faculty and graduate students conduct training and educational exchanges with international participants, where they exchange best practices for on nursing care, disaster preparedness and public health.

The purpose of this presentation is to describe this GSL partnership between the UHM Nursing program and the U.S. Navy's Pacific Partnership mission, and its influence on UHM Nursing participant's ability to provide health services and education as part of an international, interdisciplinary team of providers and health educators. The target audience for this presentation is nursing educators, undergraduate and graduate nursing students interested in engaging in global health. Through shared efforts in health promotion, students improve their capacity to work side-by-side with people of diverse cultural backgrounds and professional training; they develop a deeper understanding of how improvements in global health are accomplished; and they build confidence in identifying themselves as global health nurse leaders.

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## LDR PST 2 - Leadership Poster Session 2

### Evaluating the Outcomes and Impact of Five (5) Projects Using the Case Study Method

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*K. Elizabeth Mokoka, PhD, RN, South Africa*

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#### Purpose

To describe the use of the case study methods in evaluating the outcomes and impact of projects

#### Target Audience

Project and Programme managers, nurse researchers and evaluators

#### Abstract

**BACKGROUND:** Between 2006 and 2012, Atlantic Philanthropies (AP) invested 32.8 million USD to strengthen the nursing sector in South Africa. Of the work that has been done, through nineteen projects, five projects were identified and selected by Atlantic to be documented as case studies to be shared with a wider audience of the nursing and other relevant sectors and interest groups. The Forum for University Nursing Deans of SA (FUNDISA) was contracted to construct the case studies.

**OBJECTIVE:** To develop case studies on selected projects to describe what was achieved, the projects' outcomes and impact it made in the lives of the beneficiaries; and to document lessons and best practices in order to share and replicate these best practices.

**METHODS:** Each of the five case studies were described, using the appreciative enquiry approach, where achievements, assets, innovations, strengths, as well as lessons learnt and opportunities for sustainability, high points and success stories were described from data collected from multiple data sources using methods such as interviews, observation and document reviews.

**RESULTS:** In all 5 case studies, replicable best practices were identified and described. In collaboration with Atlantic Philanthropies, the case studies are disseminated to all the relevant audiences through publications and presentations. The specific case study method used will also be shared with other project implementers as it can be used during the conclusion of projects.

**CONCLUSION:** Case studies are suitable for answering questions that funders might have regarding their investments. They are also useful in evaluating the outcomes and deliver evidence that the project is having an impact on the lives of beneficiaries.

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## LDR PST 2 - Leadership Poster Session 2

### Novice Nurse Mentorship Programs to Transform Professional Development

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#### Purpose

The purpose of this presentation is to present pilot findings that support inclusion of mentoring within new nurse residency programs. The authors present a successful program of mentoring that decreased attrition rate of new nurses and had an associated cost savings for the institution.

#### Target Audience

The target audience of this presentation are nursing professionals in leadership positions within hospital settings that employ newly-graduated (novice) nurses.

#### Abstract

Globally, the shortage of nurses continues despite increases in graduation rates. Nurses continue to leave the profession due to overall job dissatisfaction involving workload, stress, pay, and lack of advancement opportunities and interpersonal relationships (Chan et al., 2013). Alarming, newly-graduated novice nurses are especially vulnerable to leaving the profession. This workforce pattern challenges healthcare systems to implement innovative programs to retain their nurses.

Nurse Residency Programs have become common in modern healthcare systems (Rush, Gordon, Lilly, & Janke, 2013). These residency programs usually occur from 3 months to 1 year and utilize preceptors whose role is to supervise, tutor and teach the novice nurse. Thus, residency programs are helpful for role development and for building technical and organizational skills to perform the daily work, but lack support for the mental well-being of the novice and fail to address their career development. Therefore, additional mentoring can meet these needs and likely improve overall satisfaction and retention of novice nurses. In contrast to preceptors, mentors are non-judgmental seasoned peers who counsel the novice and offer career guidance and support. The concept of nurse mentoring is common in academia and upper nursing management in hospital settings. However, only a few hospital systems have implemented nurse mentoring programs for their novice nurses (Rush, et al., 2013).

A Novice Nurse Mentor (NNM) Program was piloted at a Level II Regional Trauma Hospital during 2013-14. The NNM Program was offered concurrent with the standard year-long New Nurse Residency Program. The NNM Program focused on developing and supporting nurse mentors to successfully mentor novice nurses. Mentors were recruited who met qualifications of being a registered or advanced degree nurse,  $\geq 2$  years experience, willingness to support a mentee without compensation, a self-defined positive personality, and were not employed in a management position. Pairing of mentors with potential mentees ( $n = 64$ ) occurred at two mingle events resulting in a pilot cohort of 15 pairs. After a formal meeting with the project coordinator, the pairs met weekly for the first month, then bi-weekly or as needed. Mentorship development workshops were offered monthly on issues such as work-life balance, adult learning theory, and networking. In addition, the mentors were facilitated with group processing to share about the role and any emerging issues. This pilot project followed the 15 mentor/mentee pairs over a period of 4 months. The institution's baseline novice nurse retention rate was 74% per year. There was an estimated financial loss of \$64,000 per novice nurse who would leave the institution. A pre/post survey of all nurses in the New Nurse Residency Program was used to assess differences between the 15 mentoring-exposed novice nurses and 49 reference novice nurses.

Novice nurse retention rates improved from 74% to 79% per year, an institutional cost savings of \$192,000. Significantly more mentor-exposed novice nurses (85%) rated having peer support as a satisfying aspect of their work environment compared with (70%) of the reference novice nurses ( $p = .018$ ). Although not significantly different ( $p = .20$ ), 60% of the mentor-exposed novice nurses rated ongoing learning as one of the most satisfying aspects of their work environment compared to 50% of the



reference novice nurses. Positive qualitative feedback was received from mentors and mentees for continuation of the program. As a result, the institution incorporated the mentoring program into the existing residency program and will continue to develop and monitor effectiveness.

Voluntarily NNM Programs, offered within standardized nurse residency programs, can transform healthcare environments and enhance the professional development of nurses. This pilot project demonstrated the cost effectiveness of incorporating mentoring for those novice nurses seeking more support and guidance from seasoned nursing role models. Likewise, experienced nurses had the opportunity to provide service to the discipline by mentoring new nurses thru their first years. Future structured and institutionally-supported mentoring programs need to measure effectiveness in order to create an evidence base for retaining novice nurses and transform professional development for all.

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## LDR PST 2 - Leadership Poster Session 2

### Engaging Students in the Classroom Using Active, Team-Based Learning Strategies

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#### Purpose

The purpose of this presentation is to discuss strategies to create a learner-centered classroom environment that engages students while focusing on teamwork and collaboration. Team-based learning activities, technology use in the classroom, peer review, collaborative testing, formative evaluation methods, and an environment based on respect and authentic learning are addressed.

#### Target Audience

The target audience of this presentation is educators in nursing programs or in staff development who are interested in utilizing active learning strategies to engage learners and improve learning outcomes while teaching teamwork, collaboration, and fostering an environment based on respect.

#### Abstract

As students enter into nursing school faculty are charged with socializing students into the professional role of nurses while helping students develop a sound knowledge base of critical nursing concepts. Along with teaching students critical nursing concepts, faculty must also assist students to develop skills in communication, professionalism, teamwork, and collaboration in order to be a safe and effective member of the interprofessional health care team. Research has shown that a transformation to learner-centered, active learning strategies must be incorporated into nursing curriculums for students to meet future demands required of new nurses to provide safe, quality patient care. By providing students with the opportunities to consistently practice communication skills, giving constructive peer feedback, and dealing with conflict in a safe environment, students are better able to transition to practice already possessing some of these crucial skills. This session will discuss strategies implemented in a beginning level nursing course to create a learner-centered classroom environment that engages students while focusing on communication, teamwork, and collaboration. Strategies that will be discussed include: Team-based learning activities, use of various technologies-including Socratic in the classroom to address different learning styles, constructive peer review, collaborative testing, formative evaluation methods, and creating a classroom environment based on respect and authentic learning. This session will provide examples of active learning strategies and how to modify existing assignments for more engaged students. Sharing of strategies, evaluation tools, grading rubrics, and a discussion of modified team-based learning will be addressed. In addition, a detailed discussion of the use of collaborative testing and how it can be utilized in nursing courses along with data related to student outcomes will be provided. The educational technologies used in the classroom, along with strategies implemented to create a classroom environment based on mutual respect supportive of deep learning will also be addressed.

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## LDR PST 2 - Leadership Poster Session 2

### Implementing the Clinical Nurse Leader (CNL) Role in Japan

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*Gordana Dermody, MSN, RN, CNL, USA*

#### Purpose

The purpose of this presentation is to discuss how collaborative partnerships were formed with Japanese nursing leaders to advance nursing roles, improve nursing practice to promote better nursing work environments, and quality nursing care.

#### Target Audience

The target audience of this presentation include clinical and academic nursing leaders.

#### Abstract

**Background:** The provision of high quality, efficient, and cost-effective healthcare care is a complex process in health systems across the globe (Lindberg, et al., 2008). Care delivery models, supply and demand of human and fiscal resources, and population specific health care needs within various sociocultural contexts are complicated issues. These issues require individuals with expert knowledge and skills in order to be solved. Therefore the CNL role could be a catalyst to improve healthcare outcomes in other countries through systems expertise, advanced clinical skills that optimize interdisciplinary collaboration and the development of partnerships as a leader across the healthcare delivery system (Harris, et al., 2014).

**Program:** To promote the implementation of the CNL role in Japan a multifaceted approach was used. First, over three years (2012, 2013, and 2014) the assumptions of the CNL role were disseminated in major medical centers, universities, and professional nursing organizations across Japan. In particular, the intersection of care, health, and cost known as the triple aim, was a topic of priority. In addition, examples of CNL successes were shared as exemplars. Through this process of dissemination 14 institutional partnerships in Japan were developed. In response to these partnerships a special agreement was requested from the Commission on Nurse Certification (CNC) and AACN to promote qualified Japanese Nursing leaders in achieving the faculty CNL certification. Subsequently in 2014 a 7-day CNL seminar was delivered at Saint Anthony College of Nursing comprised of theory, case studies and a clinical immersion experience to prepare qualified Japanese nursing leaders to achieve CNL certification. After successful certification the goal is to partner with certified faculty and universities to develop a socio-culturally congruent CNL curriculum meeting the AACN (2013) competencies and curricular expectations for CNL education and practice.

**Outcomes:** 1) Finalized a collaborative agreement with CNC and AACN to promote CNL faculty certification for qualified nursing leaders in Japan. 2) Presentations in 2012, 2013, and 2014 totaling 40 presentations delivered about the CNL role to a variety of universities and medical centers, and professional nursing associations. 3) Developed formal institutional partnership agreements with 2 major Japanese universities. 4) Delivered the first bilingual comprehensive CNL seminar with clinical immersion component to 7 qualified Japanese nursing faculties. **Work in progress:** 1) Grant submission by a Japanese partner institution to facilitate the implementation of CNL programs across Japan. 2) Japanese partners are currently preparing for certification on 2015. 3) CNL seminars are planned in Japan and in the U.S. in 2015.

**Recommendations:** Successful introduction of new nursing roles is possible through careful strategic planning, consensus building, and developing strong personal partnerships with leaders, and between key organizations.

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## LDR PST 2 - Leadership Poster Session 2

### Nursing Simulation: It's Not Just for Skills Anymore

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#### Purpose

to introduce to nursing educators/faculty that the use of simulation for nursing education is not limited to teaching, practicing, and/or testing of skills. Rather, simulation may be used for teaching collaboration, interdisciplinary approaches, medication knowledge, priority setting, communications, leadership, team work, delegation, and critical thinking.

#### Target Audience

nurse educators/faculty who are interested in using simulation for the education of nursing students at various levels or even in the hospital with staff development and/or continuing education.

#### Abstract

Ever since Mrs. Chase in 1911 nursing education has utilized the mannequin for skills. The earliest mannequins in nursing were used for transfers, positioning, and other non-invasive skills & learning activities. Following the lead of medicine, especially anesthesiology, they were now being used for the training of nurses instead of doctors. The mannequins used were very low fidelity and were literally dolls, but quickly became useful for skills demonstrations, practice, and testing while maintaining the important patient safety. They were often just skills trainers or partial torsos with an orifice or lumen to accommodate a tube's insertion.

Computers and simulation changed that. This time following the lead of the airline industry, aeronautics, and the military computerized nursing simulation moved away from the screen and would begin to incorporate the mannequin in the role of the patient. Again, with patient safety as the ultimate goal, education of nurses was the desired outcome. The fidelity level of the mannequins began to increase, but the activities were still basic skills instruction.

Even with the higher fidelity mannequins and the technological advancement of simulation many nursing instructors remain at the skills level of simulation because that is how they learned and where they are comfortable. Tradition is ingrained and often difficult to overcome. Simulation must move beyond Mrs. Chase.

My Nursing Care of Children & Adolescents course utilizes 3 days of simulation in a 12 day clinical rotation. Twenty-five percent (and up to 50%) of clinical being simulation maintains a consistent level of clinical education & preparation and maintains competency for the licensure exam & for employment (Hayden, Smiley, Alexander, Kardong-Edgren, & Jeffries, 2014). The simulations increase in complexity as the semester progresses. The simulations have basic skills, but go far beyond. The simulations, scenarios, nurse's reports, and physician's orders are designed to introduce questions and situations that will demand interdisciplinary collaboration, reinforcement of the knowledge of medications using available resources, setting priorities, developing leadership skills, building team work, delegating interventions, and the application of critical thinking. The simulations are designed to be a learning experience and not an assessment of the student. By removing instructor grading the stress level is diminished and learning increases in a more positive environment.

This session will describe tasks & orders inserted into the simulation scenarios to encourage a higher level of learning. It will also report the students' comments and reactions.

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## LDR PST 2 - Leadership Poster Session 2

### The Development of a Formal Mentoring Model and Program in a Faith-Based School of Nursing

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*Barbara Devitt, MSN, BSN, RN, USA*  
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*Cheryl Riley, DNP, MSN, BSN, RN, NNP-BC, USA*  
*Julie Millenbruch, PhD, MSN, RN, CCRN, USA*  
*Cathy Miller, PhD, MSN, RN, USA*

#### Purpose

The purpose of this poster presentation is to present the Formal Mentoring Model and Program developed by the Mentoring Task Force at Baylor University Louise Herrington School of Nursing (BULHSON).

#### Target Audience

The target audience of this presentation is nurse researchers, educators, and administrators.

#### Abstract

Mentoring is a leadership initiative and a strategy that promotes collaboration, net-working, and inter-professional relationships. The purpose of this poster presentation is to present the Formal Mentoring Model and Program developed by the Mentoring Task Force at Baylor University Louise Herrington School of Nursing (BULHSON).

Mentoring is the foundation of self-development and launching of a professional career trajectory (Hunt & Ellison, 2010; Meier, 2013). Mentoring is a dynamic, evolving, ever changing relationship between individuals (Grossman, 2013). The mentoring process involves one individual guiding another to develop both personally and professionally (Grossman, 2013). Mentoring within a workplace setting is helpful to increase employee attitudes, motivation, and career outcomes (Meier, 2013).

The mentorship model developed by the BULHSON Mentoring Task Force, was designed to incorporate seven concepts identified by the Task Force as important to a successful faculty mentoring program. The seven concepts include the BULHSON mission and vision, the mentor, the mentee, Baylor University Pro Futuris (2012), and visionary leadership within the context of a Christian academic community. Finally, elements of the nursing process, ongoing assessment and evaluation, are incorporated. The goal of the mentoring program is transformational mentorship, culminating in the outcomes of Christian excellence in teaching, leadership, service, professional practice, scholarship, and research.

The conceptualization of the Mentorship Model centers on the tenets of the strategic vision of Baylor University Pro Futuris (2012), and the vision and mission of the school of nursing "to prepare baccalaureate and graduate level nurses, within a Christian Community, for professional practice, health care leadership, and world-wide service" as well as the nursing school's motto "Learn. Lead. Serve." The theoretical framework for the Model is based on the System Theory of input, throughput, and output (Kelly, 2011), and consists of interdependent entities, communication, and interactive processes for the development of predetermined outcomes. Input information of the model consists of the Mentor-Mentee Agreement, the foundation of the mentoring relationship. Other pertinent input data includes SMART Goals, (Specific, Measureable, Achievable, Results-oriented, and Time-based) to focus on faculty development and career trajectory for non-tenured and tenured faculty, as well as an organizing scheme of policies and procedures of the structure and organization for the mentoring program.

The input melds into the throughput of contiguous interacting circles of entities with continual assessment and evaluation, while encased in the foundation of a Christian community. These entities include the Baylor University Pro Futuris (2012), the mission, values and vision of BULHSON and the dynamics of the

mentor and mentee relationship, interactions, and processes interconnected by a visionary relationship that is the underpinning of the transformational mentorship. The desired outcomes of the transformational mentorship are teaching, leadership, service, professional practice, scholarship, and research. At the heart of these outcomes are the priorities of the enactment of BULHSON motto “Learn. Lead. Serve” with professional practice as the fundamental foundation of the nursing profession. These outcomes of the mentoring program, promote excellence in the profession, the school of nursing, and above all, increased evidence-based quality patient care.

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## LDR PST 2 - Leadership Poster Session 2

### Job Satisfaction as Experienced by Generation Y Nurses: A Phenomenological Study

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*Sonia Anselmo-Witzel, PhD, MEd, RN, SNT, USA*

#### Purpose

The purpose in this presentation is to describe the lived experiences of job satisfaction among Generation Y registered nurses in the workplace. The results from this study will potentially allow nursing leaders to develop strategies in retaining and recruiting this generation of nurses

#### Target Audience

The target audience of this presentation is nurse leaders interested in retaining and recruiting Generation Y nurses by identifying satisfiers Generation Y nurses identified in the workplace. Exploring job satisfaction from the perception of Generation Y nurses will assist nurse leaders in developing strategies to retain this generation of nurses

#### Abstract

Job satisfaction in nursing has been reported to be at an all-time low, which has posed a challenge for healthcare organizations (Chung & Fitzsimons, 2013). With an increasing shortage of nurses, awareness needs to be directed toward understanding job satisfaction among nurses. When nurses are dissatisfied with their job, healthcare organizations can spend millions of dollars per year on orientating and recruiting new nurses, as well as employing traveling or contract nurses (Morgan & Lynn, 2009).

Efforts by healthcare organizations and nurse leaders are necessary to address job satisfaction among Generation Y nurses to maintain and recruit this generation to mitigate the nursing shortage in the United States. According to Zinn, Guglielmi, Davis, and Moses (2012), the nursing shortage affects all aspects of healthcare, which threatens patient safety, quality of patient care, and the ability of healthcare organizations to meet the healthcare needs of Americans. A worsening shortage of nurses can be lessened by promoting retention of younger nurses, members of Generation Y, entering the nursing profession (Tourangeau, Cummings, Cranley, Ferron, & Harvey, 2009). Focus should be on job satisfaction for Generation Y nurses, because they are the future generation of nurses of our society and world.

Job satisfaction is important to assess in Generation Y nurses because this generation is just starting their careers. Job satisfaction has been identified as one of the most significant reasons affecting nurses' choices to continue at their place of employment (Tourangeau et al., 2009). Since job satisfaction has been shown to predict retention of employees, it is an area of concern within Generation Y nurses because this generation is more likely to leave their organization if they are not satisfied with their job (Morgan & Lynn, 2009).

Job satisfaction is the major contributor on intent to remain employed (Tourangeau et al., 2009). According to Tourangeau et al. (2009), previous research studies have had little success in explaining what components of job satisfaction cause nurses to remain employed. Understanding the lived experiences of job satisfaction among Generation Y nurses is needed in the retention of younger nurses to make sure an adequate supply of registered nurses remain in the workforce. The results from this present study, which identify job satisfiers for Generation Y nurses, will potentially allow nursing leaders to develop strategies in retaining and recruiting this generation of nurses (Morgan & Lynn, 2009).

According to Wieck, Dols, and Northam (2009), research indicated high levels of stress and low levels of occupational fulfillment are being reported among new graduate Generation Y nurses. Job dissatisfaction is a concern to healthcare organizations, which could amount to spending millions of dollars per year on orienting and recruiting new nurses (Morgan & Lynn, 2009). Wieck et al. (2009) reported estimated costs to replace a registered nurse range from \$10,000 to \$60,000, and \$42,000 to \$64,000 to replace a

specialty nurse. Generational differences, personnel shortages, and an aging population are causes for healthcare organizations to think about reasons that influence job satisfaction among Generation Y nurses.

The purpose of this descriptive phenomenological study was to explore the lived experiences of job satisfaction among Generation Y nurses in the workplace in an urban hospital located in Upstate New York. The research design involved in-depth semi-structured interviews with 10 Generation Y registered nurses. The central research question that guided the study was: What is the lived experience of job satisfaction for Generation Y nurses at an acute-care facility? Herzberg's dual-factor theory of job satisfaction and motivation formed the theoretical framework for this study. Colaizzi's seven-step method was used to guide the analysis of the study to identify four main themes and six sub-themes in the data generated from the participants. The four themes and six sub-themes were as follows: (a) experiences of feeling good, (b) relationships, (c) job strain, and (d) having choices. The sub-themes making a difference, feelings of value, and I found my calling emerged from the theme experiences of feeling good. The sub-themes connections, balancing life, and feeling devalued emerged from the theme relationships.

This study may bring awareness to nurse administrators and managers if they wish to retain Generation Y nurses by addressing the importance of understanding satisfiers Generation Y nurses identified. Exploring the lived experiences of job satisfaction and the meaning Generation Y nurses attach to those experiences may potentially increase understanding about generation-specific retention within healthcare organizations. Nurses can benefit from the recognition that job satisfaction within the profession may lead to decreased turnover rates in Generation Y nurses.

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## LDR PST 2 - Leadership Poster Session 2

### Constructing the Role of Global Health Nursing

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*Jeanne M. Leffers, PhD, MSN, MA, BA, RN, USA*

#### Purpose

The purpose of this presentation is to explore a definition of global health nursing grounded in a framework of global ethics and sustainability of global health nursing partnerships.

#### Target Audience

The target audience of this presentation is nurses interested in developing global health partnerships for clinical practice, study abroad, consulting, or volunteering and service opportunities.

#### Abstract

There is a need for a definition of global health nursing and exploration of nursing roles for global health to ensure ethical, responsible and effective practice. This presentation will offer a formal definition of global health nursing developed from an extensive review of the literature. This definition of global health nursing focuses upon essentials such as social determinants of health, cultural humility, deliberate and reflective practice, and full partnership with individuals and/or communities. Implications for global health nursing will be explored through Crigger's (2008) framework of global nursing ethics. Essential characteristics of global nursing ethics include listening to the voices of those who are marginalized, balancing both community and individual interests, using reflexivity, understanding the required human capacities for human flourishing, and utilizing business and technology to further social justice rather than exploitation. Building upon the definition of global health nursing, recommendations for the ethical implementation of global health nursing practice roles that build and sustain partnerships will be discussed.

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## LDR PST 2 - Leadership Poster Session 2

### Nursing Management of Head Nurses Receiving the Outstanding Award

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*Areewan Oumtanee, PhD, RN, Thailand*

#### Purpose

The objective of this research is to describe the management experiences of the head nurses who received the outstanding award for following the Hermeneutic phenomenology research methodology.

#### Target Audience

Understanding experiences of the head nurses who won the outstanding award

#### Abstract

The objective of this research is to describe the management experiences of the head nurses who received the outstanding award for following the Hermeneutic phenomenology research methodology. Information was provided by the fourteen head nurses who received the outstanding award from the department of nursing of one tertiary hospital. The information was obtained by in-depth interviews. An exact transcription of the interviews was analyzed following the Diekelman's method, and the results are as follows:

- 1) Self-development: Head nurses take the initiative to learn from the senior head nurses, who they believe are excellent role models. The head nurses enthusiastically focus on personal development, gaining up-to-date knowledge and learning to use it as they improve their ability to supervise in their work areas. Learning to have balance in their lives is considered very important. To achieve this balance, they finish a day's work and leave it behind as they go home. At home they focus on family and relax the body and soul.
- 2) Human development, head nurses have the human management and create the good environment for working, support the staff to generate the work for learning and self-development, provide the training or higher education for supporting the ability in various sides, giving the job follow the staffs' skill, knowledge and ability, open the opportunity for making the decisions by them own, more develop the staffs' ability, Head nurses will be the consultant and solving both working problems or personal problems for the staffs, in addition to attempt to build up the working environment as the second house of staffs, warmth, good relation, helping each other and would like to work.
- 3) Work development: Head nurses are assigned very important tasks. Work planning, creating projects that benefit patients and the wards, standardization of work methods and practices, and the coordination of interdisciplinary teams for patient care are some of the major responsibilities. Additionally, the head nurses must be sincere in their intentions when they encourage hard work and achievement. They must be able to justify their management techniques and work planning. Head nurses feel a sense of responsibility for the happiness in the lives of their staff members. Although the head nurses have these responsibilities, they also must understand the division between the work force and management as it relates to the organization. Finally, they feel very proud to be nurses and they love their work. This helps to keep good relations within the organization.

Understanding the results of the head nurses experiences who won the outstanding award, the nurse administrations are better able to plan for the development of other head nurses.

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## LDR PST 2 - Leadership Poster Session 2

### Building Mexico-U.S. Academic Partnerships: Bridging Cultures and Breaking Barriers

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*Juana Mercedes Gutierrez Valverde, DSN, MSN, RN, Mexico*

#### Purpose

to: 1.) Describe a partnership between Universidad Autónoma de Nuevo Leon School of Nursing and University of Texas-Pan American Nursing Department; 2.) Discuss school similarities and benefits/challenges encountered in establishing this partnership; 3.) Demonstrate success of a global academic partnership, and 4.) Discuss strategic alliances that enrich learning.

#### Target Audience

individuals interested in establishing a global/international academic partnership; nursing educators with an interest in study-abroad programs; academicians interested in learning how to establish international linkages among nursing schools.

#### Abstract

Knowledge of global health care is considered an essential component of nursing in the 21<sup>st</sup> century. One avenue to impart this knowledge to nursing students is the creation of international partnerships. These international partnerships promote educational experiences that provide nursing students with an opportunity to learn the different country-specific educational systems, develop cultural awareness necessary when providing health care, and become more sensitive to the importance of making global connections in a technologically driven world. This presentation focuses on one such partnership between a public University in Texas and Universidad Autónoma de Nuevo Leon, Mexico (UANL). Geographically, the two universities are separated by the Rio Grande River. The university in Texas is located in the lower Rio Grande Valley and is approximately 12 miles from the Texas-Mexico border. The student population is approximately 88% Mexican-American. UANL is located in Monterrey, Mexico, approximately 160 miles from the border that divides the Rio Grande Valley and Mexico. Although many of the students share a common heritage and only a river separates the two areas, culturally these students are not the same. This presentation describes the development of an international collaboration between two nursing programs, one in Mexico and the other in the United States. The two speakers, one from the United States and the other from Mexico, will each present their unique viewpoint of this evolving experience.

The purposes of this presentation are to: 1.) Describe the development of a partnership between Universidad Autónoma de Nuevo Leon School of Nursing and a university in Texas' Nursing Department and programs; 2.) Discuss the similarities between the two schools and the benefits and challenges encountered in establishing the partnership; 3.) Demonstrate the success of an international academic partnership, and 4.) Discuss potential strategic alliances that will enrich student and faculty learning in both countries.

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## LDR PST 2 - Leadership Poster Session 2

### Promoting Retention and NCLEX-RN Success on the First Attempt: Roles of Remediation, Self-Confidence and Salutogenesis

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#### Purpose

to explore coping strategies and resources that faculty may employ to assist nursing students who are dealing with stress, (2) to investigate the relationship between salutogenic factors (those facilitating adaptive coping) and perceived self-confidence among nursing students and, (3) to invite a call to action for research addressing these issues.

#### Target Audience

Nursing Faculty and graduate students.

#### Abstract

Schools of nursing and nursing faculty are struggling with high attrition rates and low NCLEX-RN first time pass rates. At the same time students are struggling with progressing and completing nursing programs while maintaining their own sense of self-worth. There is limited research addressing the association of positive factors that sustain nursing students in stressful situations, i.e., preparing for success on NCLEX. Student nurses who manage stress as a component of maturity and development become nurses who are able to monitor and moderate stress in their careers.

Salutogenesis is framed as a range of emotional responses occurring from health to disease (pathogenesis) throughout an individual's lifespan. The theory of salutogenesis has been explicated as the capacity to survive stressful events while gaining enhanced psychological strength to face future stressful events. A sense of coherence (SOC) is one of the essential influences identified in individuals who managed to sustain a positive world view in spite of encountering extreme life stressors. In addition to the SOC the positive world model encompasses three main elements: (1) comprehensibility, (2) manageability, and (3) meaningfulness.

Comprehensibility, the core element of salutogenesis, is indicative of the mutual relationship an individual has in gaining a coherent understanding of structure within the individual's environment, e.g., nursing school. The second element, manageability, encompasses implementing positive mechanisms and other coping resources to control that environment. Meaningfulness, the third element, addresses the emotional and spiritual element that an individual may identify as valuable and worthy, for example the desire to become a nurse.

The aims of this presentation are: (1) to explore coping strategies and resources that faculty may employ to assist nursing students who are dealing with stress, (2) to investigate the relationship between salutogenic factors (those facilitating adaptive coping) and perceived self-confidence among nursing students and, (3) to invite a call to action for research addressing these issues. This presentation is a synthesis of the educational literature addressing Salutogenesis and identifying methods suitable to enhance remediation and promote self-confidence among nursing students preparing for NCLEX.

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## LDR PST 2 - Leadership Poster Session 2

### Factors Influencing Professional Behavior of Staff Nurses

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#### Purpose

analyze selected factors affecting professional behavior

#### Target Audience

professional nurses, staff nurses, nurse manager and nurse who concern about professional behavior.

#### Abstract

The purpose of this research is to analyze selected factors affecting professional behavior. The selected factors composed of psychological empowerment, Achievement Motive and personal factor including age and marital status. A sample of 386 staff nurses at working in government university hospitals, Thailand with 1 year working experience were selected by using multi-stage sampling. Psychological empowerment of Spreitzer, Achievement Motive of McClelland were used as a conceptual framework and developed study questionnaires. Those questionnaires were tested for content validity and reliability with alpha of .90, .92, .96, and .96 respectively. Results from statistical analysis revealed the followings:

1. Model 1: The variables that explain professional behavior are **psychological empowerment and Achievement Motive**. They are accounted for 57.1% of the variance.
2. Model 2: The variable that explain Achievement Motive is **education of bachelor degree**. It is accounted for 2.4% of the variance.
3. Model 3: The variables that explain **psychological empowerment** are **education of Master degree and age**. They are accounted for 9.8% of the variance.
4. According to path analysis, professional behavior is affected by psychological empowerment (direct effects), Achievement Motive (direct effect) and age and education (indirect effects).

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## LDR PST 2 - Leadership Poster Session 2

### The Virtual Nursing Symposium: A Transforming Undergraduate Nursing Student Conference

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*Laura Marie Schwarz, DNP, RN, CNE, USA*

#### Purpose

The purpose of this presentation is to disseminate information about the Virtual Nursing Symposium, an undergraduate nursing student conference. Students present their evidence-based projects to share their innovative and creative ideas with others at a virtual conference, via the online Learning Management System.

#### Target Audience

The target audience is faculty interested in a similar experience for online/distance students at their school or those interested in virtual nursing conferences.

#### Abstract

Undergraduate research conferences are common events in higher education that allow students to present their research and evidence-based projects. However, this is impractical for nursing learners in an online program to be able to attend. Some learners live a long distance from the campus location for the undergraduate research conference. Students may also have an established career with working hours, or family obligations so attending would be a hardship.

The Virtual Nursing Symposium, a two-day online nursing conference is a solution for RNs who are completing their BS in nursing in an online learning program. The location of the Virtual Nursing Symposium is the online Learning Management System. The learning platform is a convenient, easy to use approach for online nursing students to be able to attend and/or present at an undergraduate conference. The poster presentation includes the vision, and planning, including the call for abstracts, abstract reviews, web site development, implementation, and evaluation of the Virtual Nursing Symposium.

Dissemination of information is an important aspect of advancing the discipline of nursing. Based on this strong belief, nursing faculty in the RN to BS in nursing completion program mentored learners about the dissemination of information in courses and specific to the Virtual Nursing Symposium. Faculty coached learners on how to write an abstract, how to use the online abstract submission program (created by the authors for Symposium abstract submissions), and how to author creative and interesting electronic posters and PowerPoint presentations.

Learners submitted the abstracts of their evidence-based projects for review by the Planning Committee. Learners received notice of submission results and specific instructions for when to post their electronic posters and PowerPoint presentations in the Virtual Nursing Symposium that was set up in the online Learning Management System. Twenty-seven online nursing learners presented their electronic posters or PowerPoint presentations via the Learning Management System at the first Virtual Nursing Symposium. Symposium brochures with the presenter's names, credentials, presentation titles, and presentation abstracts and were distributed at the entrance to the Virtual Nursing Symposium forum by way of an electronic PDF file. Invitees include all faculty and students in the RN to BS program. Each presenter started a new discussion thread in the Virtual Nursing Symposium where their presentation was posted, along with their abstract. Each presenter visited their presentation thread frequently during the two-day period to answer any questions and dialogue with attendees. Attendee evaluation of the Virtual Nursing Symposium is quite favorable. This poster includes color images of the Virtual Nursing Symposium, along with informational narratives.

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## LDR PST 2 - Leadership Poster Session 2

### Informatics for Nurse Leaders: Technology Impacting the Care of the Older Adult

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*Julie Millenbruch, PhD, MSN, RN, CCRN, USA*

#### Purpose

The purpose of this presentation is to identify informatics technologies, nurse leaders must be aware of to lead the charge of caring for the explosive growth in older adults in the United States.

#### Target Audience

The target audience for this presentation are registered nurses, advance practice nurses, and health care leaders.

#### Abstract

The purpose of this presentation is to identify informatics technologies, nurse leaders must be aware of to lead the charge of caring for the explosive growth in older adults in the United States. The use of tele-health, social media, and home-based information technology can enhance care of the older adult with chronic health issues. Health related smart phone applications are found in abundance and used by many healthcare providers, patients, and care givers. Social media has the potential to both promote healthcare outcomes, provide educational resources and influence healthcare decision-making. Access to technology also provides new opportunities for ethical breaches of patient privacy. Nurse leaders must be up-to-date on current technology focusing on care of the older adult influencing healthcare providers and patients to formulate proactive and reactive policy for compliance in practice. The American Organization of Nurse Executives (AONE) note technology is changing the way healthcare is delivered. As providers and patients are incorporating the use of handheld devices and social media in to everyday life, nurse leaders must evolve and adapt informatics policies and procedures. Furthermore, the global impact of social media moves implications from microscopic to macroscopic, affecting humankind and societal norms.

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## LDR PST 2 - Leadership Poster Session 2

### Exploring the Impact of a Medical Mission Trip on Graduate Nurse Practice Perceptions, Ideals and Practice Implementation

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*Brenda Kinning, BSN, RN, USA*

*Amanda C. Raymundo, BSN, RN, USA*

*Charalene Ruble, MSN, BSN, RN, USA*

#### Purpose

The purpose of this presentation is to share the outcomes of a recent qualitative study involving graduate nursing students medical mission trip to Honduras.

#### Target Audience

The target audience of this presentation is faculty/nurses interested to learn about the learning outcomes of a travel abroad trip, and interested to hear the personal practice impact of a out of country trip experience.

#### Abstract

There is little debate about the significance of nursing educational experiences to promote cultural understanding as the population requiring care becomes increasingly diverse. Faculty are aware of the study abroad research results yielding positive learning outcomes such as participants reporting increased understanding of other cultures and a commitment to being a positive force for improvement of healthcare abroad and in their own community (Saenz & Holcomb, 2009); gains in substantive knowledge, changes in values and communication skills (Carpenter & Garcia, 2012) and increased understanding as well as uncomfortable, lingering, unsettled feelings resulting from awareness of inequities in resources (Evanson & Zust, 2006). Study abroad is one way to broaden American nursing students' worldview, but accommodating a study abroad course into a nursing curriculum can prove challenging.

One graduate nursing program faculty group felt so strongly about the importance/outcomes of some type cultural immersion trip, the faculty placed a global culture and health course within the required graduate curriculum. A recent medical mission trip to Honduras was the setting for this exploratory/qualitative study. After university exempted IRB approval (educational research), the collection of data included formative narrative journaling throughout the trip, a summative qualitative evaluation of the trip experiences and completion of the Go Culture Assessment (Dodd, 2013). The assessment tool is an online selection tool forecasting cultural performance, relationships, cultural adaptation, leadership development in relocation and personal development. The tool identifies 16 cultural engagement factors to help determine strengths and areas of need.

Data analysis from all data collected sources will contribute to the understanding of graduate nurse outcomes from the lived experience of the medical mission trip to Honduras. Results can be utilized for pre-trip educational planning and student participant preparation for cultural immersion in a country outside the United States. Further, it is believed the study outcomes will support nursing faculty to persist in the provision of cultural experiences for students in the face of challenges and barriers for implementation of international cultural immersion trips.

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## LDR PST 2 - Leadership Poster Session 2

### Walking the Walk: Designing a 10-Week Research Course and Integrating an EBP Model

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*Daniele I. Staykov, student, None, USA*

#### Purpose

To discuss how nursing students develop EBP knowledge, skills, and attitudes over a 10-week class period To show the relevance of an EBP project. To share the course outline and expanded syllabus of a 10-week preparatory research course for baccalaureate nursing students

#### Target Audience

Academic educators preparing the next generation of professional nurses. Administrators looking for competent graduates

#### Abstract

In the 21<sup>st</sup> century's healthcare, behind every clinical decision making, there should be evidence to support it. Using Evidence-Based Practice (EBP) is not any more in the realm of opportunities but it has become an expectation for daily professional practice in any healthcare field including nursing. Professional organizations such as the American Association College of Nursing and National League of Nursing have drafted the future of professional nursing practice that should be based on evidence. Sigma Theta Tau International is one of the first international organizations that are supporting the development of nursing scholarship and clinical practice that is based on evidence. The public and employers expect the new graduate nurses entering clinical settings to integrate a high-quality level of evidence into their clinical decision-making and lead the delivery of safe, cost effective but quality, patient-centered care. However, at the academic institutions, the nursing research courses often put greater emphasis on learning research concepts rather than using the evidence to make clinical decision for a specific clinical condition and in a specific clinical situation. The limited EBP exposure leaves the students unprepared for the transition to the professional nursing practice. Furthermore, the fast-paced nature of the contemporary education demands from the faculty to deliver condensable information and quickly prepare clinicians using technology, engaging teaching strategies and student-centered education. Nursing faculty members face the challenge to select key content and meet course objectives in a short time period. The purposes of this project are to discuss how nursing students develop evidence-based practice knowledge, skills, and attitudes over a 10-week course and to share the design of a student project that is based on EBP model for clinical decision making.

**Method:** A pedagogical procedure to teaching nursing research and integrate an EBP model for clinical decision-making. Population: 27 traditional track and 27 accelerated (2<sup>nd</sup> baccalaureate degree) track BSN students from diverse backgrounds, age, and gender completed the 10-week course. Design: 10-week course that included educational modules integrating animated lectures, practice sessions, innovative and engaging in-class activities, exams, and poster and power point project presentations.

**Results:** 3 students posters were invited for presentation at the Week of the Nurse by the Sr. Director of Research and EBP of a Magnet-designated organization. The topic ranged from Catheter Associated Central Line Infections and Ventilator Associated Pneumonia to Violence at Workplace. Two posters were presented at the College Research Day; 1 abstract was invited for a poster presentation at a professional conference; 3 student abstracts were submitted for poster presentations at the 43<sup>rd</sup> STTI biannual convention. One team was invited to present at the local hospital's Evidence-Based Council. One team presented the group project to oncology nurses who were starting a new central-line-infection-prevention product that the students have researched during their project.

**Discussions:** The culture for EBP and clinical inquiry for best evidence can be ignited in a classroom at a baccalaureate degree level when students experience its close relevance to future professional

practice. A 10-week course is a demanding but rewarding experience for baccalaureate-prepared nursing students. Engaging students in active learning instead of attending lectures only can have the benefit of producing lifelong outcomes for future workforce that will embrace research and EBP.

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## LDR PST 2 - Leadership Poster Session 2

### Lead: Empowering Clinical Leaders at the Bedside

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*Mary Beth Modic, DNP, RN, USA*

*Jennifer Van Dyk, DNP, RN, USA*

#### Purpose

The purpose of this presentation is to describe the process and outcomes of a formal program, LEAD, designed to transform the professional development of clinical nurses.

#### Target Audience

The target audience of this presentation is clinical nurses at all levels, nurse leaders, and nurse educators.

#### Abstract

The LEAD Program, Leadership Education and Development was designed to transform care at the bedside by empowering clinical nurses and assistant nurse managers in their roles as clinical unit-based leaders. The heart of the LEAD program is enhancing communication skills of clinical nurses. Participants are taught new communication skills, emphasizing their leadership role, with clinical colleagues, particularly physicians, nurse colleagues, and most importantly, patients and families. Key concepts of leadership/management were core to the program to empower the clinical nurses. Concepts addressed included: personal awareness and personal leadership skills and abilities, leading change, leading others individually and in teams, leading to enhance the patient and provider experience, and the leadership role in outcomes management. Objectives included: orient nurses to their leadership potential for affecting change at all levels of care; introduce ways nurses can include elements of leadership in day-to-day management and patient care activities; describe real and perceived barriers to nurse leadership from bedside to boardroom; and capture the nurses voices regarding leadership in clinical care through vignettes about nurse caring and the patient experiences. Participants submitted reflections on leadership, powerful descriptions of the program impact. Also, participants' leadership practices were charted prior to program implementation and at program conclusion, with significant differences noted collectively and individually. Program outcomes will be presented including key behavior changes and perceptions of the unleashed potential for affecting change in day-to-day clinical practice. Key program outcomes from the assistant nurse manager group have been initiated, including a virtual journal club, a caring for the caregiver program, and a professional mentoring program to assist nurses to develop professional success. The presentation will also focus on lessons learned and plans for future program development, including the publication of nurse participants' reflections on leadership and profiles of significant changes in care delivery as a result of the LEAD experience.

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## LDR PST 2 - Leadership Poster Session 2

### Does Preceptor Training Improve New Graduate Performance?

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*Jeremy Brown, MBA, BS, CNA, GNA, USA*

*Alexandra Sussman, BS, USA*

#### Purpose

The purpose of this study is to examine the new graduate nurses' perception of competence in comparison to the nurse leadership's perception (nurse managers & preceptors) of preparedness after orientation.

#### Target Audience

The target audience of this presentation is graduate nurses' and preceptors, charge nurses and nurse managers in leadership roles.

#### Abstract

The new graduate nurse faces stress and many challenges as they acclimate to the roll of a nurse during their first year of clinical practice. Health care organizations and academic institutions have an important role in training competent and prepared novice entry to practice nurses. Communication at the academic institution and health care organization level is crucial to ensure that all clinical expectations are understood for novice entry to practice nurses. The purpose of this study is to examine the new graduate nurses' perception of competence in comparison to the nurse leadership's perception (nurse managers & preceptors) of preparedness. There are two question of focus. Will there be a significant difference between the perceptions of new grad nurses and nursing leadership? Does preceptor training improve new graduate performance? Web-based questionnaires will be utilized to collect data. As part of the statistical data, a population size of minimum 150 participants (75 new grad nurses and 75 nursing managers along with preceptors) will be collected by March 15, 2015. Data analysis will incorporate recommendations for healthcare organizations and academic institutions. The proposed outcomes will include recommendations on strategies for preceptor role modeling and training, as well as preparation for nursing students in clinical experiences for entry into practice at the nursing program level. The results of this study will clarify the expectations and actual competencies of the new graduate nurse (as defined by the nurse managers and preceptors) to ensure their success in beginning clinical practice.

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## LDR PST 2 - Leadership Poster Session 2

### The Effectiveness and Use of Mentors in Nursing Leadership in Healthcare Practice Settings

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*Barb Pinekenstein, DNP, MSN, BSN, RN-BC, CPHIMS, USA*

#### Purpose

The purpose of this presentation is to examine the use and perceptions of formal and informal mentors in the leadership development of nursing leaders, specifically nursing directors and nurse executives within healthcare settings

#### Target Audience

The target audience of this presentation is nursing and staff development leaders that are interested in mentoring as a leadership development process.

#### Abstract

There has been increased focus in utilizing mentoring to facilitate the leadership and professional development of nursing leaders. Mentoring is used both formally and informally to support leadership development, succession planning, retention, role transition, and skill development. Benefits of mentoring include enhanced productivity, career satisfaction, lower levels of job stress, psychosocial support and professional development. The reported experience of nursing leaders' use of mentors at the director and nurse executive level in healthcare system settings is limited.

The purpose of this presentation is to describe mentoring best practices and share the results of a capstone study that examines the use and perceptions of formal and informal mentors in the leadership development of nursing leaders, specifically nursing directors and nurse executives within healthcare settings. The study is a mixed methods, cross sectional, descriptive design with a convenience sample of nursing leaders in Wisconsin who are members of the Wisconsin Organization of Nurse Executives and a Wisconsin Center of Nursing leadership resource list.

Understanding the experiences, barriers, and outcomes of mentoring will assist in the development of mentoring programs and will generate new knowledge about nurse leaders' use of mentors originating outside of the discipline of nursing.

#### References

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## LDR PST 2 - Leadership Poster Session 2

### Nebraska Chapter Collaboration Enhances Continuing Nursing Education

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*Judi Dunn, MS, CPP, RN-BC, USA*

#### Purpose

The purpose of this presentation is to identify how collaboration between STTI chapters can enhance continuing nursing education for members and impact nursing practice.

#### Target Audience

All nurses and nursing students.

#### Abstract

The purpose of this presentation is to demonstrate the importance of collaboration between chapters of STTI to enhance continuing nursing education. The Nebraska Collaborative, consisting of five STTI chapters, have planned together for five years to provide a continuing nursing educational event that brought together nurses and nursing students in the pursuit of clinical and educational excellence. Through collaboration we have been able to not only reach all portions of our state, but have been able to engage nurses and nursing students in the pursuit of continuing education. Assisting nursing students to engage in professional development prior to licensure impacts their ability to associate continuing education with life-long learning goals.

We will discuss completing an appropriate needs assessment, determining learner needs, and how best to address those needs across the state (and/or region). A variety of teaching-learning strategies will be discussed. Best practices will be shared.

The presenter will be able to discuss the criteria needed to adhere to ANCC continuing nursing education.

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## LDR PST 2 - Leadership Poster Session 2

### Nursing Management Competencies of Nurse Managers after Attending the Nursing Management Training Program Organized by Faculty of Nursing, Khon Kaen University, Thailand

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*Marisa Krairiksh, PhD, MSN, BSc, RN, Thailand*

#### Purpose

The purpose of this presentation is to present a research result related to nursing management and professional development.

#### Target Audience

The target audience of this presentation is nurse manager and faculty staff who involved in management training programs.

#### Abstract

The aim of this study was to describe nurse managers' management competencies, comparing them with their employers' perceptions of their management competencies. This descriptive study involved 190 nurse managers who had attended five programs of the 4-month nursing management training program organized by Faculty of Nursing, Khon Kaen University, and 194 employers' perceptions of the nurse managers' competencies. The questionnaire measuring opinions of trained nurse managers and their employers related to trained nurse managers' characteristics and management abilities was developed by the researchers. Reliability of the questionnaire derived from the nurse managers' data of this study was .97. The study revealed that trained nurse managers perceived high levels of their overall characteristics and management abilities (mean=4.28, S.D=.41; mean=4.10, S.D=.44, respectively). The characteristics of trained nurse managers' responsibility had the highest mean value (mean=4.45, S.D=.52) and creative thinking had the lowest mean value (mean=4.11, S.D=.58) as perceived by nurse managers. The mean value of trained nurse managers' ability of providing good nursing service was the highest (mean=4.37, S.D=.52) and the ability of communication was the lowest (mean=3.99, S.D=.57) as perceived by nurse managers. Trained nurse managers' employers perceived high levels of trained nurse managers' overall characteristics and management abilities (mean=4.00, S.D=.51; mean=3.84, S.D=.54, respectively). Perceptions of the employers regarding trained nurse managers' characteristic of responsibility had the highest mean value (mean=4.26, S.D=.65) and the characteristic of visionary had the lowest mean value (mean=3.79, S.D=.70). The same as trained nurse managers' perceptions, perceptions of the employers regarding trained nurse managers' ability of providing good nursing service had the highest mean value (mean=4.23, S.D=.66) and the ability of communication had the lowest mean value (mean=3.64, S.D=.70). Perceptions of trained nurse managers and their employers both in characteristics and management abilities were statistically significant different ( $p<.05$ ).

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## LDR PST 2 - Leadership Poster Session 2

### Wanted! Leaders to Advance Excellence, not Mediocrity, in Nursing Education

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*Theresa M. Valiga, EdD, RN, CNE, ANEF, FAAN, USA*  
*Beth Phillips, MSN, RN, CNE, USA*

#### Purpose

Challenge nurse educators to reflect on ways our current programs and policies promote mediocrity and how they, as nursing education leaders, can promote excellence instead.

#### Target Audience

Faculty teaching in schools of nursing, regardless of program type (pre-licensure or graduate), and educational administrators

#### Abstract

Chances are good that if you ask faculty teaching in almost any nursing program about the quality of their program, you will get a response that it's a great program. After all, nearly every program that seeks national accreditation receives it. Nearly every program that undergoes a review by its State Board of Nursing has a positive outcome. And the vast majority of graduates of pre-licensure programs pass the licensing exam, while graduates of graduate programs are successful on certification exams.

But are these indicators of excellence? Or are they indicators of being merely satisfactory? Have our schools become victims of the Mediocrity Principle, which asserts that there is nothing really special about who we are or what we do? Measures such as those noted above may say that a program meets minimal standards. Are we willing to accept that? Are we willing to work as hard as we do merely to be average?

This session is designed to challenge participants to think about the concept of excellence ... what it is, what it "looks like" in an academic environment, and how it can be measured. Once this foundation has been laid, we will explore the "sacred cows" that often stand in the way of achieving excellence in nursing education, the "hidden curricula" that contribute to mediocrity, and the work life of faculty that prevents us from investing the time and energy needed to be innovative, creative and excellent ... regardless of program type, the student population served, or faculty qualifications. Excellence, after all, is not about resources ... it's about values, attitudes, and expectations.

Participants will be asked to respond to questions posed, engage in think-pair-share exercises, and outline strategies to use "back home" to lead the drive toward excellence. Do we, as presenters, have THE answers to this challenge? Not at all. But do we have ideas to share about what excellence in nursing education might look like and how we might get there? Absolutely! Please join us for a stimulating, engaging dialogue.

#### References

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## LDR PST 2 - Leadership Poster Session 2

### Enhancing Nurses' Engagement in Health Policy: From the Classroom to the Statehouse

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*Sharron J. Crowder, PhD, MN, BSN, RN, USA*  
*Pam Ironside, PhD, MS, BA, RN, ANEF, FAAN, USA*

#### Purpose

The purpose of this presentation is to discuss strategies that foster student engagement in health policy through active learning activities and experiential learning opportunities. Tips for building student engagement and creating experiential learning opportunities such as Statehouse legislative fellowships will be presented.

#### Target Audience

The target audience of this presentation is nurse educators, clinicians, researchers, and attendees interested in health policy leadership and advocacy.

#### Abstract

The Institute of Medicine's Future of Nursing report calls on nurses to assume leadership roles in the redesign of the health care system and policies that impact health outcomes and nursing practice. Professional nursing organizations, such as Sigma Theta Tau International, support efforts to prepare nurses to participate in the policy level at all levels of government, including the state level. Many faculty emphasize teaching students about health policy, however classroom delivery of health policy content and engagement can be enhanced through active learning strategies. Nurse educators are also positioned to prepare future state health policy leaders by expanding student engagement beyond the classroom into "real world" settings. State legislative fellowships provide opportunities for students to actively engage in the legislative process. Yet for many nursing faculty, developing effective learning strategies and experiential learning opportunities for several settings can be challenging. This session will provide strategies nurse educators can use to enhance health policy learning outcomes. Specific strategies to build student engagement in health policy leadership and advocacy will be explored. Efforts to provide experiential learning opportunities to further engage students will be supported through exemplars of state legislative fellowships. Kolb's experiential learning theory provides the framework for engaging students in legislative fellowships. Through experiential learning, legislative fellowships enable nursing students to examine the role state government plays in various aspects of policy including access to health care policy, workforce development, nursing practice, and nursing education. The implications for future innovation and research will also be explored.

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## LDR PST 2 - Leadership Poster Session 2

### Professionalism in the Clinical Setting: How Do We Uphold the Values of Our Professions?

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*Elizabeth Hammond-Ritschard, MSN, RN, USA*

*Joanne Farley Serembus, EdD, RN, CCRN, CNE, USA*

#### Purpose

The purpose of this presentation will discuss the role of professionalism in the clinical setting as seen through the eyes of the student nurse. A discussion on faculty strategies aimed at helping students implement leadership styles to foster civility in the clinical setting.

#### Target Audience

The target audience of this presentation is nursing faculty, nurses in the clinical setting, student nurses, and nurse leaders.

#### Abstract

As we move forward with new and innovated technology, we are meeting the needs of our patients, but there is one area which has not progressed; role modeling of professionalism in the clinical setting. The primary purpose for clinical is to provide hands on opportunities to nursing students. This enables them to develop patient care skills under the guidance of well experienced nurses. During this time they are also exposed to accepted behavior and values of the profession. Sadly, students report that their clinical rotations do not foster growth as a result of incivility imposed by professional nurses. We all have taken the Nightingale Pledge, but do we truly uphold this pledge when it comes to profession and shaping the future generation of nurses? Has nursing become so desensitized to acts of incivility that students have become victims during what is thought to be a learning environment? This presentation will detail an assignment in a BSN leadership course in which students described a personal incident involving incivility in the clinical setting. The purpose of the assignment was to have the students reflect on such an incident, identify a leadership style, change theory, and communication style that could be used by them in future situations. The first-hand accounts described by students were unexpected and eye-opening. Faculty took this rich qualitative data and decided to look for relevant themes. The main themes as well as sub-themes discovered will be discussed in addition to faculty strategies aimed at helping students end the cycle of incivility.

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## LDR PST 2 - Leadership Poster Session 2

### Opening a New Nursing Education Program: Lessons Learned

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*Betsy M. McDowell, PhD, MSN, BSN, RN, CNE, USA*

#### Purpose

The purpose of this presentation is to identify best practices when opening a new undergraduate nursing education program.

#### Target Audience

The target audience of this presentation is faculty and administration of new and established nursing education programs, as well as those exploring the feasibility of opening or expanding a nursing program.

#### Abstract

In the Future of Nursing report (IOM, 2010), one of the key recommendations was to increase the proportion of baccalaureate and higher degree-prepared nurses in the nation's workforce to 80% by 2020. One of the barriers to preparing more baccalaureate-prepared nurses is a dearth of open seats in existing nursing education programs. Many established nursing education programs would like to expand but lack the fiscal, faculty, and/or clinical resources required to accomplish this. In 2006, a private, church-affiliated, liberal arts college in the southeastern US partnered with a nearby medical center to open a new generic baccalaureate nursing program. An experienced nurse educator, the presenter, was hired initially as a consultant and then as the inaugural chair of the nursing department to implement the generic BSN program. Approval to open the prelicensure program was obtained from the State Board of Nursing in spring of 2009 and the first nursing courses were taught at the junior level in the fall of that year. Subsequently, initial national accreditation by the Commission on Collegiate Nursing Education was obtained by the program in the next year. The first class of BSN-prepared students graduated from this program in May 2011 and all graduates were licensed and employed in nursing by the end of that year. The program continues to admit one class of 24 new students to the junior NUR courses each fall semester and graduates one class of baccalaureate-prepared nurses each May. Alumni of the program have gone on to graduate school to become nurse practitioners, have served as preceptors for nursing students, have taken travelling nurse assignments across the US, and/or have earned Nurse of the Month recognition. The program will be expanding this year by adding an RN to BSN Completion track in the fall. The purpose of this session is to explore the lessons learned through this journey so as to delineate several best practices when opening a new undergraduate nursing education program. These lessons also could be helpful to nursing education programs seeking to expand existing capacity. Observations from faculty, administrators, students, alumni, and clinical partners are incorporated in the presentation to illustrate this journey.

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**Maternal-Child Health Nurse Leadership Academy  
Invited Poster Presentations (MCH)**

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## **MCH - Maternal-Child Health Nurse Leadership Academy Invited Posters**

### **Mama Care: An Innovative Care Model for Pregnant Women with a Prenatally Diagnosed Birth Defect**

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*Jessica Schwarz, MSN, RN, CNM, USA*  
*Elizabeth Froh, PhD, RN, RN, USA*  
*Billie Bitowski, MSN, BSN, RN, USA*

#### Purpose

The purpose of this presentation is to describe how Centering Pregnancy, an established care model, was adapted for use in the Center for Fetal Diagnosis and Treatment (CFDT). The CFDT is a referral center that cares exclusively for women whose pregnancies have been complicated by a prenatally diagnosed fetal anomaly.

#### Target Audience

The target audience of this presentation is women's health care providers, hospital and practice administrators, health policy makers and childbirth educators.

#### Abstract

The purpose of this project is to demonstrate how an adaptation of the Centering Pregnancy Model of group prenatal care, Mama Care, is being implemented in a population of patients with prenatally-diagnosed fetal congenital anomalies who are receiving care in a specialty referral center. Centering Pregnancy is an innovative approach to care delivery that integrates the three major components of prenatal care: health assessment, education and support into a unified program within a group setting. This project was supported by the Sigma Theta Tau Maternal Child Health Leadership Academy in partnership with Johnson and Johnson and the Children's Hospital of Philadelphia. The leadership team, Jessica Schwarz CNM, MSN (scholar), Elizabeth Froh PhD, RN (mentor) and Billie Bitowski MSN (faculty), aimed to demonstrate that an existing care model (Centering Pregnancy) can be adapted for novel use in a unique patient population. The setting of the project is the Center for Fetal Diagnosis and Treatment at the Children's Hospital of Philadelphia where patients with prenatally-diagnosed fetal anomalies come for prenatal evaluation, care and birth.

Following an initial pilot program, the leadership team began a multi-disciplinary continuous quality improvement project. Mama Care represents a significant modification of the established Centering Pregnancy Model including reducing the number of sessions per cohort from 10 to 4 in order to accommodate the 2<sup>nd</sup> and 3<sup>rd</sup> trimester assumption of care which is typical in this setting. While Centering Pregnancy groups as described in the literature typically comprise 8-10 pregnant women, Mama Care groups ranged from 3 to 6 pregnant women and their support people. In adapting the model, the team prioritized adherence to the 13 Essential Elements of Centering including the use of a facilitative leadership style, stability of the group membership, and completion of health assessment within the group space. During the sessions each patient has a brief, one on one visit with the midwife in a semi-private, screened off section of the room. This encounter encompasses a blood pressure check, fetal heart rate check, fundal height measurement and weight and urine assessment and is documented in the patient's chart. Any additional testing that is needed by individual patients is scheduled before or after the group session. Mama Care sessions are co-facilitated by a midwife and an RN. Specific educational content addressed includes normal discomforts of pregnancy and comfort measures, labor and delivery preparation and expectations for the postpartum period.

Using a multi-method assessment including survey tools and focus groups, quantitative and qualitative data were collected to evaluate the participants' reflections of Mama Care on their pregnancy experiences and overall satisfaction. The quantitative tool used is the 20-item Pregnancy Experience Scale. This scale is validated to measure pregnancy-specific factors related to the maternal psychological state. Qualitative

data was collected at the end of the last session of each cohort in a semi-structured focus group format facilitated by the leadership mentor. A total of 15 women have participated in Mama Care during the period of data collection. Three major themes emerged from the qualitative data: (1) Connectivity and inclusiveness, (2) Enhanced learning through group process, and (3) Increased comfort with the health care team and setting.

In conclusion, implementing an innovation in a care delivery model poses challenges to the health care team and requires ongoing commitment to the change process. A significant limitation of this project includes a high attrition rate (related to earlier than anticipated delivery) in some of the cohorts which undermined the utility of the quantitative data collection tool and posed challenges within the group itself. However, focus group data continued to demonstrate a high level of satisfaction with the model. Many of the Mama Care participants have continued their relationships for weeks and even months after the closing session, enhancing support in the postpartum period. In conclusion, Mama Care offers an example of care model innovation in a uniquely challenging setting that provides enhanced value to patients and families.

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## MCH - Maternal-Child Health Nurse Leadership Academy Invited Posters

### Increasing Exclusive Breastfeeding Rates in a Predominantly African-American Patient Population

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*Michelle L. Harrison, MSN, MBAHCM, RNC-OB, USA*

*Diane L. Spatz, PhD, RN-BC, FAAN, USA*

*Florence Jones, DNP, RN, NEA-BC, FACHE, USA*

#### Purpose

The purpose of this presentation is to describe my leadership journey in leading a multidisciplinary change team in developing processes to increase exclusive breastfeeding rates in a predominantly African American community.

#### Target Audience

The target audience of this presentation is clinicians that are interested in leading a change initiative and improving exclusive breastfeeding rates.

#### Abstract

**Background:** Exclusive breastfeeding provides infants with ideal nutrition as well as optimal health and developmental outcomes. Human milk protects children from certain illness and childhood conditions. Research demonstrates that breastfed infants are at lower risk for Sudden Infant Death Syndrome (SIDS), gastrointestinal infections, respiratory illnesses, ear infections, allergies, childhood obesity and diabetes. African American babies consistently have lower breastfeeding rates from birth to a year old compared to White and Hispanic babies (Centers for Disease Control, 2013). The CDC identified that African American women are the least likely to have the support network to breastfeed and have identified that hospitals in neighborhoods with mostly African American residents do less to promote breastfeeding than those in areas with more White residents. To increase breastfeeding rates, one must increase community awareness of the benefits of human milk and the importance of family support of the breastfeeding mom. Developing hospital routines and policies that support the breastfeeding mom and infant bonding will facilitate an increase in breastfeeding rates.

**Aim:** Through the Maternal Child Health Nurse Leadership Academy (MCH) sponsored by Sigma Theta Tau International and Johnson & Johnson I embarked on an 18 month leadership journey that included a triad of faculty mentor, leadership mentor and fellow. By utilizing the support, expertise, and practical wisdom of my faculty mentor, Diane Spatz, PhD, RN-BC, FAAN, my leadership mentor, Florence Jones, DNP, RN, NEA-BC, FACHE and the following the Kouzes and Posner approach to leadership I was able to reenergize my leadership with new knowledge and skills. This leadership journey through MCH has centered on becoming successful in leading a change team by recognizing strengths and weaknesses and cultivating decision-making capabilities. In our exclusive breastfeeding project our team's aim was to increase exclusive breastfeeding rates in a predominately African American patient population. The goal was to increase exclusive breastfeeding rates from 4% to 15% by September 2015.

**Methods:** A two-step approach was used to educate, encourage and support this clientele with breastfeeding. The first step to meeting the goal was to provide awareness and education to childbearing women and their supporting families on the benefits and importance of human milk. Newborn admission processes after vaginal deliveries were modified to minimize separation of the mother and infant allowing time for the promotion of skin to skin and the initiation of breastfeeding in the first hour of life.

**Results:** Community activities included two focus groups with 6 pregnant women in the community to understand cultural barriers that impact their success. Our team participated in two community health fairs, which focused on family and family support of breastfeeding women and one health fair at a community college in which the emphasis was on the benefits of breastfeeding. We had three

appearances, August 2014, February 2015 and April 2015 on two different local radio talk shows with an estimated listening audience of 75,000 to 100,000 families. We set up informational booths at a local mall, apartment complex, and physician office in which 200 pieces of educational literature was distributed. We spoke to 34 different women individually about the benefits of breastfeeding at these locations. The second step focused on the hospital setting. At the beginning of the project a 4 hour mandatory class was completed by 47 RNs and 9 obstetrical technicians to ensure that they had the knowledge and resources to encourage and support mothers who wished to exclusively breastfeed.

Observing 411 new mothers from July 2014 through December 2014 exclusive breastfeeding rates ranged from 9% to 16% with an average of 13.4%. In the next 5 months from January 2015 to May 2015 observing 332 new mothers, exclusive breast feeding rates ranged from 0% to 13% with an average of 9.2%. The overall average for the 9 month period from July 2014 to May 2015 was 11.2%. In trying to determine a possible reason for the decrease in exclusive breast feeding rates, mode of delivery was examined for the two time periods. There was an average of 18.3 cesarean sections per month in the first time period, July 2014 to December 2014 which accounted for 26% of the total deliveries. In the second time period, January 2015 to May 2015 there was an average of 20.2 cesarean sections per month which accounted for 29.7% of the total deliveries. There was a 10% increase in cesarean rates in the second time period. Not having well established processes for decreasing separation of mother and infant after surgical deliveries impacted our ability to promote skin to skin and the initiation of breastfeeding in the first hour of life. This could explain the decrease in exclusive breastfeeding rates during the second period.

**Conclusion:** Changing community culture through education on the benefits of human milk combined with shaping our hospital culture to decrease separation of mother and infant after delivery will help us reach our goal of increasing exclusive breastfeeding rates to 15% by September of 2015.

#### References

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## MCH - Maternal-Child Health Nurse Leadership Academy Invited Posters

### Implementation and Evaluation of Transitioning Newborns at the Bedside Maternal-Child Leadership Project

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*Shakira Henderson, DNP, MS, MPH, RNC-NIC, IBCLC, USA*  
*Katheryn B. Arterberry, DNP, MSN, RN, APRN, FNP-BC, USA*

#### Purpose

The purpose of this presentation is to increase the knowledge of Perinatal and Maternal-Newborn nurses regarding the positive impact transitioning newborns at the bedside has on skin-to-skin initiation rates, patient satisfaction, and exclusive breastfeeding rates.

#### Target Audience

The target audience for this presentation is Perinatal and Maternal-Newborn Nurses.

#### Abstract

Background: Traditionally, mothers and babies are separated after birth. However, strong evidence exists that immediate skin-to-skin contact after birth between mother and baby has positive outcomes for both mother and baby. Babies who transition with their mothers have better breastfeeding rates and mothers who transition with their babies are more satisfied with the birthing process. Nonetheless, nurses are challenged daily with promoting skin-to-skin, especially after a cesarean delivery. West Kendall Baptist Hospital embarked on a journey to implement a change process of transitioning all eligible newborns at the bedside. The project was facilitated through the STTI Maternal-Child Health Leadership Academy.

Purpose: To implement and evaluate a Bedside Newborn Transition Initiative emphasizing Skin-to-Skin after Birth Maternal-Child Leadership Project

#### Specific Aims

- To utilize leadership strategies to implement Bedside Newborn Transition emphasizing Skin-to-Skin after Birth Maternal-Child Leadership Project
  - To train all Labor and Delivery nurses to transition newborns at the bedside
  - To transition all eligible newborns at the bedside
  - To decrease separation time of couplets ( i.e. the mother/baby dyad)
  - To increase skin-to-skin initiation rates
  - To maintain patient satisfaction scores at or above 95%
  - To increase exclusive breastfeeding rates

#### Project Activities

- A unit-specific taskforce made of key stakeholders was developed and lead by the STTI Maternal-Child Leadership Academy Fellow.
- The taskforce over a 6-month period:
  - Met monthly
  - Completed training for all Labor and Delivery nurses on transitioning at the bedside
  - Performed patient chart audits to monitor skin-to skin initiation rates, breastfeeding exclusivity rates, and separation times
  - Tracked Satisfaction surveys of transitioning mothers

#### Evaluation Methods

- Staff Education Training data
- Monthly tracking of skin-to-skin initiation of all eligible newborns data
- Monthly tracking of transitions of all eligible newborns data

- Monthly Press Ganey patient satisfaction survey results
- Monthly tracking of exclusive breastfeeding rates

Results: Twenty-six Labor and Delivery nurses were trained and 338 patients were cared for during the 6-month period. The number of infants transitioned at the bedside increased by 70%. The separation time of couplets decreased by 90%. The skin-to-skin initiation rates increased by 75%. Exclusive breastfeeding rates increased by 55%. Mother satisfaction with bedside transition remained at the 95<sup>th</sup> percentile.

Conclusion: Transitioning newborns at the bedside has a positive impact on skin-to-skin initiation rates, patient satisfaction, and exclusive breastfeeding rates. Skin-to-Skin after Birth Maternal-Child Leadership Project may be a promising approach to accomplishing newborn bedside transitioning.

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## MCH - Maternal-Child Health Nurse Leadership Academy Invited Posters

### Bereavement Program for the Perinatal Loss Patient and Family

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*Sabre Ann Knaust, ADN, RN, USA*

*Meredith Laine Green, MSN, BSN, AGCNS-BC, RN, APRN, USA*

*Julia Snethen, PhD, MSN, BSN, RN, USA*

#### Purpose

To examine the impact of a standardized bereavement training program on the staff nurse's perception of their ability to provide effective care for patients experiencing perinatal loss.

#### Target Audience

Healthcare employers, obstetricians, labor and delivery nurses, Nursery/NICU nurses, clinical nurse educators, chaplains, case management, and social workers.

#### Abstract

Background: Nurses in maternal-child nursing practice are periodically faced with the challenging situation of providing care for patients' experiencing perinatal loss. Unfortunately, the preparation nurses receive in their basic academic programs may be limited or non-existent on the topic of effectively caring for patients and family members experiencing perinatal loss. Additionally, due to the infrequent exposure to perinatal losses, staff nurses may perceive that they are not adequately prepared to effectively provide care during such potentially sensitive and emotionally charged situations. Therefore, a standardized bereavement training program was implemented in this study to prepare staff nurses to provide effective care to patients and family members during perinatal loss.

Purpose Statement: To examine the impact of a standardized bereavement training program on the staff nurse's perception of their ability to provide effective care for patients experiencing perinatal loss.

Methods: Participants for this quasi-experimental investigation were staff nurses at a Southern Midwestern women's health hospital. Staff nurses completed a survey prior to receiving the bereavement training, and following the intervention the same survey was given to participants to complete. The 17 item survey was developed by the investigator and was comprised of two different sections. The initial 9 items focused on nurse's perceptions of knowledge related to perinatal loss. The second section included 8 items, which focused on the staff nurses perceptions of their ability to provide care to patients and family members experiencing a perinatal loss.

Results: Data collection is currently in progress, with 18 staff nurses having completed bereavement training, as well as the pre and post-test surveys.

Conclusion: By identifying the staff nurses perceptions of the bereavement program for patient and family members experiencing a perinatal loss, it is hoped that this will increase the nursing staff's confidence and competence. Additionally, the long-term goals include improved patient outcomes and patient satisfaction.

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## MCH - Maternal-Child Health Nurse Leadership Academy Invited Posters

### A Novel Approach to Reduce Non-Emergent Visits through a Mentored Postnatal Education Program

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*Susan A. Hoffman, BSN, BA, RNC-MNN, USA*

*Leigh Small, PhD, RN, CPNP-PC, FNAP, FAANP, FAAN, USA*

*Barbara L. Buchko, DNP, MS, BSN, RNC-MNN, USA*

#### Purpose

The purpose of this project was to identify the most common reasons mothers access emergent care services for their newborns for non-emergent reasons, and then develop and implement a postpartum educational program provided by trained laypersons at a local pregnancy help center to address these health concerns.

#### Target Audience

The target audience for this presentation are those interested in maternal-child healthcare and education. This includes professionals such as maternity and emergency nurses, Pediatric and Women's Health Nurse Practitioners, Obstetricians, and Pediatricians. Additionally, laypersons who provide perinatal education to mothers may be interested in the findings of this project.

#### Abstract

**Purpose:** Anecdotal information from nurses at two local hospitals suggested that mothers seemed to be accessing emergency services unnecessarily for their newborns after discharge from the hospital also. The purpose of this project was threefold. The first step was to identify the most common non-emergent reasons that mothers bring their newborns (age birth to 9 months) to a local emergency department. Given these common reasons, two face-to-face postpartum classes were developed to provide educational information that would address the commonly occurring health issues (step two). The classes were offered at a local non-profit pregnancy help center at no charge. The third aspect of this project was to develop the leadership skills needed to work with the interdisciplinary team enacting the project as one way to bridge the local hospital and a community-based to improve maternal-child care and reduce unnecessary costs. Understanding the principle reasons that motivate mothers to bring newborns for emergent care has allowed us to "work as one to improve health through exceptional care."

**Methods:** This project was conducted in a 76-bed Pathway to Excellence community hospital in northeastern United States; an organization that is but one member of a larger health care system. A hospital chart audit revealed that 378 newborns from age birth to 9 months were seen in the emergency department for diagnoses deemed to be non-emergent during calendar year 2013. The most common reasons the newborns were brought for health care to the emergency room were fever, vomiting, upper respiratory infections, bronchiolitis, and suspected otitis media. As a result of this finding, two postpartum face-to-face classes were developed for new mothers by a team of maternity nurses, laypersons and a local pediatrician using evidence based information. These educational sessions were offered by trained laypersons and adult learning principles were applied while using multi-modal learning materials. The effects of the program were assessed using a pre-/post-test design through the use of a knowledge questionnaire.

**Results:** Demographic data was collected to appreciate general characteristics about the participants at baseline. The effects of the intervention were assessed by determining the change in mothers' knowledge following their participation in the educational classes. Additionally, the mothers' perceived ability to determine the urgency of health issues and know what steps to take were assessed .

**Conclusion:** By identifying common non-emergent reasons mothers access emergency services, postpartum education can be provided through one on one mentoring programs to improve newborn health and reduce unnecessary medical costs. As my leadership skills have developed, I am more able to facilitate the collaboration of hospital and community-based organizations to 'work as one' and provide exceptional evidence-based health care, and thus improve the maternal-child health outcomes in our community.

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## MCH - Maternal-Child Health Nurse Leadership Academy Invited Posters

### Improving Oxygen Management in Very Low Birth Weight Neonates

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Colleen Rodriguez, BSN, MHSA, RN, RNC-NIC, USA  
M. Sharon Harris, MSN, RN, NEA-BC, USA

#### Purpose

to assess the impact of implementing evidence-based oxygen weaning guidelines in a NICU.

#### Target Audience

Pediatricians, Neonatologists, NICU Respiratory Therapists, NICU Nurses

#### Abstract

**Background:** Oxygen toxicity in preterm neonates contributes to the development of Retinopathy of Prematurity (ROP) and Chronic Lung Disease (CLD). A proactive approach to reducing the levels and time of oxygen exposure in this population is an important step in the management of preterm infants and likely to impact their health outcomes. The healthcare professionals at the bedside play a key role in optimal oxygenation of the preterm neonate because ongoing adjustments are crucial to adequate management. The focus of this project was to incorporate evidence-based research findings into daily nursing practice in a 49-bed Level III Neonatal Intensive Care Unit (NICU) to improve neonatal outcomes associated with oxygen toxicity. The target group in this study includes infants that are less than 32 weeks or less than 1500 grams at birth.

**Purpose:** Therefore, the purpose of this project was to assess the impact of implementing evidence-based oxygen weaning guidelines and its effects in a NICU.

**Methods:** A two-dimensional baseline assessment revealed that clinical alarms related to oxygen saturation monitoring at the bedside were not consistently being set according to recommended parameters. In addition, the clinical alerts received on the nurses' phones were not consistently being acknowledged due to the increased number of alarms that do not always require a nursing intervention leading to alarm fatigue. Following IRB approval, a multidisciplinary team convened to conduct a literature review using terms such as 'standardized care for infants on oxygen', 'oxygen saturation targets', and 'chronic lung disease'. Following this review the team worked to develop oxygen weaning guidelines to standardize care across the unit. The team developed a pre-/post-test design to appreciate compliance with the new guidelines, changes in the number of alerts nurses receive for oxygen saturation alarms, a nurse change readiness assessment, and the number of days the premature infant required oxygen. The project involved approximately 123 premature infants who were less than 32 weeks gestation or 1500 grams at birth who were oxygen dependent in the NICU from June 2014 to February 2015. Weekly rounds were initiated during the time this protocol was implemented to monitor nurse compliance with the new guidelines and review the oxygen saturation limits set on each monitor; which when triggered alert nurses to assess their neonatal patients' status.

**Results:** As a result, there was a significant increase in the compliance with time spent within the recommended oxygen saturation parameters for prematurity program patients from 3% to 95%. In addition, there was a 50% reduction in the amount of alerts received on nurses' phones in a 12 hour shift. Furthermore, in the four month period post implementation of the oxygen weaning guidelines, there was a decreased amount of oxygen days and an increase in the amount of time premature infants remained within the set oxygen saturation parameters. The average time the neonates required oxygen was reduced from 25.98 oxygen dependent days pre study to an average of 24.74 oxygen dependent days post study following the protocol implementation. In addition, as a result of an alarm assessment

conducted at the beginning of this project, practice changes were implemented resulting in a reduction in the amount of alarms nurses received by more than 50%.

**Conclusions:** These immediate post implementation findings suggest that the infants who experienced the new protocol and received less oxygen will less likely suffer the results of oxygen toxicity and therefore have lower risk of developing the chronic comorbid consequences of oxygen toxicity such as Retinopathy of Prematurity and Chronic Lung Disease. Oxygen is a drug. Therefore, it is important to implement appropriate strategies and protocols surrounding its use in the NICU to impact the management of the preterm neonates on oxygen.

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## MCH - Maternal-Child Health Nurse Leadership Academy Invited Posters

### The Golden Hour: Early Initiation of Breastfeeding

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#### Purpose

The purpose of this presentation is describe our experience developing a quality improvement project using evidence based practices to increase and improve the early initiation of breastfeeding while increasing nurse education and comfort with lactation support.

#### Target Audience

The target audience of this presentation is all nurses and physicians practicing within the Maternal-Newborn setting.

#### Abstract

Background: Breastfeeding in the first hour of life is recommended by the World Health Organization (WHO) and is listed as step four of the Baby-Friendly Hospital Initiative (BFHI). The United States Surgeon General has identified the steps listed in the BFHI as an approach that leads to better breastfeeding outcomes. Outdated hospital policies/protocols, lack of education for labor and delivery staff, and decreased knowledge on the World Health Organization Baby Friendly Standards are barriers to mother-child bonding and initiation of breastfeeding. The first hour of life is referred to as “The Golden Hour” and many hospitals recognize this period as a special time for bonding between parents and newborns. Through the Maternal-Child Health Nurse Leadership Academy (MCH) sponsored by Sigma Theta Tau International (STTI) and Johnson & Johnson, this scholar participated in a mentor-guided leadership program using Kouzes and Posner’s leadership practices. The triad team, consisting of a faculty mentor, leadership mentor and scholar, developed and implemented a quality improvement project using evidence-based practice to increase and improve the early initiation of breastfeeding while increasing nurse education and comfort with lactation support.

Purpose: The purpose of this project is to increase and improve the early initiation of breastfeeding while increasing nurse education and comfort with lactation support.

Methods: This project involves a cross-sectional survey of labor and delivery nurses within a midsize community hospital in Glendale, Arizona. The pre/post survey evaluates nurses’ knowledge regarding breast feeding support and internal or external barriers preventing initiation within the first hours of life. Early breastfeeding initiation rates were collected prior to staff education and will be re-evaluated at project completion. Staff education consisted of the empirical evidence supporting early initiation, patient education material and use of the Golden Hour Data sheet used by nurses at each delivery. Additional education was created for physician offices to distribute to patients.

Results: Results from the nurse survey demonstrated that 65% of nursing staff felt comfortable with assisting patients with breastfeeding. Sixty-eight percent of staff would like more education and training on latching and positioning infants. However, a sample of deliveries reviewed before implementation of the Golden hour revealed only 48% of mothers initiated breastfeeding within the first hour of life. Preliminary results (January through May) reveal 88% of mothers have initiated breastfeeding within the first hour of life. A post-assessment survey of nurses is scheduled for July 2015.

Conclusions: Using the MCH Academy to implement a quality improvement project using evidence-based practice to increase and improve the early initiation of breastfeeding while increasing nurse education and comfort with lactation support has demonstrated promising results promoting the special bond between

patients and newborns. Continued work is warranted to sustain the nursing practice change, as well as, future research evaluating patient response measuring neonatal stress and transition vital signs.

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## MCH - Maternal-Child Health Nurse Leadership Academy Invited Posters

### Improving Exclusive Breastfeeding by Changing Hospital Practices

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*Brittney M. Baird, MSN, RN, RNC-OB, C-EFM, USA*

*Carla E. Rider, MBA, MSN, RNC-LRN, USA*

#### Purpose

The purpose of this presentation is to show how to improve exclusive breastfeeding by placing efforts on the Baby Friendly ten steps of successful breastfeeding and leadership skills in order to promote optimal health benefits for mothers and newborns.

#### Target Audience

The target audience of this project is the maternal child healthcare team including the nurse, lactation support, obstetricians, and pediatricians.

#### Abstract

Introduction/Background: Hospital practices interfere with successful breastfeeding in the hospital setting. The Baby Friendly ten steps to successful breastfeeding can improve breastfeeding and provide multiple health benefits for the mother and newborn, yet nurses do not consistently implement these practices. Through the Maternal-Child Health Nurse Leadership Academy (MCH) sponsored by Sigma Theta Tau International (STTI) and the program sponsor Johnson & Johnson a triad team consisting of Carla Rider, the Faculty Mentor, Brittney Baird, the Leadership Mentor, and Gwendolen Wheeler, the Scholar embarked on an 18-month project. The project allowed the Scholar to facilitate teams to improve exclusive breastmilk feedings at discharge with ongoing mentorship to obtain, practice, and polish leadership skills guided by Kouzes and Posners Leadership Challenge concepts.

Aim/Goal/Purpose Sentence: The purpose of this presentation is describe a journey to improve exclusive breastfeeding rates by implementing the ten steps of successful breastfeeding and improve patient satisfaction to support optimal maternal child health.

Method: The objective to improve exclusive breastfeeding in the hospital setting started by educating over 300 nurses on the Baby Friendly ten steps to successful breastfeeding and evidenced-based policy and guidelines to coach women to exclusively breastfeed and support mothers feeding preference. Focus groups identified three of the ten steps to strive for improvements. Monthly audits converted to metrics were disseminated to team members who set goals and used PDSA cycles for practice improvements. Audits for step four revealed the number of newborns who had skin-to-skin contact and breastfeed in the first hour of life. Audits for step seven revealed the number of newborns who had initial newborn assessments and baths at the mother's bedside reflecting a change in location of the newborn from birth to allow rooming in and allowing the mother and newborn to stay together. Audits for step six revealed the number of newborns discharged from the well-baby setting who had exclusive breastmilk feedings, and based on mother's desires to breast milk feed, those that accomplished this at discharge and medically indications for not accomplishing this goal.

The objective to improve the patient experience was measured through the Hospital Consumer Assessment of Healthcare providers and Systems (HCAHPS) score, Press Ganey patient satisfaction survey scores, patient testimonies, and though online patient comments.

Results: The hospital deliveries 4,800 babies a year. After a 10 month study period, the overall range of breastfeeding rate increased from 50% to 58%. The ten month top performance month showed 29 more mothers exclusively breastfeed their babies from birth to hospital discharge from the well baby nursery. During the first hour of life, 139 more mothers and newborns benefited from skin to skin and 220



mother's breastfed considering her feeding preference. This reflects a 22% over baseline rate. To promote rooming-in and allowing the mothers and newborn to stay together, 294 (83%) newborns had the initial nursing assessment at the mother's bedside and 267 (75%) newborns had the newborn bath at the mother's bedside. These results reflect the majority of the initial assessments and baths are now being done as rooming in. The patient satisfaction scores remained consistently high and patient comments reflected high remarks for the changes in hospital practices supporting their care.

Conclusions: Leadership skills were enhanced by introducing an evidenced-based, quality improvement project using Lewin's Theory of Change and the Maternal Role Attainment Theory. Skills were gained in metric measurement, goal setting with teams, and creating outcome graphs. Collaboration and team building with multi-disciplinary team members including more than 300 maternal child nurses, management and administrative leaders, physicians, marketing, and informatics was achieved. Building high performing teams, enhancing other's leadership abilities, and increasing employee pride provided patient safety. Patient-centered care was enhanced by increasing maternal confidence and skills to bond, feed, and comfort the newborn. In addition, patient centeredness added to the increase in patient satisfaction and accomplishment when caring for their newborn.

Future hospital goals may be decided on to gain accreditation for a center of excellence in breastfeeding by obtaining the Baby-Friendly Hospital status for successfully implementing the ten steps to successful breastfeeding. This project will assist the hospital in the process to achieve this goal for improvement.

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## **MCH - Maternal-Child Health Nurse Leadership Academy Invited Posters**

### **Improving Developmental Care Provided by Patient Care Assistants to Prevent Developmental Regression during Acute Hospital Admission**

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*Ashley N. Davis, BSN, RN, USA*

#### Purpose

The purpose of this project is to develop a new educational offering for PCAs focusing on developmentally appropriate pediatric care. The new offering was developed, and will be taught by a multidisciplinary team. Success of the new offering will be measured by results of competence and confidence questionnaires.

#### Target Audience

The target audience of this project is the PCA in the acute pediatric care setting. The number of PCAs impacted by this project is approximately 15. The sub audience includes RNs, educators, and managers. This project is expected to touch approximately 150 children and family members during this initial phase.

#### Abstract

Background: As healthcare rapidly changes, organizations large and small are adapting the structure of their inpatient and outpatient service areas in order to provide quality care in a more efficient manner while maintaining high levels of patient/family satisfaction. A change in the care delivery model in a children's hospital incorporated the use of PCAs in partnership with a registered nurse to ensure all staff were working to their highest capabilities. Subsequently a gap was identified in the PCAs orientation and educational preparation. There was a lack of knowledge and application of developmentally appropriate pediatric care. This project was a quality and safety improvement project concentrated on developing a new educational offering for PCAs centering on developmentally appropriate pediatric care. The new offering was developed by a multidisciplinary team including a Pediatric Nurse Practitioner, Clinical Nurse Specialist, Clinical Educator, Clinical Manager, Registered Nurse, PCA, Child Life Specialist, and a Patient and Family Experience Coordinator. The offering was presented in small segments, over a two (2) hour time frame using a variety of teaching methods.

Methods: Through the Maternal Child Health Nurse Leadership Academy (MCHLA) sponsored by Sigma Theta Tau International and program sponsor Johnson & Johnson, I participated in a triad team guided leadership academy and mentorship program over an 18 month period to procure and refine leadership skills in a maternal child healthcare setting. Guided by the Faculty Mentor; the Leadership Mentor and Scholar shadowed the Kouzes and Posner's leadership practices to form and guide a multidisciplinary team in the development of a new educational offering for patient care assistants (PCAs) focusing on developmentally appropriate pediatric care. Delivery of the content will be carried out through electronic learning modules and classroom setting education which includes case studies and hands on competencies. Success of the new educational offering will be measured through methods of competence and confidence questionnaires which will be administered in a pre-test and post-test fashion.

Results: Results thus far in the project consist of creation of an updated developmentally appropriate pediatric care educational offering. This included a thorough assessment of the existing electronic learning modules accompanied by updating of content and literacy levels; the creation and validation of pre and post confidence and competence scales used to measure the success of the curriculum; and administration of the pre confidence and competence scales to 15 PCAs. The project timeline includes plans to present the educational offering in July, 2015. Post questionnaire administration and evaluation will occur in September and October, 2015. It is anticipated that by November, 2015, 15 PCAs will have completed the new educational offering and the post-test on confidence and competence. Following data

analysis any needed changes will be made to the presentation and it then will be assimilated into the orientation curriculum of all future PCAs.

Conclusions: Regressive developmental behaviors frequently accompany the hospitalization of children. To minimize these regressions, or lack of attainment of appropriate developmental milestones, all care givers must be knowledgeable about anticipated "normal" development in children. Since the PCA has become an integral part of the nursing care delivery team they must be provided with adequate information and guidance to provide such care and/or seek additional assistance. This project presented information deemed essential by a team of experienced child health care providers, presented the material using dynamic and diverse methods, and anticipates changes to be documented in the analysis of pre/post testing and improved patient satisfaction.

#### References

None

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## MCH - Maternal-Child Health Nurse Leadership Academy Invited Posters

### A Pilot Exploring Integration of a Home Visiting Public Health Nurse into a Pediatric Medical Home Team

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*Katharine Joy Besch, BSN, MBA, RN, USA*  
*Lea Ann Miyagawa, MN, BSN, RN, USA*

#### Purpose

Enhance the Pediatric Medical Home team by incorporating a home visiting Public Health Nurse (PHN). The goal is to provide improved continuity of care between the clinic and the home environment thereby enhancing the health care of clients and families as well as job satisfaction of the medical team.

#### Target Audience

The target audience of this presentation is Sigma Theta Tau Biennial Convention participants, nurse leaders, policy makers, and health care professionals interested in reviewing and discussing ways to improve services to high risk pediatric patients.

#### Abstract

Introduction/Background: Mounting evidence shows that home visiting programs can decrease health disparities; reduce hospitalizations and emergency care visits; and increase access to health care services. Furthermore, experts in pediatrics, public health and early childhood development have discussed the integration of home visiting nurses and the medical home and how the new model of care can optimize communication, and collaboration improving continuity of care for pediatric clients and their families.

Public Health Seattle and King County (PHSKC) has a robust Public Health Nurse (PHN) home visiting service as well as pediatric clinics that have achieved medical home designation. PHSKC serves a diverse population with over 100 languages spoken in the area which increases the complexity of providing comprehensive patient care. Formalizing the relationship between home visiting PHN's and the Pediatric Medical Home team could serve to strengthen the care coordination and health resources available to the pediatric clients.

Aim/Goal/Purpose Sentence: The aim of the pilot project is to explore a new model of care that enhances the Pediatric Medical Home model by incorporating a home visiting Public Health Nurse (PHN) into the existing medical home team. The goal is to improve client access to medical care and the continuity of care between the clinic and the home.

Methods: A Public Health Center site, Columbia Public Health Center, was identified as having a Pediatric Medical Home team as well as a home visiting PHN department, which operated separately. The leadership fellow facilitated the formation of the pilot project team consisting of an MD, office RN, MA, PHN, and nurse supervisor. The team identified a pilot group of seven clients to follow over 9 months who met the criteria of being under 6 months of age and a high risk client. The newly developed team met for regular team meetings for case conferencing and evaluation of pilot strategies and problems with communication. Team guidelines were set regarding preferred methods of communication for care coordination activities and patient education strategies. Family interviews and a medical home staff focus group were conducted after the pilot's completion. Chart reviews provide additional descriptive data for activities and family data.

Results: Themes from interviews of the Medical Home team are presented exploring the benefits and barriers for the communication, timing and health care encounters of patients involved in the pilot. Care perceptions of family members and recommendations for future team care will be analyzed and reported.

Impact of the project, next steps and recommendations for continuation and/or expansion of the project will be presented.

Conclusion: This pilot project explores an enhanced model of care incorporating a home visiting Public Health Nurse (PHN) into the existing Medical Home team. This project provides data about the viability and impact of expanding the Pediatric Medical Home team to provide improved services and access to care for high risk children in the community.

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## MCH - Maternal-Child Health Nurse Leadership Academy Invited Posters

### Early Skin-to-Skin in the Operating Room Following Cesarean Birth

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*Julia Snethen, PhD, MSN, BSN, RN, USA*  
*Meredith Laine Green, MSN, BSN, AGCNS-BC, RN, APRN, USA*

#### Purpose

To examine the effectiveness of the implementation of an early skin-to-skin intervention program for mothers and babies following a cesarean birth. A secondary aim was to examine the association between mothers whose baby was placed skin-to-skin after cesarean birth, and exclusivity of breastfeeding at time of discharge.

#### Target Audience

Any hospital or birth center looking to implement skin-to-skin contact following a cesarean birth.

#### Abstract

Background: World Health Organization (WHO) and The United Nations International Children's Fund (UNICEF) have identified "Ten Steps to Successful Breastfeeding". The "Ten Steps" use evidenced-based care to optimize breastfeeding outcomes and ultimately improve health outcomes, both short and long-term, for both mother and infant. Many hospitals in the United States, are working toward the implementation of all ten steps and ultimately the title of "baby friendly" through the organization Baby Friendly Hospital Initiative (BFHI).

For this project, the fourth step, to "initiate breastfeeding in the first hour of life", was identified as a quality improvement project, with cesarean births having the greatest need. In order to accomplish this goal, it was decided that an early skin-to-skin program was needed for mothers and babies immediately following cesarean birth, to encourage the initiation of breastfeeding in the first hour of life.

Purpose Statement: To examine the effectiveness of the implementation of an early skin-to-skin intervention program for mothers and babies following a cesarean birth. A secondary aim was to examine the association between mothers whose baby was placed skin-to-skin after cesarean birth, and exclusivity of breastfeeding at time of discharge.

Methods: An early skin-to-skin program for mothers and babies following cesarean birth was developed by a team of healthcare providers at a women's healthcare center in the Southern Midwest. Preparation for implementation of the new skin-to-skin program was completed through meetings, educational in-services and competencies with nursing staff, physicians and operating room staff.

Data was collected by conducting retrospective chart reviews to obtain rates of cesarean born infants going skin to skin in the operating room and exclusivity of breastfeeding at discharge. Exclusions for skin to skin were given for medically unstable infants and mothers and if the mothers declined to participate in the skin-to-skin program. Ongoing results of the monthly rates of skin-to-skin and exclusivity of breastfeeding were posted in the staff break room, with individual staff recognition for complete documentation and consistency of implementation.

Results: The early skin-to-skin program for mothers and babies following cesarean birth was initiated in October 2014, and data collection on the project was begun in November 2014. Currently, the preliminary data for the rates of early skin-to-skin contact for eligible mothers and babies following cesarean birth has risen from 0% at the initiation of the program to 76%. Data collection is currently ongoing for both the early skin-to-skin program as well as exclusivity of breastfeeding at discharge.

Conclusion: Through the implementation of the new standard of care, education, documentation changes, encouraging the heart and data collection, we had an increase of 76% for eligible mothers and babies experiencing skin to skin in the operating room from implementation of the program.

It was recognized early in the implementation of the project that this was one step in the journey to becoming a baby friendly hospital. The ease and swiftness to which the early skin-to-skin program for mothers and babies following cesarean birth was implemented was unexpected. The success is thought to be due to both the education of the nursing staff on the importance of early breastfeeding, and an ongoing gradual change in the women's health center towards a breastfeeding friendly culture.

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## MCH - Maternal-Child Health Nurse Leadership Academy Invited Posters

### Field Birth: A Video Program and Resource Website for Care Providers of Newborns Delivered Outside of the Hospital

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*Karen Lynne Wright, PhD, MSN, NNP-BC, RN, USA*

#### Purpose

The purpose of this project is to improve the clinical outcome of newborns delivered outside of the hospital by providing prehospital care providers with video resources, an educational program, and website for newborn care immediately following delivery.

#### Target Audience

Prehospital care providers including first responders, paramedics, emergency medical technicians, midwives, and doulas.

#### Abstract

**Introduction:** Despite the rise in planned and unplanned home and field births, the opportunities and resources for pre-hospital care providers to participate in visual demonstration and to gain fundamental information regarding critical concepts of newborn care are limited. The purpose of this program is to provide pre-hospital care providers with a video resource education program and website with resources for newborn care immediately following delivery.

**Method:** The program Field Birth was created for providers to learn about and visualize newborn care and resuscitation techniques following delivery. The website and course modules were content validated and evaluated for usability by 5 content experts including 2 nurse midwives, 2 paramedics and 1 emergency medical technician. Ten 30 minute video modules demonstrating newborn care following delivery were created: preparing for Baby, assisting Baby at birth, well Baby, every Baby, sick Baby, early Baby, warming and transporting Baby, communication about Baby, and putting it all together about Baby. A pre and post-test was created to test learning. Prior to the live launch of the website, the modules were piloted using a paramedic and EMT class enrolled at a nearby university.

**Results/Beneficiaries:** The target beneficiary audience is infants delivered outside of the hospital. The target program audience is pre-hospital care providers.

It is anticipated that 30 participants will complete the pre and post-test and 10 learning modules. Pre and post-test comparison scoring \_\_\_\_\_. As part of the evaluation, participants were also asked for commentary about the program and website. Based on feedback, changes can be made for the program to continue.

**Activities:** Use of the website and links as resources for pre-hospital care providers. Ten video modules discussing and demonstrating newborn care and birth resuscitation methods were developed.

**Limitations:** The pilot and launch of Field Birth was initially directed towards emergency medical technicians and paramedics. Further marketing of the program to the midwifery and doulas is forthcoming.

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## MCH - Maternal-Child Health Nurse Leadership Academy Invited Posters

### Preterm Labor: Enhancing Assessment Competency and Reducing Variation among Telephonic Maternity Care Managers in a Managed Care Organization

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*Laura A. Fennimore, DNP, RN, USA*

*Catherine Burns, PhD, RN, CPNP-PC ret., FAAN, USA*

#### Purpose

The purpose of this presentation is to describe a project designed to enhance the assessment of pregnant women involved in a telephonic maternity care management program offered by a managed care organization.

#### Target Audience

The target audience of this presentation is Registered Nurses interested in Maternal Child Health and care management programs offered by managed care organizations.

#### Abstract

**Introduction/ Background:** Preterm labor is a major public health issue that has substantial direct and indirect costs including staggering health care costs from prolonged neonatal intensive care unit (NICU) hospitalization; potential long-term health consequences such as cerebral palsy, mental retardation and blindness that can impact overall quality of life; and significant emotional costs for the family from increased levels of stress and potential loss of income. More than 50% of preterm births occur among women with no identifiable risk factors. It is essential that pregnant women be assessed for actual and potential risk factors and educated about their risk status, signs and symptoms of preterm labor, and the importance of early medical intervention. The UPMC Health Plan, a part of the UPMC Health System, is a regional managed care organization located in Pittsburgh, PA. The UPMC Health Plan shares a common set of values with the rest of the system to create a consistent UPMC experience across the continuum for the patients, health plan members, employees, and the communities it serves. A telephonic maternity care management program is available for pregnant members with commercial health insurance, as well as members enrolled in government programs such as Medical Assistance. The program is staffed by thirteen registered nurses with extensive obstetrical nursing experience functioning in the role of maternity care managers. The maternity care manager contacts the member by telephone, completes a comprehensive assessment, and offers prenatal and postpartum education. The average caseload per nurse is 185 members.

**Purpose:** The purposes of this project were to develop a preterm labor competency assessment to identify gaps in existing knowledge and assess the comfort level of thirteen registered nurses in the maternity program working telephonically with pregnant women whom may experience preterm labor during their pregnancy, to develop a preterm labor learning module using current evidence-based research and practice guidelines, and to devise a standardized care pathway to ensure consistency of risk assessment and education provided to UPMC Health Plan members enrolled in the telephonic maternity care management program.

**Methods:** Through the Sigma Theta Tau International (STTI) Maternal-Child Health (MCH) Nurse Leadership Academy, sponsored by Johnson & Johnson, this fellow ; Laura Fennimore, the leadership mentor; and Catherine Burns, the STTI MCH faculty advisor, participated in a faculty guided leadership and mentorship program to acquire and enhance leadership skills necessary to facilitate a quality improvement project focused on improving maternal-child outcomes. The Fellow used a team of nine healthcare professionals that consisted of maternity nurse case managers, hospital-based nurses, physicians, and project analysts to help develop the project using a Logic Model framework. Team members conducted a review of literature and current practice guidelines for preterm labor related to risk

factors, diagnosis, treatment and pertinent patient education to develop staff education content. A PowerPoint presentation was developed and presented to maternity staff along with a preterm labor resource packet. In addition, the team is developing a standardized preterm labor care pathway to be utilized by all maternity care managers to help reduce variation in assessment of risk and improve pregnancy outcomes.

A number of evaluation strategies were used to evaluate the success of the project. A pre/post-education survey using a five point Likert scale was developed and provided to all maternity care managers to assess their overall comfort level related to preterm labor management and caring for women experiencing this pregnancy complication. Since all calls with members are recorded, a call and chart audit tool was developed to evaluate change in care manager behavior related to risk assessment of preterm labor and the consistency of patient education provided pre-education and post-education. Audits are planned for 3 month intervals to determine the extent of nurse behavior change and if change was sustained over time. Constructive feedback and coaching is provided to staff members as needed. The data analysis will include individual and group results. Maternity assessments utilized by the maternity care managers will be revised to improve assessment of risk and identify opportunities for patient education.

**Results:** The pre and post education surveys of the nurse case managers showed improvement in their overall comfort level of nursing care for pregnant women experiencing preterm labor. The mean overall comfort level on the pre-education survey of 4 increased to 4.6 on the post-education survey and an increase of 24% indicating feeling extremely comfortable. All of the nurse case managers indicated that they were extremely likely to incorporate the information provided into nursing practice and 70% rated their comfort level regarding their role as case manager caring for this population as extremely comfortable. The pre- education and post- education call and chart audits results are still being collected and evaluated. Findings will be reported at a later date. Calls and charts audited at the following intervals; pre-education and post-education. Constructive feedback is provided to maternity case managers as individuals and as a group on an ongoing basis to ensure staff remains competent. The electronic medical record template for maternity assessments has been redesigned to enhance risk assessment.

**Conclusions:** The project found that prior to the intervention there was significant variation among the care managers in the assessment of preterm labor risk and patient education provided. In addition, the information provided to members was not consistent with current evidence based practice guidelines. Following the education program, utilization of the written module, use of the improved EMR template, feedback from call and chart audits, and development of a standardized care pathway, the expectation is improved consistency of risk assessment and education provided by the maternity case managers to pregnant women enrolled in the telephonic maternity care management program at UPMC Health Plan. Additionally, the project provided a vehicle for discussions with a variety of obstetrical providers including private and outpatient clinic obstetric practices and the inpatient hospital staff to look at provision of system wide best practices to educate pregnant patients about preterm labor risk factors, reduction and prevention of risks, and early identification of preterm labor to minimize risks and enhance pregnancy outcomes.

As a fellow in the STTI MCH Nurse Leadership Academy, the fellow has learned to apply the five Kouzes and Posner leadership principles to her role as manager of the UPMC Health Plan Maternity Program. The fellow models the way through her commitment to the highest standards for professionalism and personal integrity in her daily work with her team and makes exceeding expectations a priority. In the past few months, she has worked closely with her director to inspire a shared vision and challenge the process for changes within the maternity program as the team strives to improve efficiency and effectiveness, and improve member engagement levels. The fellow has enabled others to act by engaging staff in various aspects of this project by involving them in the research for current evidence based practices and the development of preterm labor course content. Staff were also included in the decision making process which helped to facilitate the successful adoption of program changes by the team. The fellow encourages the heart of her team members by actively listening to the personal concerns of her staff,

celebrating their personal and professional milestones, and by promoting the maternity program to medical directors, other departments, and to the OB provider community.

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## MCH - Maternal-Child Health Nurse Leadership Academy Invited Posters

### Keeping Skin in the Game: Bringing Awareness to Neonatal Skin Injuries

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Media S. Esser, MSN, BSN, RN, APNP, NNP-BC, USA  
Christine A. Schindler, PhD, RN, CPNP-AC/PC, WCC, USA  
Patricia Clinton, PhD, MSN, BSN, IA, ARNP, CPNP, USA

#### Purpose

The purpose of this presentation is to bring an increased awareness to the incidence of neonatal skin injuries, the ongoing work related to strengthening, quality interventions, and preventative measures at the bedside.

#### Target Audience

The target audience of the presentation is nursing and medical professionals including those in leadership positions.

#### Abstract

**Purpose:** The purpose of this project is to increase awareness of the broad range of neonatal skin injuries and to improve documentation of those injuries in a level 4 Neonatal Intensive Care Unit (NICU).

**Background:** Skin injury is a significant problem in the neonatal population. Skin injuries in the neonatal population are suspected to be under reported and often overwhelming for healthcare professionals. Neonatal skin is very thin compared to adult skin, taking days to weeks to mature, thus predisposed to injury. Injuries are most commonly caused by daily bedside care and procedures performed during the neonate's hospitalization. The advancement of technology in improving morbidity and mortality over the last 10 years has continued to result in the occurrence of skin injuries.

The most common skin injuries found in the neonatal population are skin tears, IV infiltrates, device related pressure injuries, diaper dermatitis, irritant dermatitis, and adhesive injuries. Every neonate in the NICU is considered high risk and several preventative measures are performed based on clinical triggers in daily care. As many as 4% of patients from the NICU may be discharged with significant scarring. Those infants of lower gestational age have had rates of unintentional skin injuries at 57% compared to their term counterparts with rates of 3%. Describing the scope of skin injuries seen in neonates is a first step in developing interventions to improve outcomes.

**Methods:** This QI project began in January 2015 following successful IRB approval. All infants admitted to the NICU were assessed and data were included on all infants except those with pre-existing incision sites, Gtubes, trachs, and other surgical sites that would be under the management of a specialty service.

Data collection included: basic demographics, description of injury, site of injury, date of resolution, and interventions. Nurses documented skin injuries in a specific section within the electronic health record providing a date of start/end and description.

**Results:** Process measures included: the creation of a data collection tool, the provision of education for interdisciplinary teams, and improved documentation. Outcome measures included: the identification and characterization of skin injuries other than pressure ulcers.

**Leadership Journey:** This journey started with the idea of promoting increased awareness related to neonatal skin injuries and the need for consistent standardized documentation related to those injuries. The project grew to become the compilation of many meaningful experiences leading to the generation of a stronger NICU presence in the conversations surrounding skin care initiatives within the organization.

The KP model served to guide the work with each of the five steps exemplifying key points in this skin care journey. The five steps including modeling the way, inspiring a shared vision, challenging the process, enabling others to act, and encouraging the heart served as guides for the project.

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# **Nurse Faculty Leadership Academy Invited Poster Presentations (NFLA)**

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## NFLA - Nurse Faculty Leadership Academy Invited Posters

### Building an Interprofessional Collaborative Education and Practice Model (ICEPM)

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*Terry L. Eggenberger, PhD, RN, NEA-BC, CNL, CNE, USA*

#### Purpose

The purpose of this presentation is to demonstrate how a team leadership project led to a method of aligning education and practice to support interprofessional collaboration by faculty, students and front line providers.

#### Target Audience

The target audience of this presentation is clinically focused academic faculty and nurses from practice settings.

#### Abstract

Background: A new Internal Medicine residency program in a community hospital challenged the existing team structure and how providers (e.g., nursing, pharmacists, and current medical staff) interacted and collaborated. To achieve the goals of the Nursing Faculty Leadership Academy (NFLA), a leadership project was developed to address team communication and collaboration to develop effective working relationships among frontline health care providers at the point of care. An interprofessional (IP) team from academia was formed to partner with this practice setting to improve IP competencies.

Purpose: The focus of this project was to conduct a mixed method assessment of team culture to develop interventions that foster living the IP competencies in practice by faculty, students and front line providers and build a sustainable Interprofessional Collaborative Education and Practice Model (ICEPM).

Methods: The initial baseline assessment was completed in two phases using a mixed methods approach. In Phase I, focus group and individual interviews over eight months examined perceptions about the organization's culture, beliefs about existing attitudes towards team concepts, and communication patterns as a prelude to promoting this ICPM. The interviews were audio recorded and transcribed. The IP research team independently read the transcripts using conventional content analysis to code the data and identify themes. In Phase II, a pre and post-test design is being implemented to evaluate strategies to strengthen working relationships, communication, and team collaboration. Gittel's Relational Coordination Scale, a validated and reliable instrument has measured team work pre implementation of ICEPM interventions, and will be administered post interventions. Relational Coordination (RC) is a mutually reinforcing process of communicating and relating for the purpose of task integration measured between workgroups and/or individuals.

Results: Analysis of Phase I focus groups (N=19) and individual interviews (N=26) provided insights from pharmacists, nurses, case managers, new residents, hospitalists and community physicians. Emerged themes included Disjointed Communication, Desire for a Shared Mental Model, Impact of Residency Presence and Call for Mechanisms that Foster Interprofessional Collaboration. These findings were shared with the hospital leadership and university faculty followed by brainstorming how to promote IP practice. As a result the project team chose to structure the 7 domains of Relational Coordination (RC) on patient needs for discharge. Pre interventional RC Scores were reviewed by the project team for their reflection on patterns of behavior that impact the patient discharge process. Overall, RC among the discharge process team was moderate, driven by strong Frequent Communication ties and weak Timely Communication and Shared Knowledge ties. Frequent communication among team members was identified as a strength the team can leverage as they embark on their effort to improve the patient discharge process. Weak timely communication and shared knowledge among team members currently limits the effectiveness of the patient discharge process. Similar patterns were also borne out at the role level.



Conclusions: Results of the organizational assessment are guiding the team as they integrate and hardwire IP communication. In turn, the team plans to produce a discharge video featuring IP perspectives, implement IP discharge rounds, and develop Faculty and Practice Champions to create a sustainable IP environment that impacts patient outcomes.

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# NFLA - Nurse Faculty Leadership Academy Invited Posters

## Shattering the Glass Ceiling for a Junior Nurse Leader

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*Trisha Leann Horsley, PhD, RN, CHSE, CNE, USA*  
*Suzan Kardong-Edgren, PhD, RN, ANEF, CHSE, USA*  
*Elizabeth Peter, PhD, RN, Canada*

### Purpose

The purpose of this presentation is to share the journey of a junior nurse scholar through the Nurse Faculty Leadership Academy.

### Target Audience

The target audience of this presentation is junior nurse faculty who have the passion to improve nursing education and desire to be a change agent for the future as well as seasoned nurse faculty who are interested in serving as a mentor.

### Abstract

**Background:** In academia, junior faculty have more experience in following their seasoned colleagues than leading change in nursing education even if the junior faculty member is doctorally prepared. At this point in time, our seasoned colleagues remain among us to serve as leaders and mentors but the time will quickly approach when they will no longer be with us to share their wisdom. The time has come and it is essential for junior nurse faculty to develop and sharpen their leadership skills under the formal guidance and mentoring of seasoned colleagues to ultimately become nursing leaders.

**Aim:** The overall aim was to foster the Scholar's leadership development utilizing the Kouzes and Posner's Five Practices of Exemplary Leadership model as well as formal mentoring through the triad team; the Scholar, Leadership Mentor, and Faculty Advisor.

**Methods:** The Nurse Faculty Leadership Academy (NFLA) is an 18 month leadership development program for junior nurse faculty created and supported by Sigma Theta Tau International in partnership with the Elsevier Foundation. A project, to increase the quantity of high quality simulations and change the simulation scheduling model within the Scholar's School of Nursing, served as the vehicle to work through and display leadership development.

**Results:** The Scholar lead a simulation team which successfully executed a 175% growth in the amount of simulations across six clinical courses and changed the simulation scheduling model for undergraduate nursing students. During the NFLA, the Scholar met and exceeded all Individual Leadership Development Plan objectives. The Scholar's leadership growth within all five areas of Kouzes and Posner's model was documented through both quantitative and qualitative measures.

**Conclusions:** The NFLA provided the supportive environment, mentoring, and opportunities for the Scholar to emerge as a leader within academia, the community, and her chosen specialty area of simulation. The Scholar pushed through a perceived glass ceiling in regards to her future potential as a change agent in nursing education. The Scholar is now equipped with strategies and resources for ongoing leadership development and has the passion to assist others in their leadership development as well.

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## NFLA - Nurse Faculty Leadership Academy Invited Posters

### Faculty Mentoring of DNP Students

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*Nancy N. Manister, DNS, CNS, FNP-BC, USA*  
*Keville C. Frederickson, EdD, RN, FAAN, USA*  
*D. Anthony (Tony) Forrester, PhD, RN, ANEF, FAAN, USA*

#### Purpose

to highlight this scholar's individual leadership development experience and expanded scope of influence, which was facilitated through development of a team project. The team project was designed to increase knowledge regarding the process and experiences of mentors and mentees in the DNP program setting.

#### Target Audience

nursing faculty involved in leadership development, nursing faculty who are developing, revising or teaching in DNP programs, and DNP students.

#### Abstract

**Background:** The Sigma Theta Tau International Nurse Faculty Leadership (NFLA) Academy experience, which is supported in partnership with the Elsevier Foundation, provided an opportunity to develop faculty leadership skills and expand my scope of influence through identification and development of a team leadership project. The first step in this process was the formation of a triad, consisting of a Leadership Mentor - Keville Frederickson EdD, RN, FAAN, NFLA; a Faculty Advisor - D. Anthony Forrester PhD, RN, ANEF, FAAN; FAAN, and Scholar – Nancy N. Manister DNS, CNS, FNP-BC. The triad relationship provided critical support throughout the NFLA experience.

The NFLA team leadership project - Faculty Mentoring of DNP Students – was developed to advance nursing education by providing needed information about the mentoring relationship between DNP student and faculty mentor. Information is needed about this relationship as most DNP programs are new, and best practices for mentoring have not been established.

**Purpose:** The purpose of this experience was to promote leadership development for junior nursing faculty through varied educational strategies focused on knowledge, competence, and outcomes.

**Methods:** The NFLA 21-month program utilized a curriculum based upon leadership development of the scholar across three domains: individual leadership development; advancing nursing education through a team leadership project; and expanding the scholar's scope of influence within the academic institution, the community, and the nursing profession. Two 3-day intensive workshops and continued support by the leadership mentor and faculty advisor served to guide the scholar through this experience. Kouzes and Posner's Five Practices of Exemplary Leadership were utilized as a basis to assess the scholar's strengths and weaknesses, and provided a framework for leadership development. As well, Kouzes and Posner's leadership practices were used to develop a team leadership project aimed at advancing nursing education through assessment of needs and expectations of DNP student mentees and DNP faculty mentors, development of a four hour mentoring workshop, and workshop evaluation. Opportunities were identified for increasing the scholar's scope of influence throughout the program experience.

**Results:** The NFLA scholar utilized self-assessment tools, self-reflection, as well as feedback from the leadership mentor and faculty advisor to determine two areas of focus for individual leadership development: model the way; and enable others to act. A team was formed to develop, implement, and evaluate a team project at Fairfield University. The project team consisted of two nursing faculty members, a university administrator, and the NFLA scholar. The NFLA leadership mentor and faculty advisor provided valued input and support throughout this process. The team project - Faculty Mentoring of DNP Students - was successful in determining mentoring needs and expectations of DNP students, and expectations and beliefs of DNP faculty mentors. A positive mentoring workshop experience was provided to a group of DNP faculty mentors and student mentees, and evaluations of this workshop will

be used to develop and plan for future workshops and inform mentoring practices for DNP programs. The experience of participating in the NFLA served as a spring board for the scholar to increase scope of influence within the university (organization), the community, and the nursing profession.

Conclusions: The intensive NFLA experience provides an invaluable opportunity for the junior nurse faculty member to develop key leadership skills. Supported by the triad relationship and continued self-assessment and reflection, this program demonstrates a successful strategy for developing nurse faculty leaders of the future.

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## NFLA - Nurse Faculty Leadership Academy Invited Posters

### Preparing for Program Changes: Fostering Faculty and Staff Leadership Development Using a Business Case Model

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*Jennifer L. Embree, DNP, MSN, BSN, RN, NE-BC, CCNS, USA*

*Nancy C. Sharts-Hopko, PhD, RN, FAAN, USA*

*Ainslie Nibert, PhD, RN, FAAN, USA*

#### Purpose

To describe the NFLA project: a template for nursing leadership program change and a framework for staff and faculty leadership development using the Kouzes and Posner Model and the Style Code.

#### Target Audience

The target audience for this presentation is nursing faculty.

#### Abstract

Nurses represent the largest human resource across the continuum of care. Developing nurses who can lead health care is critical. The Nurse Faculty Leadership Academy through Sigma Theta Tau and sponsored by Elsevier provides novice faculty opportunities to enhance leadership talents for nurse scholars and leadership team members. This academy affords the scholar opportunities for additional growth and leadership through a triad team of a Faculty Mentor-Nancy Sharts-Hopko PhD, RN, FAAN, and Faculty Advisor-Ainslie Nibert PhD, RN, FAAN, and the Scholar.

Graduate nursing leadership programs can provide a bridge to build new leaders by offering practical experience related to core leadership concepts, translating knowledge into practice and creating relationship skills. Leadership development helps new nurse leaders generate authentic dialogue, collaboration, and mutual decision-making. Nursing leadership integrates nursing, science, leadership, human, financial and other disciplines that prepare nurses to lead health care systems. Nurse leaders' unique contributions to health care center around evidence-based care delivery, outcomes research synthesis, patient safety strategies, creative leadership and evaluation of healthcare systems. It is important to identify gaps between current conditions and desired conditions in an organization. The Master's in Nursing Leadership in Health Systems (MSN NLHS) program is one of nine masters in nursing leadership programs in our state. In light of a newly re-vamped Doctor of Nursing Practice program for Nurse Executives, the MSN NLHS program needs to provide foundational leadership for those students seeking a Masters in Nursing Leadership who might later seek a terminal degree. The current MSN NLHS program was identified as a one weekend per month hybrid program in which to complete ten problem-based case reviews, develop a nursing unit budget, assess a nursing informatics hospital system, and assess hospital systems. The MSN NLHS program underwent a program review over six years ago, so program review is necessary. Delivery of programs and courses are dependent upon students attending, staff support, such as instructional designers and video conferencing specialists. Including these important stakeholders in the NFLA team provided an opportunity for team input into course and program enhancements as well as leadership development.

The future of nursing schools, the campus, and programs must be distinctive, effective, efficient, transformative, and nimble in response to change, stakeholder needs, and emerging opportunities. The school's strategic initiative to increase graduate education capacity's goal with clear and nimble structures fits well with this MSN NLHS program review.

Ongoing changes at the school of nursing include leadership transition at a variety of levels. Updating faculty, curriculum chairs, and new explanations of the work of the NFLA team was accomplished. The university chose a new learning management system to replace the homegrown system and system implementation is in process. A new ePortfolio system is also under implementation by the university and integration with the learning management system will occur. Continuing relationships with instructional

designers, videoconferencing specialists and students afford additional opportunities for course improvement and address important stakeholder needs.

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## NFLA - Nurse Faculty Leadership Academy Invited Posters

### Faculty Leadership Development: Mentoring, Team Leadership, and Community

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*Bette A. Mariani, PhD, RN, USA*

*Carol E. Winters, PhD, RN, CNE, USA*

*Elaine S. Marshall, RN, USA*

#### Purpose

The purpose of this poster presentation is to share the experience of a novice faculty member in the Sigma Theta Tau International Nurse Faculty Leadership Academy (NFLA).

#### Target Audience

The target audience of the presentation is nurses new to the faculty role, expert faculty considering mentoring, and administrators responsible for faculty development.

#### Abstract

Introduction/Background: Clinicians new to school of nursing faculties are expert practitioners but novice to the faculty role. Development of new faculty into leaders in nursing education promotes career success and faculty retention, encourages positive academic environments, and ultimately, advances nursing education. Sigma Theta Tau International (STTI) Nurse Faculty Leadership Academy (NFLA) sponsored by the Elsevier Foundation is designed to develop leadership knowledge and practices in non-tenured or tenure-track full time faculty with less than 5 years of experience in schools of nursing. Scholars advance their leadership in three domains; individual leadership development, nursing education through a team project, and expansion of their scope of influence in their organization, community, and profession. For each of these domains, scholars set priorities, goals, strategies, and outcomes for their own growth as nurse leaders in education.

Purpose: The purpose of this scholar's participation in the NFLA was to develop personal leadership practices, successfully lead a team project, and advance her impact in the organization, community, profession, and nursing education.

Methods: Through the STTI Nurse Faculty Leadership Academy (NFLA), this scholar led a team project that facilitated leadership growth. This 18-month intense leadership academy promoted leadership development through the use of a triad model of mentorship consisting of a faculty advisor, (Dr. Carol Winters), two mentors, (Drs. Elaine Marshall and Bette Mariani), and a scholar. Kouzes' and Posner's leadership model of Five Practices of Exemplary Leadership (2012) was used to guide the scholar on this leadership journey. Using this model and with the relationship of the triad, the scholar developed an Individual Leadership Plan.

Results: By leading a team in the development of a web-based clinical scenario, this scholar demonstrated growth in the Kouzes' and Posner's leadership practices of "Modeling the Way," "Enabling Others to Act," and "Encouraging Others." The scholar shared and affirmed her values by setting an example of expectations through her personal commitment to the team project. When obstacles occurred, priorities were realigned and goals were adjusted to meet new outcomes. This helped to keep the team cohesive and despite setbacks, the work continued. The scholar fostered collaboration, encouraged members to contribute their own ideas, and supported the decisions of the team members. The team successfully presented the work of the project at a national conference giving recognition to all.

The NFLA scholar expanded her scope of influence in nursing education at the institutional and national level. At the university, she serves on graduate program committees and is a board member of the local STTI chapter. In the community, she serves on a homeless shelter board. Nationally, she is a co-chair of a special interest group for a national nurse practitioner organization.

Conclusion: The NFLA fostered the leadership development of a novice faculty member and expanded the scope of influence of the scholar through mentorship, leadership development planning, and a team leadership project.

#### References

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## NFLA - Nurse Faculty Leadership Academy Invited Posters

### Am I There Yet? My Journey to Becoming a Nurse Faculty Leader

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*Elaine C. Hardy, PhD, RN, USA*

*Barbara Manz Friesth, PhD, RN, USA*

*Norma Martinez Rogers, PhD, RN, USA*

#### Purpose

The purpose of this presentation is to describe my involvement in the NFLA and to illustrate my improvement in leadership skills as a nurse educator and scholar, working to improve minority student and faculty outcomes in nursing education.

#### Target Audience

The target audience of this presentation is early career nursing faculty, and administrators interested in providing leadership development opportunities for their early career nursing faculty.

#### Abstract

Introduction: Early in my career as nursing faculty I thought that I knew what I wanted. I aspired to be a nurse faculty leader. However, I quickly realized that I had no idea what it took to become a leader. This is why the Sigma Theta Tau International Nurse Faculty Leadership Academy (NFLA) was so intriguing to me. When the opportunity to apply to this program arose, I inquired immediately to my institution for support in this endeavor. The NFLA, sponsored by the Elsevier foundation, recruits early career nurse faculty for the purpose of developing them as leaders in nursing education. The 18-month program is based upon Kouzes and Posners' (K&P) five practices of exemplary leadership: model the way, inspire a shared vision, challenge the process, enable others to act, and encourage the heart. A leadership mentor and faculty advisor supports the scholar. The scholar's personal leadership growth is fostered through developing individual leadership, leading a team project, and expanding the scholar's scope of influence in their institution, community, and profession.

Purpose: The purpose for my involvement in the NFLA is to improve leadership skills as a nurse educator and ultimately to impact minority student outcomes in nursing education.

Methods: In order to develop as a leader, the scholar used a variety of measures of growth and self-development. One such measure, the K&P Leadership Profile Inventory (LPI), was used to construct an Individual Leadership Development Plan (ILDLP). Self-reflection, input from the mentor, and faculty advisor, helped the scholar to identify behaviors, action strategies and desired outcomes conducive to becoming a leader. To monitor the scholar's progress, the scholar identified two faculty members to observe displayed behaviors in a variety of settings and to give feedback.

The team-project was to increase perception of growth and leadership development in diverse undergraduate nursing students. While leading the project team, the scholar further practiced personal leadership behaviors. The students' perception of their leadership was measured with a pre-and post programming Student-Leadership Profile Inventory (S-LPI). For comparison of the students' perception and that of others, the students selected two observers to complete the Observer S-LPI. Data from pre-and post-programming S-LPI and the Observer S-LPI were analyzed using Wilcoxon test.

To further develop the scholar's leadership growth, the mentor and faculty advisor together with the scholar identified leadership possibilities within the scholar's institution, community, and profession. Opportunities suggested to the scholar were to join the curriculum committee, resolve disagreements with faculty using dialogue, disseminate NFLA experience at conferences, and work with the team on disseminating project and leadership experience in manuscript form. Professionally, the scholar was encouraged to continue with the local chapter of the National Black Nurses Association and to run for a board of director's position of the National Black Nurses Association.

Results: The scholar's identified goals and associated behaviors identified through the ILDP were in the areas of effective communication, delegation, encouraging others, and enabling others to act. The faculty observers reported a positive change in the scholar's behaviors. However, some improvements were still needed in effective communication.

Results from the team-led project with 10 students: 5 male, 5 female, 30% ethnic/racial minority, ranging in ages from 19-41, were statistically significant in all 5 practices of exemplary leadership for pre-and post-programming. While the comparison between students and observers' measures were not statistically significant, the observers perceived students ratings higher than students perceived themselves.

By practicing the associated behaviors identified through the ILDP the scholar's scope of influence in the institution increased. Exemplars of this influence are: joined the curriculum committee, worked on several subcommittees, served as consultant to a university interdisciplinary grant to develop an educational pipeline for minority students, and mentored faculty and students in writing and submitting abstracts. The scholar has had several peer-reviewed abstracts submitted and accepted for national conferences and a podium presentation at the 2<sup>nd</sup> Annual Cultural Inclusion Institute.

Conclusion: This journey as an NFLA scholar has taught me that by being self-reflective and taking advantage of opportunities that the NFLA has provided, I can develop into the nurse faculty leader that I aspire to become.

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# NFLA - Nurse Faculty Leadership Academy Invited Posters

## Inspiring a Shared Vision for Interprofessional Education

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*Karma Cassidy, PhD, MSN, RN, USA*

*Laura C. Dzurec, PhD, MS, BS, RN, PMHCNS-BC, ANEF, USA*

*Carolyn A. Williams, BSN, MSN, PhD, FAAN, USA*

### Purpose

The purpose of this presentation is to describe scholar leadership development and scope of influence in team projects to advance nursing education. An assessment of faculty knowledge, attitudes and practices in Interprofessional education (IPE) was conducted.

### Target Audience

The target audience of this presentation are participants of the 43rd Sigma Theta Tau International (STTI) Biennial Conference including but not limited to nursing students, faculty and STTI Academy Scholars

### Abstract

**Background:** Leaders in health care quality and safety recommend adoption of collaborative practice models to improve health outcomes and development of a workforce skilled in Interprofessional collaboration. Interprofessional education (IPE) for collaboration occurs when students from two or more professions learn about, from and with each other to improve health outcomes. Effective integration of IPE into curricula depends upon leadership with focused resolve to impact attitudes toward collaboration and a willingness to revise and/or develop curricula to support IPE. For the most part, nursing and allied health faculty received their education and practiced in traditional fragmented health care models and may lack an awareness of the need for or the skills to integrate IPE into existing curricula. A necessary first step toward development of curricula with integrated IPE is assessment of faculty attitudes, knowledge and existing practices. The focus of this project was to foster progression of individual leadership practices and expansion of scope of influence through team project leadership in an academic setting.

**Purpose:** The purpose of this presentation is to describe scholar leadership development and scope of influence in team projects to advance nursing education. An assessment of faculty knowledge, attitudes and practices in Interprofessional education (IPE) was conducted.

**Methods:** The Sigma Theta Tau International Nurse Faculty Leadership Academy provided support and mentorship for the scholar's individual leadership development demonstrated by team projects to advance nursing education in the area of Interprofessional education (IPE). A multidisciplinary team consisting of faculty representing public health, health administration, occupational sciences, sport and physical education sciences and dietary sciences was recruited to develop a consensus statement for IPE and conduct a faculty assessment of knowledge and attitudes toward and practices in IPE.

**Results:** Key findings from the assessment of IPE knowledge attitudes and practices (N=77, 61%) were that faculty were familiar with IPE (87%), felt it should be prioritized (80%) and that faculty participation should be encouraged (87%). But confidence in IPE skills was low (42%). Faculty were also concerned that it would increase workload (50%) and (45%) did not perceive support for IPE by administration.

**Conclusions:** Faculty highly value IPE and believe it should be a curriculum priority but need administrative support to develop IPE skills and integrate content. The scholar transitioned mid-academy to another university setting where new Master's program curricula in nursing administration and education are being developed. As a result of growth in leadership skills and confidence provided through the NFLA experience, the scholar now has the opportunity to lead curriculum development in a new setting.

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## NFLA - Nurse Faculty Leadership Academy Invited Posters

### Addressing Pain in Older Adults through an Interprofessional Lens

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#### Purpose

highlight the development of an interprofessional team and findings of the team's leadership project that evaluated the effectiveness of a pain education intervention on health care provider knowledge and attitudes regarding older adult pain management.

#### Target Audience

Health care educators and clinicians including Registered Nurses and Advanced Practice Nurses.

#### Abstract

The basis of this project was individual leadership development and the creation of an interprofessional team to address quality of pain management of older adults in ambulatory health care settings. Leadership development based on the Kouzes and Posner model was used to focus on identifying aspects of leadership within five domains (model the way, inspire a shared vision, challenge the process, enable others to act, encourage the heart) that enhanced individual leadership and also allowed the team to function at its highest level. While all domains of leadership development were important to the project plan and implementation, emphasis was on inspiring a shared vision, challenging the process, and modeling the way as top domain areas. The relationship of three (mentor, scholar and advisor), a unique feature of Sigma Theta Tau's Nurse Faculty Leadership Academy, was a major catalyst in moving the project forward. The overall approach to the project was to focus on team building within the relationship of three and within the larger team assembled to create and implement the team's project. What evolved was an interprofessional, innovative, and sustainable learning opportunity for clinicians across several disciplines within the university.

Pain care of older adults is challenging across many clinical settings. Pain is highly subjective and deeply personal experience, yet its management necessitates an objective standard of care. Pain is a worldwide public health epidemic in spite of years of dedicated research. Pain negatively affects physical, psychological, social and financial well-being yet is not adequately recognized and treated by health care providers. Research shows that unrelieved pain interferes with sleep and increases anxiety, depression, morbidity and mortality among older adults. Poorly managed pain can have numerous deleterious effects such as difficulty concentrating, lack of energy, lost productivity, decreased quality of life and inability to complete everyday tasks. In addition untreated pain in older adults decreases physical function and increases risk of deadly falls and injuries. Few educational opportunities exist for health care professionals to enhance their knowledge and skills in the area of pain management of older adults.

A half day program for clinicians from nursing, medicine, pharmacy, physical and occupational therapy was established to address the need for education in pain management of older adults. Participants completed a pre and post survey using the "Knowledge and Attitudes Survey Regarding Pain" tool. Teams addressed four areas of pain care: taking the pain history, the physical exam, deciding on treatment and evaluations and outcomes. A simulation session with a standardized patient with multiple comorbidities and chronic back pain was part of the learning experience. Outcomes from the survey and course evaluations were presented and future programs and curriculum enhancements have been recommended.

The project was used to enhance scope of influence within and beyond the university setting. More educational opportunities for students and experienced clinicians are needed. Within the organization the team that came together to develop the project will disperse and become part of other teams and committees throughout the learning community. An important aspect of the interprofessional team and goals for expanding the scope of influence of nursing was realized as a result of this project. Nurses are the pivotal professional who can prioritize pain for patients across all health care settings yet their ability

to adequately address pain in the ambulatory setting is not fully realized. Continued efforts at the education, research and policy levels to effect change in this area will continue

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# NFLA - Nurse Faculty Leadership Academy Invited Posters

## From Clinical Practice to Leadership in Academia

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*Bimbola Fola Akintade, PhD, MBA, MHA, ACNP-BC, CCRN, USA*

### Purpose

The purpose of this presentation is to share my NFLA scholar experience through the 18 month faculty guided mentorship and leadership program which focused on leadership development, a scholar led team project and expanding the scope of influence.

### Target Audience

Other NFLA Scholars, Leadership Mentors, Faculty Advisors and STTi members.

### Abstract

**Background:** As an expert clinician, making the transition from clinical practice to a leadership position in an academic setting has presented many challenges. The Nurse Faculty Leadership Academy (NFLA) Scholar Program sponsored by Sigma Theta Tau International and Elsevier has helped mitigate these challenges for myself and other novice nursing faculty leaders. This is an 18 month faculty guided mentorship and leadership program which focused on three domains; leadership development, a scholar led team project and expanding the scope of influence.

**Methods:** Several leadership tools were utilized to accomplish the goals of the NFLA Scholar Program based on the aforementioned domains. These included an Individual Leadership Development Plan (ILDLP), a scholar led project involving the development and implementation of a simulation based initiative at the University of Maryland School of Nursing to increase access to Acute Care Nurse Practitioner (ACNP) clinical sites and developing a network to expand the scholars scope of influence under the mentorship and guidance of my Leadership Mentor and Faculty Advisor.

**Results:** Through the mentorship process, the scholar was able to create a goal focused leadership plan including becoming a more effective leader, vocalizing thoughts, expanding sphere of influence and managing time effectively. The scholar led simulation project has led to an increase in access to high acuity clinical units by first semester ACNP students at the University of Maryland Medical Center, Baltimore Maryland. In terms of expanding scope of influence, the scholar has been more active in clinical practice, scholarship (presenting and publishing), and currently serve on more than one national organization.

**Conclusions:** The NFLA provides multiple avenues to emerging nurse leaders in academia through structured essential leadership skills and mentorship opportunities. This 18 month faculty guided mentorship and leadership program provides the scholars with a community network to develop individualized quality leadership styles and resources, and to positively promote much needed change in academia and clinical practice.

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## NFLA - Nurse Faculty Leadership Academy Invited Posters

### Facilitating Individual Leadership Development and Advancing Communication through a Multidisciplinary Team Leadership Project

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Wyona M. Freysteinson, PhD, MN, BSN, RN, USA

#### Purpose

The purpose of this presentation is to describe how the Sigma Theta Tau International Nurse Faculty Leadership Academy guided an emerging academic nurse leader in developing a personal leadership plan and a multidisciplinary team project aimed at improving student's and nurse's communication skills.

#### Target Audience

The target audience of this presentation is 1) junior nurse faculty, 2) administrative staff interested in fostering the academic career success of emerging nurse leaders, and 3) faculty and healthcare leaders interested in improving the communication skills of students and/or nurses.

#### Abstract

Background: The Texas Medical Center (TMC), the largest medical center in the world, has a healthcare workforce comprised of individuals from over 150 countries. Texas Woman's University is situated within the heart of the TMC. There are healthcare students enrolled in this university who have regional and/or foreign accents that act as barriers to intelligible language and effective safe communication.

Goal: The focus of this project was to enhance the personal leadership development of an emerging academic nurse leader through guiding a university-wide team that focused on improving the oral communication skills of healthcare students.

Methods: The 18 month Nurse Faculty Leadership Academy (NFLA) Scholar Program is sponsored by Sigma Theta Tau International (STTI) and Elsevier. Kouzes and Posner's leadership practices were used throughout the program and allowed the scholar to refine her own leadership style. Through frequent communications in a triad relationship the scholar was mentored in building a comprehensive individualized leadership plan and career development map. The triad consisted of STTI Faculty Mentor: Dr. Ainslee Nibert, Leadership Mentor: Dr. Karen Morin, and Faculty Scholar: Dr. Wyona M. Freysteinson.

Results: The NFLA scholar discovered the value of self-reflection, gained inner strength in challenging the status quo, and acquired increased sensitivity to others. A multi-disciplinary team developed and implemented the Language of Scholarship: Accent Modification Program for University Students. Initial significant findings of the Language of Scholarship research study have resulted in a large health care system in the TMC requesting that the program be implemented and researched within their hospitals which will allow for the collection of staff and patient indicators.

Conclusions: The NFLA leadership program and mentoring triads provide opportunities for junior nurse faculty to develop their leadership skills, cultivate a supportive multidisciplinary environment, expand their scope of influence, and ultimately find satisfaction in being an academic nurse leader.

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## NFLA - Nurse Faculty Leadership Academy Invited Posters

### Evaluation of Clinical Adjunct Faculty, Clinical Teaching Partners (CTPs), and Internship Preceptors Educational Needs, Challenges, and Barriers

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*Jennifer Titzer, DNP, RN, USA*

*Rose O. Sherman, EdD, RN, NEA-BC, FAAN, USA*

*Barbara Manz Friesth, PhD, RN, USA*

#### Purpose

The purposes of this presentation is to highlight the leadership behaviors enhanced through the Sigma Theta Tau International Nurse Faculty Leadership Academy by leading a team of nursing faculty in the evaluation of supplemental clinical nursing faculty.

#### Target Audience

Nurse educators The target audience of this presentation is nurse educators, nursing academic leaders, clinical faculty, nurse leaders and staff development experts.

#### Abstract

Purpose: Due to the shortage of nurse faculty, employment of clinical experts as supplemental clinical faculty is essential. Ensuring the nursing programs' objectives and desired learning outcomes are met requires strategic development and evaluation methods addressing the unique needs of the supplemental clinical faculty. As part of the Nurse Faculty Leadership Academy (NFLA) sponsored by Sigma Theta Tau International and Elsevier, a nurse scholar led a group of five nursing faculty in the design and implementation of a program evaluating the challenges and needs of supplemental nursing clinical faculty. The scholar was charged with leading the team and engaging stakeholders. Stakeholders included nursing leaders from local healthcare facilities and University leaders, which expanded the scholar's scope of influence.

Methods: The NFLA scholar participated in an 18 month program that included a personal Leadership Practices Inventory (LPI) evaluation and an individualized leadership development plan (ILDLP). The ILDP focused on improving the scholar's leadership behaviors centering on Kouzes and Posner's five leadership practices. To successfully implement the project the scholar had to lead the team and focus on each member's strengths. This required the leader to assess each member's individual strengths and inspire a shared vision while enabling the team to act to ensure the program was implemented and completed within the allotted timeframe. The team developed focus group and survey questions to identify the challenges and educational needs of supplemental clinical faculty. The supplemental clinical faculty included adjunct clinical faculty, clinical teaching partners assigned to dedicated education units, and clinical teaching associates used in a senior nursing internship course. The focus group narrative was recorded and dictated by the University's outreach department. Common themes were identified within the three focus group reports. The online survey results were analyzed and those questions that were scored the lowest on the Likert scale, indicating a lack of confidence in that competency, were identified.

Results: The team collaboratively organized three focus groups for each of the supplemental clinical faculty groups. Fifteen supplemental clinical faculty attended the focus groups and 18 supplemental clinical faculty completed the online surveys. Focus group responses suggested supplemental clinical faculty need a better understanding of the expectations and objectives so they could more effectively evaluate students. Online survey responses indicated supplemental clinical faculty feel they need more training and education to more effectively meet the needs of the nursing students. The areas scored the lowest on the surveys coincided with the focus group responses and designated workshops are needed to help supplemental faculty recognize the appropriate knowledge, skills, and attitudes of nursing students varying from novice, advance beginner, and competent. In addition, clarification of the clinical evaluation form is needed to help supplemental faculty use it to assess students' performance.

The scholar expanded her scope of practice by engaging project stakeholders and being appointed to positions on the University's Alumni Council and the Foundation Board. These appointments provided the scholar additional avenues to work on her ILDP and improve leadership behaviors. Results from the team led project are actively being disseminated. The evaluation model used in the project was presented at one national and one international conference. In addition, a manuscript describing the evaluation method, results, and subsequent workshops is pending.

Conclusions: Common practice in many undergraduate nursing programs is to utilize supplemental clinical faculty; however, to ensure successful attainment of program and student outcomes, ongoing development of these individuals is essential. This pilot study is an initial step in identifying and addressing the unique needs of clinical experts placed in the role of supplemental clinical faculty. The NFLA scholar was able to improve leadership behaviors by inspiring a shared vision and enabling others to act. In addition, her scope of influence was increased through the project by engaging both University and community stakeholders, which will provide further avenues for future leadership roles and meet the goals of her IDLP.

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# NFLA - Nurse Faculty Leadership Academy Invited Posters

## Promoting Leadership: The NFLA Experience

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*Erin E. Killingsworth, PhD, MSN, BSN, RN, USA*

*Marilyn Oermann, PhD, MSN, BSN, FAAN, USA*

*Carol Winters, PhD, RN, CNE, USA*

### Purpose

The purpose of this presentation is to present the leadership journey of one scholar through the 18 month Nurse Faculty Leadership Academy.

### Target Audience

The target audience of this presentation are nursing faculty.

### Abstract

To meet the challenges in higher education and healthcare, nursing education needs leaders who are dedicated to providing quality education, finding creative solutions, and working collaboratively with multidisciplinary teams. The purpose of Sigma Theta Tau International's Nurse Faculty Leadership Academy (NFLA), sponsored by Elsevier, is to mentor junior nursing faculty to promote leadership development and individual career success in addition to supporting nursing academia through faculty retention and fostering productive work environments.

**Methods:** The NFLA uses the Triad relationship between the Scholar, Leadership Mentor, and Faculty Advisor to meet the purpose of the academy. Through the Triad relationship, this Scholar, participated in the 18-month leadership program by completing an individual leadership plan, leading a team project, and expanding her personal scope of influence.

**Results:** The individual leadership plan, based upon Kouzes and Posner's leadership model, specifically focused on promoting the scholar's leadership in her academic environment and reflecting on her leadership practices and experiences. From this plan, the scholar engaged in leadership activities at her institution such as mentoring a new faculty member, leading committees at the school level related to quality improvement and program accreditation, serving as the keynote speaker at school and college level functions, and representing the school on a university level committee. The team leadership project focused on creating a comprehensive evaluation plan to support the development and evaluation of BSN nursing student progression toward safe nursing practice in regard to targeted student outcomes identified from the AACN's (2008) Baccalaureate Essentials. The team developed a curriculum assessment template to serve as a guide to identify gaps in the curriculum, map out where in the curriculum the student outcomes were being taught, and identify how those outcomes were evaluated. The outcome evaluation included the specific assessment method and level of Bloom's cognitive taxonomy. During the NFLA, the scholar's scope of influence increased in the school of nursing and at the college level: this can be seen through increased recognition for her expertise by school and college administration. Examples include being asked to participate in curriculum development at the school level and to teach a multidisciplinary course with students from nursing, pharmacy, public health, and dietetics at the college level.

**Conclusions:** The NFLA experience allowed one junior faculty member to be mentored by leaders in nursing education to promote her personal leadership and career development.

### References

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## NFLA - Nurse Faculty Leadership Academy Invited Posters

### Leadership Development through the Nurse Faculty Leadership Academy (NFLA) and a Nurse Practitioner (NP) Education Project

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*RuthAnne Kuiper, PhD, MN, BSN, RN, CNE, ANEF, USA*  
*Barbara J. Patterson, PhD, RN, ANEF, USA*

#### Purpose

The purpose of this presentation is to highlight the individual leadership development of a nurse faculty scholar through the team leadership of a NP education project under the guidance of a NFLA Mentor and Adviser.

#### Target Audience

Nurse Practitioners, Nurse Practitioner Faculty

#### Abstract

**Background:** Advancement of nursing education as well as its sustainability rests on the leadership skills of the nursing faculty. Therefore leadership development of novice nurse faculty is critical to the future of nursing education. Sigma Theta Tau International (STTI) and Elsevier sponsored Nurse Faculty Leadership Academy (NFLA) is a structured leadership-mentoring program designed to develop upcoming nursing faculty. The program encompasses expert guidance from a leadership mentor and the direction from a faculty advisor to facilitate the success of the faculty scholar through successful implementation of a nursing education project. The purpose of this 18-month long program was to facilitate individual leadership development, completion of a team led project, and expansion of the scope of influence of the NFLA scholar.

**Methods:** Individual leadership development, the first domain of the program was supported through guidance provided by the leadership mentor and faculty advisor. Further, the ability to understand and govern leadership practices was polished based on the five exemplary practices of Kouzes and Posner's (K&P) model that included the ability to model the way, share an inspired vision, challenge the process, encourage the heart, and enable others to act. The second domain rested on the creation of a leadership project to advance nurse practitioner (NP) education. The project included a design of a simulation program to teach Adult Gerontology Acute Care NPs central venous catheter (CVC) insertion under ultrasound guidance. The third domain, which draws support from the first two domains, broadened the scholar's scope of influence, increased collaborations, and encouraged looking beyond the school and venturing into the University, statewide and nationwide resources and initiatives.

**Results:** Through the leadership of a team in implementing this simulation project and following the exemplary leadership practices from the K&P model, the leadership mentor and faculty advisor supported the individual leadership development of the scholar. The team led project to establish the above referenced simulation project was successfully completed as well. Further, the scope of influence of the faculty scholar was expanded via participation in School, University, State and National level committees. Publications in peer reviewed journals and presentations at national conferences have also occurred.

**Conclusions:** STTI and Elsevier's joint venture of NFLA has supported aspiring nursing faculty to develop as leaders in academic settings. Support from a leadership mentor and a faculty advisor facilitated and enhanced leadership abilities of this NFLA scholar through support of nursing education evidence, theory, and philosophy.

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## NFLA - Nurse Faculty Leadership Academy Invited Posters

### Developing an Honors Program in Nursing through the NFLA Experience

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*Ellen B. Buckner, PhD, RN, CNE, USA*

*D. Anthony (Tony) Forrester, PhD, RN, ANEF, FAAN, USA*

#### Purpose

The purpose of this presentation is to explore the scholar's leadership development and expanded scope of influence through the NFLA experience and to discuss the scholar's team leadership project focused on developing an honors program in nursing for traditional baccalaureate students.

#### Target Audience

The target audience for this presentation includes: (1) nursing faculty wishing develop leadership and expand their scope of influence within their institution; and (2) nursing faculty and/or schools of nursing exploring development or revision of an honors program in nursing for high-achieving students.

#### Abstract

**Background:** As the wave of nursing retirements rises over the next decade, the profession will begin to lose its most cherished leaders in clinical practice and nursing education. It is imperative that the profession actively engage new nurse faculty to become leaders and change agents not only within their academic institutions, but in their communities and the nursing profession. The Nurse Faculty Leadership Academy (NFLA) was created by The Honor Society of Nursing, Sigma Theta Tau International and The Elsevier Foundation to develop junior faculty scholars (those with 2 to 5 years in the faculty role). Upon completion of the Academy, the scholars will possess the leadership skills necessary to help prepare our next generation of clinical and faculty nurse leaders.

**Purpose:** The purpose of the NFLA is to develop junior nurse faculty scholars through engagement in three domains: individual leadership development; design and implementation of a team leadership project improving nursing education and benefiting the scholar's organization; and expanding scope of influence in the organization, community, and profession. The focus of the scholar's leadership project was to develop an honors program for high-achieving, traditional baccalaureate nursing students. The program aims to cultivate the high-achieving nursing student's quest for scholarship in practice, research, teaching, and service through innovative programming and instructional excellence, preparing these future nurses to serve populations locally and globally through the advancement of nursing science.

**Methods:** The NFLA is an 18-month intensive experience in which the scholar participates in two in-person workshops, monthly leadership calls with other scholars, and two site visits at the scholar's academic institution. Throughout the program, the scholar works hand in hand with a dedicated leadership mentor and a faculty adviser (relationship of three) to develop and evaluate the scholar's growth in the three academy domains. Using the Kouzes and Posner's exemplary leadership practices as a guide (The Leadership Challenge, 2012), the scholar's leadership growth occurs through action, with the development and implementation of a team leadership project.

The scholar enlisted a team of four faculty to design an honors program for 4-year, traditional baccalaureate students. The team conducted an extensive literature review on honors education in nursing, completed an in depth organizational history on honors education at the academic institution, and developed a comprehensive stakeholder analysis in order to lay the foundation for program development. The team is also conducting an IRB-approved faculty and student needs survey to guide program development. The team has continued to engage key stakeholders including admissions, advising, development, marketing, and administration, allowing project team members to expand their own scopes of influence within the academic institution as the program continues to develop. In addition, team meetings also include leadership development activities, promoting individual team members' growth and exemplifying NFLA's call to develop faculty within the scholar's academic institution.

Results: With assistance from the leadership mentor, faculty adviser, and local leadership observers, the scholar created an extensive individual leadership development plan (ILDLP) that addressed 4 of the 5 Kouzes and Posner practices. The ILDP aided the scholar in developing positive verbal and non-verbal communication patterns for fostering team building and promoting collaborative and constructive change within the scholar's academic institution. In addition, the ILDP guided the scholar in identifying personal leadership styles, values, and philosophies that have facilitated leadership growth. The scholar's growth has enabled him to expand his scope of influence within the academic institution, with committee leadership at the departmental, college, and university levels, as well as the profession, serving on boards and taskforces at the local, state, and international levels.

The NFLA project team at the scholar's institution has continued to position themselves to become leaders in honors education in nursing. The team has published an encyclopedia entry on nursing honors programs and has an article in press detailing the history of nursing honors and providing perspectives on the implementation of nursing honors programs to develop future nursing leaders. The team has developed the program's mission, vision, and outcomes and is currently completing curriculum development modeled on interprofessional education. In addition, the team has finalized the application and admission process, which will be instituted in the Fall of 2015 to admit the first cohort of students in the Fall of 2016.

Conclusions: The NFLA is an exciting, innovative program to facilitate junior nurse faculty scholars in developing key leadership skills for personal and career growth. It also provides a framework for sustainable advancement of leadership growth within the scholar's organization and community to expand the cadre of clinical and faculty nurse leaders for years to come.

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# **Rising Stars of Research and Scholarship Student Poster Presentations (RSG STR)**

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### A Rural Medically Underserved Community Breastfeeding Intervention in Pediatric Primary Care

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*Deborah A Dumphy, DNP, MS, BSN, AS, APRN, NP-C, USA*

*Myra L. Clark, PhD, MS, BSN, APRN, NP-C, USA*

*Julie A. Thompson, PhD, RN, USA*

#### Purpose

The purpose of this presentation is to discuss and disseminate the findings of an intervention aimed at improving breastfeeding rates in a rural medically underserved community.

#### Target Audience

The target audience for this presentation is Registered Nurses, Nurse Practitioners and Certified Nurse Midwives.

#### Abstract

**Objectives:** The overall aim of this quality improvement (QI) project was to increase breastfeeding rates through a Nurse Practitioner (NP)-led breastfeeding intervention refining the care provided in a rural, medically underserved community with breastfeeding rates lower than state and national averages. Specific goals were to increase breastfeeding initiation (as measured at the newborn visit) and continuation rates (as measured at the 1-month, 2-month and 4-month well child visits) of “exclusive,” “partial” (breastfeeding families also supplementing with formula) and “any” breastfeeding by at least 10% after implementation of a comprehensive evidence-based practice breastfeeding clinical protocol. The Academy of Breastfeeding Medicine’s (2013) “Clinical Protocol #14: Breastfeeding Friendly Physician’s Office: Optimizing Care for Infants and Children” was the evidence-based practice (EBP) guideline chosen for implementation in the rural, low income, medically underserved pediatric primary care clinic.

**Methods:** A before-and-after design with two independent groups of mother-infant couplets, one pre-intervention (N=43) and a one post-intervention (N=45) were longitudinally evaluated on breastfeeding rates at four time intervals. The four time intervals were the newborn visit, 1-month, 2-month and 4-month well child visits for exclusive, partial and any breastfeeding rates. Recruitment for the pre-implementation group included the first 43 healthy newborns presenting for the newborn visit from November 2013 through the 4-month visit of the final enrolled infant, which occurred in June 2014. Recruitment for the post-implementation group included the first 45 healthy newborns presenting for the initial newborn visit from July 2014 through the 4-month visit of the final enrolled infant, which occurred in February 2015. Relationships for the two groups were compared using two sample t-tests Chi square, and Fisher’s exact tests. Statistical analysis was done using SPSS 22.0 with the level of significance set at  $p = .05$ .

**Results:** Post-implementation rates for any breastfeeding progressively increased for each time point and achieved >10% increases at the 2-month (13.86%) and 4-month (47.25%) visits. Exclusive breastfeeding rates increased by 40.98% at the 1-month visit, 27.4% at the 2-month visit, and 139% at the 4-month visit.

**Conclusions:** Implementing an NP-led evidence-based breastfeeding-friendly office protocol in a rural pediatric primary care setting with low breastfeeding rates is associated with increased breastfeeding rates.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### Got Stress? A Wellness Neuman Model Approach: Teambuilding between Upper and Underclassmen

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*Amy Jo Barnes, USA*

*Whitney Beiswanger, USA*

*Zoey Dressel, USA*

*Mariah McMillen-Feasel, USA*

*Abigail Pfaff, USA*

*Allissa Smith, USA*

#### Purpose

The purpose of this presentation is to share a Little/Big project developed by senior leadership students that promoted an environment of civility for teambuilding and collegial relations between under and upper classmen nursing students as well as nursing faculty in an undergraduate pre licensure nursing program.

#### Target Audience

The target audience of this presentation is nursing students, nursing faculty, clinical preceptors, and advisors. Nursing staff and managers could benefit from these strategies used to build collegial relationships.

#### Abstract

Stress is commonly experienced by college students; the pressure to maintain good grades while balancing family, work, and social responsibilities can either hinder or aid in a student's academic success. The challenge students often face is in obtaining adequate resources that will aid in maintaining a balance between the beneficial and the excessive and often debilitating amounts of stress. Nursing students have reported that stress is associated with a fear of making mistakes in clinical experiences that may result in patient harm, committing medication errors, feelings of inadequacy when interacting with nurses and other members of the healthcare team, meeting high testing standards, the loss of leisure time, and the pressures of paying for school (Alzayyat & Al-Gamal, 2014).

During a 400 level Bachelor of Science Program leadership course, six pre licensure nursing students were assigned with clinical faculty preceptors for a 90 hour clinical. The clinical faculty were in charge of 100, 200, and 300 level students in clinical settings. Nursing student stressors reported in a literature review informed the project. The Neuman Systems Model (Neuman & Fawcett, 2011) provided the framework and guided the nursing process. Stressors identified by current underclassmen were similar to those reported in the literature; therefore stressors were prioritized with student input leading to six prioritized stressors.

During phase one of this project, each leadership student targeted their small group of seven to nine students to develop learner-centered (Weimer, 2013) teaching and learning resources under the guidance of clinical preceptors and course professor. A resource board was constructed that contains resource cards for the identified stressors: APA, Medication Math, Surviving Nursing School, Reducing Stress, Your Health, and Test Taking Skills. A resource book, three ring binder with sleeves, was developed and served as a hardcopy presentation method which can be easily transported to the clinical setting as needed. The resource board and book were placed in the student nurses lounge for easy student access. Targeting millennial students, informatics skills were applied creatively to construct a Facebook page, Blackboard discussion groups, and webpage. These social media resources contained tutorials, videos and additional resources offering online asynchronous access to the information anytime, or anyplace with a computer or mobile device. Phase two of the project intentionally united the six leadership students into a "group" to develop the Little/Big project. The leadership students advanced the project beyond the teaching and learning resources to include opportunities to build collegial relationships

between under and upperclassmen. Underclassmen (Littles) can seek assistance from upperclassmen (Bigs) regarding topics such as class assignments, class schedules, specific study tips, emotional support, etc. Phase three involved a report to the faculty, intended to secure buy-in for future application of the teaching learning resources within courses as faculty deemed appropriate. Following the presentation, success was experienced as permission was granted for the student created resources to be made accessible for faculty use. Phase four, here at the STTI convention, allows for professional networking of the project for application and replication beyond our university. Outcomes of the Little/Big program, student testimonials, and handoff strategies for sustainability will be reported.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### Guideline Adherence among Kenyan Healthcare Providers in Peri-Urban For-Profit Clinic

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*Brittney J. Sullivan, MS, BS, RN, CPNP, USA*

#### Purpose

to engage learners about the importance of healthcare provider guideline adherence in Kenya in order to better understand development of future interventions to retain healthcare providers during the scale-up of a private for-profit health organization.

#### Target Audience

healthcare professionals and allied health workers interested in improving guideline adherence for healthcare professionals including nurses, physicians, NPs, and PAs, as well as individuals interested in global health, health resources and capacity building, and social entrepreneurship.

#### Abstract

**Background:** Penda Health is a chain of private, for-profit outpatient clinics that delivers comprehensive primary care to low and middle income Kenyans using midlevel care providers (certified nurse practitioners and clinical officers), caring for approximately 2,000 patients per month. Penda's aim is to provide high quality, low cost services, and empathetic and caring healthcare to patients through innovative standardized protocols, qualified right-skilled providers<sup>1</sup>, and strong supplier partnerships.<sup>2</sup> In low and middle-income settings, healthcare provider adherence to guidelines has shown mixed results – with many studies showing public sectors having more adherence to guidelines<sup>3</sup>; however, after implementing organizational and educational interventions, Penda has nearly doubled adherence rates surrounding four diagnoses although adherence rates varied significantly per diagnosis (urinary tract infection, vaginal discharge, tonsillitis, and childhood diarrhea).<sup>4</sup> Adherence to guidelines has been shown to be lower in private sector healthcare systems in low and middle income countries, although Penda has show great success in improving adherence rates through targeted interventions.<sup>3</sup> Specifically in childhood diarrhea, both in public and private clinics dehydration guideline adherence ranged between 0% and 84% across 23 countries with a median of 20% correct treatment.<sup>5</sup> Penda has goals of scaling and replicating quickly in Kenya and has had a focus on provider guideline adherence. However, as an organization, it is still working to identify core components that enhance provider adherence and operationalize a systematized provider development plan. Thus, gaining leadership understanding of provider barriers and facilitators to guideline adherence will aid in understanding and developing a systemized provider development plan in the future.

**Purpose:** To gain an understanding of organizational leadership understanding of healthcare providers' barriers and facilitators in guideline adherence in order to develop interventions to retain healthcare providers.

**Setting:** Penda Health clinics surrounding Nairobi, Kenya in East Africa.

**Methods:** In May and June 2015 we will conduct contextual qualitative interviews with Penda organizational leadership (N=3). This will allow for further interpretation of quantitative data based on healthcare providers' adherence to guidelines related to urinary tract infections, vaginal discharge, childhood diarrhea, and tonsillitis.

**Findings:** We believe a comprehensive understanding of healthcare provider rationale for guideline adherence will benefit Penda in their future scaling and replication plans to open 100 clinics by 2020 across East Africa, seeing over 2 million patients per year.<sup>2</sup> Barriers and facilitators to guideline adherence will allow for creation of low-cost, high-impact organization level interventions to improve

healthcare provider adherence now, as well as during Penda's rapid scale-up. Not only will Penda be able to increase consistent healthcare provider guideline adherence between all providers and sites, but they may also improve patient safety and quality of care due to improved provider guideline adherence quality improvement and evaluation projects.<sup>6</sup>

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### Peer Tutor Support of Diverse Learning Styles for Pre-Licensure Nursing Students in a Simulation Center Environment

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*Caitlin Michele Camp, USA*

#### Purpose

The purpose of the presentation is to demonstrate increased student satisfaction and self-reported outcomes following the support of individual learning styles aided by SIMCARE Center peer tutors.

#### Target Audience

The targeted audience for this presentation is professional nurses, vendors, and student nurses attending the 2015 STTI Conference.

#### Abstract

Pre-licensure BSN students show a preference for multiple learning styles. The SIMCARE Center, simulation lab offers students the opportunity to learn based off of their own learning styles. This is facilitated by peer tutoring using visual aids, simulation, and matching activities.

Pre-licensure BSN students at Chamberlain College of Nursing have the opportunity to identify their learning styles. These learning styles include visual, auditory, reading, and kinesthetic (Fleming & Baume, 2006). Visual learners prefer observation, PowerPoint presentations, or graphics to enhance learning while aural learners prefer to listen, discuss, and participate in study groups (Blevins 2014). Reading learners prefer textbooks, essays, and manuals while kinesthetic learners prefer to be hands-on, participate in role playing, and manipulate equipment. Students who work as a team can incorporate all three learning styles in simulation. Learning can be acquired through discussion during pre and post conference and watching or role playing during the simulation. Peer tutors can assist with this process by being an active team member. This can include, but not limited to assisting in the simulation room, enhancing their knowledge of the simulation topic pre and post, and providing evaluations to enhance further simulations. Multiple activities created by peer tutors have been implemented in addition to simulation to support learning styles such as handouts, matching activities, and hands-on assessments. It is the job of a peer tutor to reinforce the material in a way that supports each learning style.

According to Benner (1982), there are five different levels of proficiency in nursing. The novice nurse is the beginning level of proficiency during which he or she has no experience in tasks they are expected to perform. The second level of nursing is the advanced beginner who is acceptable in the tasks he or she is expected to perform. The competent nurse is the third level of proficiency in which he or she worked for two to three years and has been able to set long-term goals for themselves. The proficient nurse is the fourth level where more perspectives come into play and less labored decision making occurs. The last level of proficiency in nursing is the expert who has a large background and is able to care out duties with intuition. When Chamberlain College of Nursing pre-licensure students assist in simulation, they are also starting as novice nurses. Simulation gives students the ability to role play as registered nurses and act out multiple scenarios before going into the clinical setting. Novice nursing in the SIMCARE Center gives students background knowledge before being hired which can put them ahead of any other school who does not participate in simulation.

Unsolicited student comments suggest a majority of pre-licensure students prefer hands-on learning. Survey results confirm increased student satisfaction following kinesthetic, or hands on learning as compared to lecture alone. Inter-professional Education (IPE) is integrated into the SIMCARE Center approach and supports students in collaborative practice. IPE enables students to work in teams, ensure consistency with care for patients, and generate new roles (Barr 1988).



Identifying how each pre-licensure student at Chamberlain College of Nursing learns to improve student success. Peer tutoring is important to these students because it provides them with positive reinforcement of material learned in class while also supporting their individual learning style.

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# RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

## The Relationship between Nurse Education and Stroke Protocol Knowledge

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Melissa Dianne Mitchell, MSN, BSN, ASN, RN, Sane-A, USA

### Purpose

The purpose of this presentation is to present the findings on the effectiveness of a directed educational curricula as it relates to the identified gaps in stroke protocol knowledge levels of nurses within the ED and ICU of a critical access research facility.

### Target Audience

Nurse educators in clinical roles that are responsible for the design and presentation of learning curricula for Registered Nurses within their institution.

### Abstract

**Purpose:** The purpose of this presentation is to reveal the findings on the effectiveness of a directed educational curricula as it relates to the identified gaps in stroke protocol knowledge levels of nurses within the Emergency Department and Intensive Care Unit of a critical access research facility.

**Method:** Pre-Post Survey Methodology was used to assess clinical nurse knowledge as it pertains to the facility's established stroke protocol. Participants included nurses from the Emergency Department and the Intensive Care Units of a critical access hospital. A single data collection tool was used in the pre and post education timeframes to distinguish gain or lack of gained knowledge following the provision of education. The data collection tool was a test that consisted of 20 questions related to stroke protocol knowledge that nurses in the Emergency Department and Intensive Care Units should be both familiar with and comfortable following. These questions were derived directly from the existing stroke protocol informational binder and charting flowsheets that nurses use to guide them through acute care of the stroke patient. The data collection tool consisted of 5 true/false questions, 10 multiple choice questions, and 5 fill in the blank type questions. The same data collection tool was administered in both the pre-education and post-education timeframes. A comparison of the results will be made to determine the effectiveness of the directed educational curriculum. The directed educational curriculum was developed based off of the pre-education test scores. Those items that were most frequently missed in testing were identified as areas of high importance and the curriculum was developed around those educational gaps. The education was delivered using both an online electronic learning management system, known as eLMS, and a 2 hour classroom participation event. The eLMS module was a powerpoint presentation that was completed by participants prior to class attendance. The class session involved review of key points of stroke protocol and 2015 Core Measure Standards, instruction and return demonstration of proper calculation of tPA drug dosing, hands-on experience with set up and administration of tPA using an IV pump, an interactive quiz board game, and a question and answer open discussion regarding the documentation piece of stroke protocol, prior experience, and helpful tips for attaining timely adherence to the protocol. Following completion of the online learning module and attending the classroom segment of the directed educational curriculum, the same data collection tool was re-administered to the ED and ICU nurses participating in the study. A comparison of the pre and post-education test results will be made to determine the effectiveness, or lack thereof, of the directed education that was provided to the participants.

**Results:** The results of this study are not yet complete, as the project is ongoing at the present time.

**Conclusion:** The project is ongoing at the present time and data collection continues. The results of the study may provide suggestions about the development of future educational curriculum for nurses within the research facility who are responsible for direct patient care, adherence to policy, and compliance with regulatory standards, such as those in the Emergency Department and Intensive Care Unit.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### Autism Spectrum Disorder and the Emergency Department: A Quality Improvement Project

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Heather A. Krinock, MSN, MS, RN, CEN, ATC, USA

#### Purpose

The purpose of this presentation is to present the results of the quality improvement project on educating emergency department staff nurses concerning the patient care for individuals with Autism Spectrum Disorder.

#### Target Audience

The target audience of this presentation is the emergency department's registered nurses, including staff nurses, clinical educators and nurse managers.

#### Abstract

**Background:** Autism Spectrum Disorder (ASD) includes classical Autism, Asperger's, and Pervasive Developmental Disorder. ASD is a life-long neurodevelopmental and neurobehavioral disorder afflicting one out of every 68 eight-year-old children in the U.S. The CDC reported that of these 1-68 children, 1-42 are boys and 1-189 are girls. The CDC surveillance summary found that 31% of these children had IQ scores in the disabled range (<70), 23% were in the borderline range of 71-85, and 46% were of average or above average. Autism Spectrum Disorder occurs in all races, ethnic and socioeconomic groups. This is a patient population that will be permanently present in our practices. This increase in patients with Autism Spectrum Disorder (ASD) will require an improvement in the understanding of the disorder and methods for providing care to these patients. An increased prevalence in the last six years highlights the importance of ED staff awareness to effectively identify the disorder and associated behaviors when assessing and treating these patients. Several common psychological and medical comorbidities to ASD impact patient care in the emergency department. Comorbidities include Attention Deficit Hyperactivity Disorder, anxiety, depression, obsessive-compulsive disorder, learning disabilities, seizures and epilepsy, sleep disorders, gastrointestinal disorders, and catatonia.

**Purpose:** Understanding the underlying disorder and comorbidities would facilitate timely implementation of effective nursing interventions that decrease stimuli, provide comfort, and enhance communication with the patients. Therefore, increasing professional nurse awareness of Autism Spectrum Disorder in the Emergency Department (ED) was essential to achieve quality patient outcomes.

**EBP Project:** To enhance ED nursing staff awareness, an evidence-based quality improvement project was developed and implemented. There are two main domains concerning diagnosis criteria of Autism Spectrum Disorder which are; deficits in social communication and social interaction and restricted or repetitive behaviors or interests. The deficits in social communication and social interaction are significant and impact daily life. Frequently seen symptoms with this diagnosis are the following: impairments in social interaction, fixation on objects, pronoun reversal, hyperactivity, low frustration tolerance, concrete thinking, repetitive actions and/or words, over-stimulation, hypersensitivity and hyposensitivity. The hypersensitivity and hyposensitivity symptoms of this disorder are significant challenges for these individuals. Their responses to stimuli are jumbled. They may be significantly oversensitive to sound, touch, sight, smells and taste. They may not recognize a typically painful injury. There has been some research that suggests those with ASD and ADD/ADHD have higher rates of injuries requiring medical attention. Another study found that patients with ASD had a significant increase in requiring an emergency department visit due to a psychiatric reason versus a non ASD pediatric patient. The difficulties that individuals with Autism Spectrum Disorder face are staggering. These difficulties are increased in an emergency department. Emergency departments are loud, chaotic, hurried and bright environments. The individual with ASD presenting to the emergency department is injured or ill. This

special patient population may have significant issues with communicating with the healthcare providers in the emergency department. Currently there is limited training or awareness concerning this patient population. In addition, there is a limit to strong evidence concerning the best practices for providing patient care to individuals with ASD in the emergency department or concerning educational programs on best practices for ASD patients in the emergency department. It is critical to begin educating emergency department staff concerning Autism Disorder Spectrum and that further research will continue concerning best practice for patient care for individuals with ASD. The research for the educational presentation was obtained from various professional journals. I utilized research concerning visual cue cards, desensitizing techniques and transition planning from pediatric nursing, behavioral pediatrics, and medical journals. Successful implementation of the quality improvement project required the engagement of key stakeholders. Key stakeholders included resource staff at the South Carolina Autism Society, the ED nurse manager, the ED nurse educator and the ED nurses. Stakeholders aided in the development and implementation of an education presentation to enhance staff awareness of ASD. This presentation included visual cue cards, appropriate computer applications, and tools for communication and sensory overload.

**Methods:** The educational presentation was presented to staff members of the emergency department during mandatory staff meetings to ensure maximum exposure. The program content included definition of the disorder, incidence statistics, signs and symptoms of the disorder, and evidence based practices for the care of diagnosed patients. The presentation included pictures of staff members and their children with ASD to increase the impact of the presentation. Staff members requested to have pictures of their children and families included in the presentation.

The educational presentation included innovative learning strategies such as power point presentations, discussions, and follow up feedback. These strategies were utilized to ensure maximum effectiveness by addressing the various learning styles and the needs of the adult learner. These learning strategies addressed the visual, auditory and kinetic learner in a concise format. ED nursing staff was instructed on the importance of querying patients and family members concerning Autism Spectrum Disorder during the triage and assessment phases of the ED visit. This ensured that appropriate nursing interventions could be implemented for this specific patient population.

**Outcome:** Based on subjective post-implementation follow up resulted in a change in practice due to an increase awareness of Autism Spectrum Disorder in emergency department patients. The emergency department nurses state improved awareness of the disorder and techniques for providing patient care. The program outcome, to implement evidence-based quality improvement practices and improve efficacy of assessment and treatment of patients diagnosed with Autism Spectrum Disorder was achieved. The statistics and the personal impact of staff members with ASD children assist in long term sustainability of the quality improvement project. The quality improvement project is nearly budget neutral. The education presentation is delivered during mandatory staff meetings, which are budgeted. Maintaining a concise, informative presentation will minimize the disruption in the agenda for staff meetings and preserve the time constraint. The educational presentations will be presented by volunteers.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### Bedside Clinical Nurse Perceived Barriers to Participation in Research Activities

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*Diane M. Swintek, MSN, RN, CPAN, USA*

#### Purpose

The purpose of this presentation is to present the findings on the perceived barriers of the bedside clinical nurse about participation in research activities.

#### Target Audience

The target audience of this presentation is Registered Nurses in clinical settings, Clinical Nurse Educators, Nurse Leaders in clinical settings, Nurse Research Facilitators interested in increasing the participation of the bedside clinical nurse in research activities.

#### Abstract

**Purpose:** The increasing complexity of wellness issues presented by the patient accessing healthcare services demands that the bedside clinical nurse have critical thinking and analysis skills. In the acute care setting, the bedside clinical nurse most often gains knowledge through practice and discussion with nursing colleagues. Moving to a practice model that has, as a cornerstone, evidence-based practice has been difficult to achieve. Discovering the perceived barriers identified by the bedside clinical nurse to participation in research activities will assist with creating appropriate interventions to increase research participation. Utilizing research findings in the care at the bedside is an important tool to decrease the severity of illness and the length of stay.

**Methods:** This is a quantitative descriptive design research study. Data will be collected through a questionnaire administered by an online survey platform, preserving anonymity and confidentiality. There will be seven demographic questions and fifteen informational Likert style questions. The collected ordinal data will be analyzed for frequency distribution and central tendency.

**Results:** Project in progress.

**Conclusions:** Project in progress.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### Identifying the Perceptions of Nurses Regarding Care and Management of Central Lines

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*Joy Michelle Selchow, BSN, MSN, RN, USA*

#### Purpose

The purpose of this presentation is to present the nurses perceptions of the care and management of central lines.

#### Target Audience

The target audience of the presentation are Nurse leaders in practice settings, Registered Nurses in acute care and long-term care facility, Infusion Nurses, Infection Control Nurses.

#### Abstract

**INTRODUCTION:** Every day nurses are asked to care for patients to the best of their ability and prevent harm. There are many different infections nurses try to prevent on a daily basis and one of them is central line associated bloodstream infections (CLABSIs). Nurses can help prevent CLABSIs through the care and management of central lines.

**PURPOSE:** The purpose of this study was to understand the nurse's perceptions of the care and management of central lines.

**METHOD:** A simple descriptive design was used with nonprobability and snowball sampling. An anonymous and confidential survey was distributed to the inpatient nurses in the acute care, critical care and intravenous therapy departments at the research facility. The survey was made up of 19 questions consisting of 4 demographic, 7 likert scale and 8 true or false questions. There were 98 respondents.

**RESULTS:** The nurse's agreed and strongly agreed they received orientation as a new hire along with ongoing education and training around the care and management of central lines, 73% and 71%, respectively. As the literature stated education and training is key to reducing central line associated bloodstream infections. The perceptions of the actual standards from the true or false questions varied in agreeing and disagreeing with the literature. Overall there was a greater than 80% agreement with the nurse's perception of the care and management of central lines when compared to the standard in the literature.

**CONCLUSION:** Nurse education around care and management of central lines should be ongoing from new hire to new policy rollouts and updated policies. Evidence-based research to show the reason behind why a facility cares for and manages central lines should be available. Nurses learn in multiple ways from doing it, seeing it and hearing it thus multiple ways should be available when teaching. Ongoing follow-up of the nurses' perception of the care and management of central lines is recommended.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### Mindfulness-Based Interventions and Homework Interference with Cancer Patients

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*Jacquelyn Tracy Krug, MA, BSN, BA, RN, USA*

#### Purpose

to show how a mindfulness-based intervention can be presented to cancer patients on an individual basis (eliminated the group effect) and to provide information on homework interference.

#### Target Audience

involved in clinical and educational healthcare.

#### Abstract

A wealth of studies exist to the efficacy of mindfulness-based interventions with cancer patients but few reflect homework behaviors. The aim of this study was to add to the literature by examining the pre-post intervention scores with the group membership variable eliminated and to explore interfering homework variables.

**Research Problem:** The need exist in further understanding the impact a mindfulness-based intervention has on the psychological and physical symptoms of a cancer patient. Research has shown that two mindfulness-based approaches have been implemented with cancer patients, namely mindfulness-based stressed reduction (MBSR) and mindfulness-based cognitive therapy (MBCT). Research maintains each intervention employs a positive influence on the cancer patient's symptoms. Further study is needed to rule out the influences of group membership as a positive influence on the patient's outcomes and to further understand what variables interfere with the patient's completion of their homework. This study looked to explore the patient's personal experience with a mindfulness-based intervention and the factors that interfered with the completion of weekly homework as part of the intervention.

**Research Method:** The methodological approach used for this research study was quasi experimental. Three instruments were utilized for the study comprising two Likert scales and a survey. The participants were nine cancer patients recruited for a six-week mindfulness-based program consisting of both MBSR (Mindfulness-based Stress Reduction) and MBCT (Mindfulness-based Cognitive Therapy). Each week the subjects were introduced to a new daily mindfulness exercise and were asked to monitor six variables before and after each exercise (the homework). These variables were: pain, sadness, shame, anger, fear, and joy. The subjects also monitored six variables likely to interfere with homework completion: family obligation, motivation, overwhelmed, relationship, pain, and depression/mood. The mindfulness exercises were as follows: Breathing Mindfully, Inner-Outer Shuttle, Body Awareness, Safe Place Visualization, Loving Kindness, and Walking Mindfully.

**Results:** A t-test analysis was completed on the pre and post intervention scores resulting in a significance of  $p < .05$  in each category: pain ( $p < .000301$ ), sadness ( $p < .000268$ ), shame ( $p < .004028$ ), anger ( $p < .000223$ ), fear ( $p < .003262$ ) and joy ( $p < .002928$ ). A trending analysis also supports these findings. Reliability and validity were not attached to the homework findings, as the assessment tool was designed by the researcher and not yet tested. It was found that subjects reported family obligation or motivation to interfere 67-68% of the time with the completion of their daily mindfulness homework.

**Conclusion:** This research study proposed to further understand the impact a mindfulness-based intervention had on cancer patients' emotions and pain levels and to learn the variables that interfered with their mindfulness homework completion. The findings did support that mindfulness-based interventions did have a positive impact on the cancer patients' emotions and pain levels. The findings also identified common variables that interfered with the subjects completing their mindfulness homework,

namely, family obligations, motivation, and depression. What the research doesn't detail is the human side of the study. One subject, who was terrified of needles, told the story of going to the hospital for a blood transfusion, a frequent ordeal, and said, "I just told myself to breathe and start at my toes and work my way up" and the fear and anxiety was at a level one nurse could handle! Another subject was so taken with the mindfulness program that she passed it on to her family members to practice. Still another shared that focusing on mindfulness helped prepare her for her medical appointments especially after being newly diagnosed with another cancer. Yet, the most poignant story came from a subject who had just been informed by his doctors that there were no more options left for him; his response was, "What do I do now? It's all about perspective. Isn't it? This stuff (mindfulness) is about the now so I just stick with what I have right now."

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### End-Tidal Capnography Use by Registered Nurses in a Rural Appalachian Acute Care Hospital

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*Andrew James Leslie, MSN, BSN, ASN, RN, PHRN, CEN, USA*

#### Purpose

The purpose of this presentation is to present the findings on the perceived barriers that registered nurses in a rural Pennsylvanian hospital have to the utilization of end-tidal capnography.

#### Target Audience

The target audience of this presentation is nurse Leaders in practice settings, Registered Nurses in clinical practice, clinical nurse educators, rural critical care nurses, and rural nurses.

#### Abstract

**Purpose:** The utilization of capnography is an important part of care to patients in the emergency department or intensive care unit with respiratory complaints. The researcher personally noted nurses not routinely using this technology, even though the capabilities were made available to them. This research project was developed to answer the research question: "What are the perceived barriers that registered nurses in a rural Pennsylvanian hospital have to the utilization of end-tidal capnography?"

**Methods:** The study employed an anonymous, researcher-developed data collection tool which was made available to 25 nurses in the emergency department and intensive care unit at a rural acute care hospital in northwest Pennsylvania. The data collection tool consisted of two demographic questions, asking what academic nursing degree the respondent held, and how long they have practiced nursing. The data collection tool then had eight Likert-type items related to the nurse's perceived barriers of capnography use. The data was then tabulated and analyzed using quantitative descriptive statistics.

**Results:** There were 12 nurses who completed the study, indicating a 48% response rate. The data obtained from this research project revealed that the participants indicated that they knew how to use the capnography equipment available at the study hospital. The participants were divided about receiving adequate training on the indications and clinical significance of capnography. Approximately 49% answered that they had received adequate training, and 49% answered that they have not received adequate training on the indications and clinical significance of capnography. However, 67% of the study participants reported that they know the indications of capnography and what the results mean; likewise, 92% of respondents stated that they do understand the clinical significance that capnography has. The Likert items which asked if the nurses had current knowledge of capnography were answered in the affirmative, yet half of the participants reported not having adequate training on the subject. The respondents indicated that they do seek out new technologies, and that they guide their practice because of evidence-based research. However, they also indicated that while they do understand the clinical significance of end-tidal capnography, they have not received adequate training on the subject.

**Conclusion:** The research project answered the research question of what are the perceived barriers that registered nurses in a rural Pennsylvanian hospital have to the utilization of end-tidal capnography? The data that was collected indicated that the nurses in the study hospital expressed a learning deficit related to the theory of capnography and the impact it has in patient care, and a lack of knowledge related to the proper use of the capnography equipment available at the study hospital. However, the difference in data with the participants expressing that the majority understands the clinical significance of end-tidal capnography requires further study to determine the perceived learning deficits the nurses have. The research project has the potential to influence evidence-based nursing practice regarding the use of capnography in patients with respiratory difficulty in this acute care hospital.

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## **RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session**

### **Transforming Forensic Care in Level-One Emergency Departments in Gauteng through Emancipatory Practice Development**

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*Celia J. Filmalter, RN, South Africa*

#### Purpose

to inform the audience on the emancipatory practice development methodology used to transform forensic care in level-one emergency departments in Gauteng South Africa.

#### Target Audience

any researcher interested in action research, emergency nurses and forensic nurses

#### Abstract

Violence and crime are escalating worldwide with South Africa as the eighth violent country in the world. Although death is often the outcome of violence many more victims survive the incident and seek medical attention in emergency departments. Therefore every patient in the emergency department is a forensic patient until otherwise proven. Healthcare providers – doctor or nurse - in the emergency departments however are inadequately prepared to recognize and care for the forensic population. Healthcare providers as custodians of human rights should be able to assist the criminal justice system to corroborate versions of statements provided to the police with the evidence found on the victim. The contributions made by the healthcare provider can assist with the realization of the human right to justice. The aim of the study was to transform forensic care in level-one emergency departments in Gauteng South Africa through emancipatory practice development.

In order to transform the forensic care, emancipatory practice development that emphasizes collaboration, inclusion and participation with action research was used as the methodology for this study. Emancipatory practice development staged the three phases of the study making healthcare providers aware of the changes that are required, acquiring information to act on the changes needed and to take action to change their practice in the work context. To start the process access to the level-one emergency departments were negotiated, informed consent was obtained, practice development facilitators volunteered per emergency unit, communication platforms was established and the terms of engagement was discussed. Afterwards a values and beliefs clarification was done with the nurses as they were the key drivers of the study in the emergency departments. The values and beliefs clarification was done to ensure that a shared vision was declared in an effort to enhance collaborative action. Action taken and learning that took place happened, in and from practice using systematic approaches to monitor and evaluate the progress made by the healthcare providers. Practice development facilitators were trained on using the talking wall, the modified nominal group technique, critical conversations and reflection to identify problems and start developing their practice within their own practice contexts. Data was analyzed through the utilization of the DEPICT model for collaborative data analysis.

Negotiating access took longer than initially anticipated and though no one opposed the study the healthcare providers were skeptical at the start. They were weary of the ideas that the research will be done with them and not on them as well as that they would had to take responsibility for the research in their departments. The values and belief clarification was an valuable exercise as it provided a shared vision and opened the floor for other important conversation needed for a conducive working environment. The practice development facilitators of one of the level-one emergency department used the data collection techniques to solve other issues in their unit with success.

Nurses working in the emergency department are so busy with their everyday practice that they can become desensitized to the changes that are required. All the healthcare providers involved in the study acknowledged that forensic care was a problem and mostly the nurses took responsibility and

participated. Nurses are not used to being responsible for research as they are mostly just participants being studied and are rarely given direct feedback after a study is completed. Even though the start of the research was slow as the study progressed at least the practice development facilitators started taking on bigger responsibility for their part of the study. Nurses in practice need to be emancipated to enable them to research their own practice and reap the fruits of their initiative.

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# RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

## Effects of Experience Level of the Nurse on Triage Accuracy

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April H. Ganz, MSN-Ed, RN, CEN, USA

### Purpose

present findings on the relationship between emergency nursing experience and the accuracy of assigning triage acuity ratings.

### Target Audience

nurse leaders in the emergency care setting, registered emergency nurses in clinical practice and clinical nurse educators.

### Abstract

**Aims and objectives.** To explore the relationship between the length of clinical nursing experience and the accuracy of assigning triage acuity levels to provide a model for triage nurse preparation.

**Background.** As many emergency centers across the nation struggle to fill staffing vacancies with experienced emergency nurses, professional dialogue is emerging about the length of clinical experience necessary to perform triage, a core competency of the emergency nursing professional. Different belief systems about the development of competency have led to much disagreement in the professional nursing community.

**Research methodology.** A retrospective, descriptive, quantitative design was employed in this research. The setting was a level three trauma center with approximately 65,000 patient visits per year. Twenty nurses were included in the participant sample and divided evenly into an experienced and an inexperienced group based on Benner's Model of Clinical Competence. The first strata of participants had six months to less than three years emergency nursing experience (Advanced Beginner-Competent) and the second strata had greater than three years emergency nursing experience (Proficient-Expert) on Benner's model. The results from 200 chart reviews were included in the study.

**Results.** Overall, a shorter clinical experience was not shown to inhibit a nurse's ability to accurately assign triage levels. The inexperienced nurses (mean 1.8 years with SD=0.67) assigned the correct triage level 83% of the time; the experienced nurses (mean 10.9 years with SD=9.6) assigned the correct triage level 75% of the time.

**Conclusions.** Study findings indicated that experience level did not influence the nurse's ability to triage accurately. Data indicated that nurses with less experience (inexperienced group) who have received formal triage training, obtained emergency specific certifications, and demonstrated baseline competency in the clinical setting accurately assigned triage acuity levels 83% of the time.

**Implications for clinical practice.** The findings of the study offer valuable insights to nursing leaders. Data suggested emergency centers may develop policies that allow newer nurses to triage without jeopardizing the quality of triage assessments. Additionally, data indicated emergency center nursing leaders may shift emphasis from length of clinical experience to completion of appropriate training and preparation for the triage role in emergency nursing care.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### The Study of Emotional Intelligence of Registered Nurses in the Ambulatory Care Setting

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*Kathleen Gately Schortzmann, BSN, MSW, RN, USA*

#### Purpose

The purpose of this presentation is to present the findings regarding the identification of feelings experienced by registered nurses in the ambulatory care setting when confronted with emotionally charged, uncomfortable scenarios.

#### Target Audience

The target audience of this presentation are ambulatory care nurses, registered nurses, and administrative nurses who are interested in the emotional intelligence of nurses in the ambulatory care setting.

#### Abstract

**INTRODUCTION:** The level of a person's emotional intelligence depends on how they identify, use, understand, and manage their own emotions in a given situation. This phenomenological study sought to explore the feelings experienced by registered nurses, in the ambulatory care setting of the medical schools studied, when faced with emotionally charged scenarios. The appropriateness of this research study lies in the fact that there is a lack of research concerning emotional intelligence among nurses in the ambulatory clinic setting.

**PURPOSES:** Nurses encounter a variety of emotionally charged scenarios throughout their careers as ambulatory care nurses. The research should help to determine that nurses may knowingly, or unknowingly, employ emotional intelligence strategies, during their course of employment within the ambulatory clinic setting, to garner positive outcomes in three key areas: 1) the delivery of quality patient care; 2) effectiveness in the nurse leadership role; and, 3) personal job satisfaction.

**METHODS:** Descriptive, qualitative data was gathered from the nurse participants' responses to open-ended, questions via an online survey. The questions were composed of emotionally charged scenarios that sought to evoke the nurse participants' initial reactions to the scenario. Following their initial reaction, the nurses were asked to elaborate about their feelings to the given scenario.

**EXPECTED OUTCOMES:** It is expected that the registered nurse participants will have limited knowledge about emotional intelligence. Before one can educate the nurses about emotional intelligence, they must understand how the nurses react to certain emotionally charged situations.

**IMPLICATIONS FOR NURSING EDUCATION, PRACTICE, AND RESEARCH:** The conclusions drawn from the survey results will aid in determining if future interventions are warranted to assist the nurses in improving their understanding of emotional intelligence and how it relates to their quality of patient care, the effectiveness of their nurse leadership role, and their personal job satisfaction. If needed, the improvement in all three areas will benefit the nurse-patient relationship in the outpatient setting of the medical school/s studied.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### Indigenous Knowledge of Traditional Health Practitioners in the Management of Rigoni: A Grounded Theory Approach

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*Steppies Richard Rikhotso, MCur, BCur (EDetADMN), RN, South Africa*

#### Purpose

The purpose of this presentation is to co-create substantive theory that will explain and guide the indigenous knowledge of traditional health practitioners in the management of rigoni, that may assist to reduce infant mortality from some of the unknown causes in Vhembe district, Limpopo Province (South Africa).

#### Target Audience

The target audience of this presentation are Indigenous Health Practitioners, Indigenous Knowledge Systems, Academics, Hospital managers and Health care providers as well as Traditional leaders

#### Abstract

Infant mortality in developing countries is decreasing at a slow rate. World Health Organization and the United Nations are calling for reduction in infant mortality by two-thirds by 2015, (Millennium Development Goal 4), but infant mortality rate is still at 42% per 1000 birth from unknown causes. One of the unknown causes of infant mortality may be rigoni, a condition unknown in modern medicine, but managed through indigenous knowledge of traditional health practitioners (THPs). There are THPs specialists who deal with infant illnesses, especially rigoni.

The study is aimed at co-creation of a theory that explains the indigenous knowledge of THPs in the management of rigoni in Vhembe district, Limpopo Province, South Africa. The study will be guided by the main research questions and research objectives.

Grounded theory method will be used to explore and describe how rigoni is understood and managed through indigenous knowledge of THPs. The grounded theory method will be underpinned by indigeneity lens, embedded in Indigenous Knowledge Systems. Initial sampling will be done through Makhado Traditional Health Practitioners Association. Network and theoretical sampling methods will then be used to sample traditional health practitioners specialising in management of rigoni. Data will be collected through semi-structured, individual interviews. Observation and digital recording will also be used to capture data, as data collection and analysis will be done concurrently until theoretical saturation occurs. Data will be analysed through open coding, axial coding and selective coding. Codes and categories from the data will be constantly compared with relevant literature to assist in co-creation of a theory. At the end of the study a theory will be co-created that will explain and guide the indigenous knowledge of traditional health practitioners in the management of rigoni, that may assist to reduce infant mortality from some of the unknown causes in Vhembe district, Limpopo Province (South Africa).

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### Neonatal Resuscitation Program Cognitive Knowledge Acquisition Validation after Change in Instruction Method

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*Donna M. Fletcher, BSN, RNC-OB, USA*

#### Purpose

The purpose of this presentation is to give evidence-based validation that the mandated change from an instructor-led to a computer-based teaching method for the NRP course, showed cognitive course content acquisition effective under both teaching methods thereby supporting the American Academy of Pediatrics change to an e-learning based course.

#### Target Audience

The target audience for this presentation is Registered Neonatal Nurses in clinical practice, Neonatal Resuscitation Program instructors, and Nurse Leaders in clinical practice settings.

#### Abstract

**Purpose:** The Neonatal Resuscitation Program (NRP) followed the trend of many clinical competency programs, such as Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS) and Pediatric Advance Life Support (PALS), that moved away from instructor-led to computer-based learning supported by instructor-facilitated skills review and testing. The change in teaching methods has been supported by scholarly evidence. Evidence-based research indicated blended-learning has been an effective format for teaching clinical skills. The BLS, ACLS and PALS programs use a computer-based, interactive progressive program with video scenarios for content and skills instruction with instructor-facilitated skills review and testing. The NRP or Neonatal Advanced Life Support (NALS) training course uses a self-directed reading with computer-based testing and optional DVD of skills video clips for content and skills learning, followed by the instructor-led skills review and testing. The purpose of this research study was to validate whether the change from an instructor-led course to a self-directed computer-based course equally supported cognitive content acquisition for nurses taking the NALS course.

**Method:** A quantitative, retrospective, data review of NALS test scores from 2010 to 2013 was conducted to compare nurse competency scores following the instructor-led and self-directed computer based courses. A comparative independent-samples t test analysis was used to compare the mean passing score from each group. The instructor-led group had n-327 with the mean passing score of 94.08 and standard deviation of 3.927. The self-directed computer-based group had n-382 with the mean passing score of 93.21 and standard deviation of 3.344. The significance or p value from both the Levene's test for equality of variances and the t-test for equality of means was 0.002.

**Results:** The results from the comparison of the two groups of data indicated that the cognitive content acquisition of the instructor-led group was higher as indicated by the passing score group mean of 94.08 than was the cognitive content acquisition of the self-directed computer-based group with the passing score mean of 93.21. Data analysis showed a statistical significant p-value of 0.002 indicating a .2% chance that the higher mean score for the instructor-led method occurred by chance. The researcher's null hypothesis stated that there is no difference in cognitive knowledge acquisition of course content in participants who receive Neonatal Advance Life Support training by an instructor-led or self-directed computer-based instruction method. This research showed there was a statistically significant difference in the test score mean between the instructor-led and self-directed computer-based instruction method; therefore, the null hypothesis was rejected.

**Conclusion:** Based on the research analysis the researcher concluded that, in the current self-directed computer-based cognitive content instruction format of the NRP course, student cognitive knowledge acquisition of course content was significantly better with the instructor-led method. Although the

evidence does not support the NRP instruction method change to the self-directed computer-based format, data does not conclusively suggest this program should return to the previous instructor-led method. A limitation of this study was a lack of available data to compare the BLS, ACLS, and PALS computer-based, interactive progressive scenario program instruction format with the NRP instruction formats. Several implications of these findings for clinical leaders and clinical educators were noted. Data indicated the importance of instructor engagement with course participants during the course, particularly during the skills review and integrated skills testing component, to confirm content knowledge and translation into clinical competence to ensure quality, safe patient care. Findings also suggested the importance ongoing competency assessment in the clinical setting to ensure continued content understanding and maintenance of skills for neonatal resuscitation. Finally, study data highlighted the importance of securing the necessary financial and human resources required to support interactive progressive computer-based NALS course content, particularly with respect to instructor engagement in skills review to ensure application of content knowledge and achievement of required certifications.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### Faculty Perception of Proposal to Increase Simulation Hours to 50% of Clinical Experience

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Stacey Marie Bowen, BSN, RN, USA

#### Purpose

The purpose of this presentation is to communicate the results of research studying the feelings of faculty members when asked their feelings about replacing up to 50% of traditional clinical with simulation.

#### Target Audience

Nursing education directors and faculty members were the targeted audience for this presentation. Understanding the feelings faculty members are experiencing, while participating in the implementation of this initiative, may improve communication between the pertinent parties, as well as the probability of success.

#### Abstract

**INTRODUCTION:** The importance of nursing faculty in the utilization of simulation in nursing education is pivotal; however, research about faculty perceptions regarding clinical simulation is lacking. Academic and clinical faculty feelings and attitudes may impact the viability of clinical simulation as an alternative to clinical experiences. Therefore it is essential to solicit information on these factors.

**PURPOSE:** The purpose of this research was to solicit affective faculty feedback about clinical simulation as a substitute for clinical experiences.

**METHOD:** This was a descriptive, qualitative study, using a researcher- created tool. Purposeful sampling was utilized in order to limit sample size, due to time constraints. Descriptive statistics were used to describe the sample. Responses were transcribed and aggregated into a multi-page Excel spreadsheet. A summary page was created, from which pivot tables were utilized to analyze, compare, contrast, and present the data.

**OUTCOME:** The research question for this project was: How does the faculty of the surveyed ADN program feel about the possibility of replacing up to 50% of traditional clinical with simulation? A global view of the results revealed a majority of participants harboring both positive and negative feelings about the possibility of replacing up to 50% of traditional clinical with simulation. The over-arching theme revealed in this survey was concern for student preparedness for professional practice. Supporters of clinical simulation as a replacement to clinical experience cited that students would continue to experience "real" clinical. Respondents indicated that students would practice communication skills with real patients, interact with real healthcare team members, and experience the pace of reality. Additional advantages to clinical simulation included consistent experiences for every student, experience in a safe environment, exposure to experiences not typically encountered in clinical experiences, opportunity to recording performance, and post-simulation debriefing. The survey data revealed that opponents to clinical simulation also cited the above positives regarding simulation; however they assigned more value to traditional clinical experiences. Respondents felt that while simulation has a definite place in the learning experience, it should be utilized for learning and practicing, that there is no replacement for traditional clinical.

The second theme identified was excitement and resignation. Nursing educational programs are finding it increasingly difficult to secure rich clinical experiences for students This fact appeared to contribute to the resignation reflected in the data showing that every participant gave a response, other than zero, for what portion of simulation should replace traditional clinical. The lowest of these percentages was 10%, while the highest was 50% among respondents who expressed positive and negative support. Twenty-five

percent of the participants were not resigned to the initiative, rather they voiced excitement that evidence supports what they believed. The nursing profession is known for making things work whether we completely believe the evidence or not,-as long as no harm comes to the patients.

**IMPLICATIONS FOR NURSING EDUCATION, PRACTICE, AND RESEARCH:** Simulation has presented nursing education a promising way of providing quality experiences for nursing students. While many faculty members are strong proponents of this initiative, many others are reluctant to accept simulation as alternative to clinical experience. Understanding faculty feelings about clinical simulation will assist leaders in academia to develop strategies to successfully engage reluctant faculty

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# RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

## Understanding Generational Diversity in Acute Care Facilities to Enhance Nurse Retention

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Janice A. Martincavage, MSN, RN, USA

### Purpose

The purpose of this presentation is to enhance nurse retention by providing an awareness and understanding of the multi-generational workforce. The introduction of soft skill sets will empower nurse leaders to minimize conflict and retain quality skilled nurses.

### Target Audience

The target audience of this presentation are nurse leaders, nurse managers, nurse directors and nursing supervisors.

### Abstract

**INTRODUCTION:** Never before in the history of nursing has there been a workforce of three generational cohorts spanning over seventy years. There is a lack of understanding regarding their diverse behaviors, beliefs and attitudes which were developed in the era of history in which they were raised. Miscommunication, negative perceptions and attitudes arise on the nursing units causing conflict between the generational cohorts. This conflict causes lateral violence, gossip, and job dissatisfaction resulting in high nursing turnover rates.

**PURPOSE:** The purpose of my project is to explain general traits and characteristics between the Baby Boomer, Generation X and Millennial generations to nurse leaders in order to reduce conflict and enhance the nurse retention rates on the nursing units.

**METHOD:** Review of thirty scholarly peer reviewed articles acknowledged conflict between these generational cohorts at the workplace through quantitative and qualitative studies. After critical analysis and synthesis, best practice recommended a quality improvement measure to empower nurse leaders to recognize, lead and mentor these generational cohorts on the nursing units.

**EXPECTED OUTCOMES:** Soft skill sets were implemented consisting of communication, attitude, teamwork, networking, critical thinking and professional modules. These skill sets combine the differences and strengths between the generational cohorts which when melded together create a strong bond of cohesiveness among these cohorts. The expected outcome (over time) is a respectful, collaborative, positive workplace environment which will enhance nurse retention.

**IMPLICATIONS FOR NURSING EDUCATION, PRACTICE AND RESEARCH:** Understanding generational diversity is an ongoing research practice since society is living longer and working longer in the workplace. As life expectancy of the general population is on the increase, there is a growing number of people who will need quality healthcare now and in the future. Chronic diseases and age specific illnesses will send people to acute care hospitals where it is expected that there will be competent nursing staff to care for these patients on a 24/7 basis. Nurses are the primary care givers in these environments. A shortage of staff nurses could be devastating to the patient population and their communities.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### Change Talk and Choice: Options for Tobacco Cessation in Primary Care

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*Virginia G. Massey-Holt, MSN, RN, NP-C, USA*

*Joanie Jackson, DNP, APRN, FNP-BC, USA*

*Jenny M. Holcombe, PhD, USA*

*Anthony V. Dallas, MD, USA*

*Thomas H. Cook, PhD, RN, FNP, USA*

#### Purpose

The purpose of this presentation is to inform the viewer of current recommendations for tobacco cessation and tobacco cessation counseling through the framework of a Doctor of Nursing Practice translational project, consisting of a systems-level training for primary care providers of a tobacco cessation protocol and Motivational Interviewing.

#### Target Audience

The target audience for this presentation is the primary care provider, the nurse educator, the Doctor of Nursing Practice student and the evidence based practice reviewer at the systems level.

#### Abstract

**Purpose of Project:** This project seeks to answer the question of: in primary care providers, how does implementation of a tobacco cessation (TC) protocol and TC counseling training (to include Motivational Interviewing, or MI), when compared to current practice, effect knowledge of MI, PCP self-efficacy of TC counseling, and incidence of brief TC counseling over three months?

**Poster presentation:** This poster presentation will demonstrate the implementation of a Doctor of Nursing Practice translational project. Additionally, it will provide an overview of current recommendations for tobacco cessation and tobacco cessation counseling in the primary care setting.

**Background information:** Despite the known dangers of smoking, Tennessee continues to have a higher than national average of adult smokers (23 to 18.1%) and that 69% of them would like to quit (CDC, 2012 and 2011). Primary care providers (PCPs) are in a key position to have to have motivational conversations to help patients make a quit attempt and to be successful. However, due to demands of time and limited resources, PCPs may be reluctant to do so. Review of literature indicates that providing training for PCPs can increase the self-efficacy for performing tobacco cessation counseling, knowledge of skills for and incidence of tobacco cessation counseling.

**Description:** This Doctor of Nursing Practice translational project will analyze current tobacco cessation counseling incidence and practice. A tobacco cessation protocol and Motivational Interviewing (MI) training will be offered to Middle Tennessee PCPs in a clinic system. Tobacco cessation counseling self-efficacy and MI knowledge will be assessed pre-, post-intervention and at project conclusion. Tobacco cessation counseling incidence and practice will be measured at 30 and 90 days and compared to baseline.

**Outcomes:** In a practice of 6,000 patients, there is potential to positively interact with the estimated 1,380 smokers. By effectively employing a tobacco cessation protocol and using the spirit of Motivational Interviewing, PCPs will have the opportunity to transform their practice.

**Impact:** Through this project, we are poised to broaden the body of known nursing knowledge in regard to tobacco cessation protocols and Motivational Interviewing training for use in the primary care setting.

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# RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

## Oxygen Saturation Targeting in Premature Infants

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*Barbara Smith Weaver, MSN, RN, CCRN, USA*

### Purpose

The purpose of this presentation are to showcase the full-scope of the nurse educator role via an evidence-based practice change to guide and support clinical decision making to reduce morbidity, mortality, and eliminate disparities in care in infants less than 28 weeks gestation.

### Target Audience

The target audience of this presentation includes nursing students, Clinical Nurse Educators, Neonatal Nurses, and Nurse Leaders.

### Abstract

Infants born prior to thirty-seven weeks gestation are premature and constitute fifteen million infants a year worldwide (Centers for Disease Control, 2012). Prematurity is the leading cause of infant death in the United States and contributes to a societal burden of 26 billion dollars annually (Institute of Medicine, 2013). Prematurity is a public health concern. Nursing maintenance and titration of supplemental oxygen requires meticulous attention to supporting the immature respiratory system. Nursing must balance oxygen delivery to tissues while minimizing the detrimental effects of oxygen-induced damage to the developing eye, bowel, brain, and lungs. Emerging evidence suggests that oxygen targeting in infants less than 28 weeks gestation reduces morbidity and mortality prior to discharge from the neonatal intensive care unit. This project identifies evidence-based practices to target supplemental oxygen and guide clinical and operational decision making in premature infants less than 28 weeks gestation. Multi-faceted stakeholders include departments who share a vital interest in oxygen administration, quality, safety, cost and the outcomes of premature infants. Each stakeholder has a unique interest, view, level of power, and influence for the translation of current evidence into practice. The project facility utilized Dr. Jean Watson's Philosophy and Science of Caring and the IOWA model to provide nursing care to drive institutional changes. A multidisciplinary team used Kotter and Cohen's change model to create a shared vision, utilize rapid cycle testing, and lead institutional education and change. The prevention of the harmful effects of oxygen administration was done by utilizing standardized order sets, clear oxygen targets, education, transparency, visibility, and shared institutional goals. Closing the gap between research and clinical practice is critical to improve outcomes, decrease unnecessary complications, sustain a culture of change, and sustain satisfaction, quality, and safety. Exemplary professional practice requires evidence, judgment, and expertise to empower nurses and expand their skills. Clinical decisions and practices must be based on evidence, clinical expertise, and client values (Institute of Medicine, 2015). Implementing evidence-based practice is reported to improve nursing satisfaction, increase engagement, and autonomy, and improve client outcomes (Melnyk, Fineout-Overholt, Gallagher-Ford, & Stillwell, 2011). The Master of Nursing Education program prepares nurses to lead multidisciplinary teams in synthesizing empirical data into evidence-based care across the healthcare institution. Graduate preparation enables the practitioner to utilize theory, change models, evidence, and clinical reasoning to transform health services and improve client outcomes. The advanced practice nurse is competent to navigate major barriers to developing a shared vision, motivate colleagues, and improve care delivery. Research outcomes are intertwined with sound ethical, legal, and professional practice standards to improve nursing services across life continuum and with diverse populations. The prevention and mitigation of the deleterious effects of supplemental oxygen are crucial to improving outcomes for premature infants. Oxygen saturation targeting based on empirical data will impact life, death, disease, and disability of the most sensitive, vulnerable, and voiceless of patients.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### Improving Student Learning Outcomes by Utilizing an End-of-Life Nursing Simulation Scenario

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Carol B. Murch, MSN, BSN, RN, APRN, ACNS-BC, CHPN, CNE, USA

#### Purpose

The purpose of this presentation is to describe a recent capstone project that highlights an innovative, interdisciplinary approach to educating nursing students about how to provide end of life nursing care to patients and families.

#### Target Audience

The target audience of this presentation is professional nurses who desire to learn of an innovative approach to educating future nurses about end of life care as well as graduate nursing students who are in the process of completing his or her capstone project.

#### Abstract

**Purpose of Capstone Project:** To determine whether participation in a newly developed End of Life Nursing Simulation Scenario significantly improves student learning outcomes for providing palliative nursing care.

**Clinical Question:** In students who are completing an Associate Degree Nursing Program, how does providing education through an End of Life Nursing Simulation Scenario compared to two clock hours of theory education increase knowledge and competency in providing care to patients who are dying?

**Significance to Nursing Profession:** A nursing student must gain the knowledge and competency level that is vital in providing palliative care measures for patients who are near death, yet faculty are faced with limited allocation of theory hours and clinical focus to assist in student success. By participating in an innovative End of Life Nursing Simulation Scenario, students may achieve learning outcomes by demonstrating increased knowledge and understanding of how to provide quality palliative nursing care to his or her patient population.

**Statistical Methods:** A quasi-experimental, pre-test, post-test design was utilized to evaluate the effectiveness of the simulation scenario. While building upon the knowledge gained through two theory hours of lecture on end of life care, each student voluntarily participated in a two hour clinical simulation held in a college nursing lab located in western Kentucky. All students completed a post-survey evaluation of the teaching strategy.

**Study Results:** The quantitative study results indicated significantly higher post-test scores when compared to the pre-test ( $p = 0.0001982$ ). The qualitative findings from the post-survey showed all students strongly agreed or agreed that the End of Life Nursing Simulation Scenario was effective. The conceptual framework, intervention objectives, effects of the intervention, and study methods are reported. According to the test comparison, survey results, and participant comments, the innovative teaching approach of utilizing an End of Life Nursing Simulation Scenario to improve learning outcomes was beneficial and valid in achieving the student's success in learning how to provide quality nursing care to a dying patient.

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# RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

## Evaluating Asthma in 3rd and 4th Graders

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Mary Eve Rice, MSN, DNP-S, CPNP-C, USA

### Purpose

The purpose of this poster presentation "Educating families of children with asthma through school health asthma education programs can help improve compliance with their asthma therapeutic plan thereby decrease overall absenteeism, and improve the well-being of student's with asthma."

### Target Audience

The target audience is 3rd & 4th grade asthma students and their caregivers, school nurses, and their school administration.

### Abstract

Asthma related morbidity and mortality, is an increasing concern for our nation. It is the third leading cause of hospitalization in children less than 15 years of age, and the leading cause of absenteeism from school which can negatively affect students' academic performance. In 2008, asthma accounted for about 14.4 million lost school days. Missed school days for children lead to missed days from work for their caregivers. According to the CDC (2013), approximately 3 children in a class of 30 will have asthma and about nine people die from asthma each day. In the last decade, the proportion of people with asthma in the United States grew by nearly 15% (CDC, 2013). In 2009, asthma caused: 479,000 hospitalizations, 1.9 million emergency room visits, and 8.9 million doctor visits bringing the average cost of asthma management above 20 billion dollars annually, (CDC, 2013). Failure to comply with the often time complex medical regimen required for asthma management is a major contributor to asthma associated problems.

Educating families of children with asthma through school health asthma education programs can help improve compliance with their asthma therapeutic plan thereby decrease overall absenteeism, and improve the well-being of student's with asthma, (CDC, 2008).

The purpose of this capstone project is to help move the asthma programming at Byrns Darden Elementary closer to achieving the NAEPP recommendations for asthma by implementing an after school asthma education program for third and fourth grade students and their parents or caregivers. At Byrns Darden Elementary school, asthma action plans are in place but currently no education initiatives have been implemented specifically for students with asthma or their families. The intent of the education program is two-fold. First, it is designed to provide children and parents with knowledge that will help them better comply with the prescribed asthma management regimen. Secondly, it lays the foundation for ongoing asthma education programming that will be provided by the nurses in the school system.

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# RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

## Food Differences among Hispanic Groups and Incidence of Type 2 Diabetes

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*Stella Lopez-Jimenez, RN, USA*

### Purpose

The purpose of the presentation is to highlight cultural food differences among the Hispanic subgroups as it relates to Type 2 diabetes.

### Target Audience

The group of professionals that would benefit from this poster demonstration is nurses, community nurses, diabetic educators, dieticians, physicians, and social workers. This group is at the forefront of diabetic health care.

### Abstract

According to Schneiderman (2014) the Center for Disease Control indicated 11.8% of Latinos have diabetes in the United States. Healthcare providers tend to generalize that all Hispanics eat the same type of food. The goal of the project is to explore cultural food difference in Latino population as it relates to diabetes. The project will compare and contrast the food differences of several Hispanic groups, such as South Americans, North Americans, and Latin Caribbean Islands. The project will analyze the prevalence of Type 2 diabetes in these subgroups. Different cultural foods and dietary habits will be examined. A literature review will be conducted to determine cultural food differences among the groups and how it relates to diabetes. The glycemic index of the different cultural foods will be determined and compared to incidence of Type 2 diabetes in the groups.

**Purpose Statement:** The purpose of the presentation is to highlight cultural food differences among the Hispanic subgroups as it relates to Type 2 diabetes.

### **Objectives:**

- Distinguish food preferences among the Hispanic groups.
- Identify incidence of diabetes among the different Hispanic groups.
- Explore cultural differences of the Hispanic population as it relates to Type 2 diabetes.

**Target Audience:** The group of professionals that would benefit from this poster demonstration is nurses, community nurses, diabetic educators, dieticians, physicians, and social workers. This group is at the forefront of diabetic health care.

### References

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# RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

## Secondary Prevention in Patients Admitted with Hip Fracture

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*Tracy K. Kaltenbacher, BSN, RN, ONC, USA*

### Purpose

The purpose of this presentation is to highlight an Orthopedic Unit's implementation of secondary prevention strategies in the prevention of hip fracture.

### Target Audience

The target audience of this presentation is nurses and administrators interested not only in hip fracture prevention but also an example of a clinical nurse leader master's program project implementation.

### Abstract

Geriatric hip fractures have become nearly epidemic in the United States with over 2 million fractures each year, more than heart attacks, strokes, and breast cancer combined (American Orthopedic Association, 2015). One-fourth of patients who suffer a fragility fracture will die within one year, and many others will not return to previous level of function (American Orthopedic Association, 2015). This poster examines implementation of prevention strategies from the evidence-based practice program of "Own the Bone" by the American Orthopedic Association in an 800 bed Community hospital.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### Does Medication Cost-Sharing Predict Emergency Room Use for Asthma?

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Blake Tyler McGee, BSN, MPH, RN, USA

#### Purpose

to explain findings from an original investigation into the relationship between cost-sharing burden for preventive asthma medications and risk for asthma-related emergency room use. This presentation should also promote discussion about the role of moral hazard in health insurance coverage for secondary prevention therapies.

#### Target Audience

clinicians, health economists, health plan administrators, and patient advocates.

#### Abstract

**Research Objective:** Growing evidence suggests that reduced cost-sharing for secondary prevention therapies can be cost-effective. And yet, 1 in 5 Americans is now insured with a high-deductible policy, based on the theory that moral hazard causes excess healthcare utilization when cost-sharing is low. The purpose of this study was to determine the relationship between relative level of cost-sharing for daily preventive asthma medications and risk of an asthma-related visit to the emergency department (ED).

**Study Design:** This study consisted of secondary analysis of Medical Expenditure Panel Survey (MEPS) data. The primary outcome was the occurrence of an ED visit due to asthma during the year of data collection, according to the household questionnaire. The predictor was the proportion of total payments for preventive asthma medications paid by the participant or family, according to the pharmacy questionnaire. Quintiles were examined due to non-normality of the cost-sharing data. The sample was then risk-adjusted for race/ethnicity, because being Black and/or Hispanic was associated with both cost-sharing level and ED use. Statistical analysis was performed with the complex samples logistic regression procedure in SPSS v21.

**Population Studied:** MEPS employs stratified cluster sampling and is representative of the civilian, non-institutionalized U.S. population. Data from 2010 and 2011 were pooled, because asthma-related ED visits were assumed to be relatively rare. Participants over age 18 and currently taking daily preventive asthma medication at the time of interview were included.

**Principal Findings:** Contrary to the hypothesis, increased level of cost-sharing for preventive asthma medications was associated with decreased odds of asthma-related ED visit in binary analysis. Relative to the first cost-sharing quintile, the second, third, and fourth quintiles had 90.2% ( $p=.031$ ), 77.5% ( $p=.042$ ), and 85.3% ( $p=.032$ ) decreased odds of asthma-related ED visit. In multivariate analysis, the inclusion of race/ethnicity removed the association between cost-sharing quintile and odds of ED visit for asthma ( $p\geq.098$  for all quintiles). Prescription cost data were missing for 33% of all eligible cases; 41.3% of Black and/or Hispanic cases had missing prescription data compared to 25.3% of others. Cases with missing prescription data were also significantly likelier to have an asthma-related ED visit.

**Conclusions:** Among adult MEPS participants with reported preventive asthma medication use in 2010-2011, there was no difference in likelihood of an asthma-related ED visit across cost-sharing quintiles once the effect of race/ethnicity was taken into account. However, Blacks and Hispanics were notably likelier to have missing prescription cost data, and cases with missing prescription data were at greater risk of asthma-related ED visit. Therefore, the results may not include persons at risk of ED use who could not afford their prescriptions at all.

**Implications for Policy or Practice:** This study is important because it fails to disconfirm earlier studies which found that lower cost-sharing for chronic disease medications may reduce ED visits. It also highlights the importance of minimizing missing data in large, national datasets, especially when the missing data are distributed unevenly across relevant risk factors. Future analyses should further examine the relationship between prescription cost-sharing and likelihood of purchasing needed medications, and other sources of cost-sharing data should be explored.

#### References

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## **RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session**

### **Collaborative Service Learning Project to Bring Theory into Practice in Cap Haitian, Haiti**

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*Sandy Nelzy, USA*

*Diana Mejia, USA*

#### Purpose

The purpose of this presentation is to describe a collaborative service learning project between York College Nursing Students and Haitian Kennedy Fellows in Cap Haitian, Haiti. York College students attended the third annual Haitian Kennedy Fellows conference. Collaboration occurred on a project at an elementary school and with local farmers.

#### Target Audience

The target audiences of this presentation are: Nursing faculty, nursing students, administrators, and all who are interested in global service learning and collaborative work.

#### Abstract

This presentation is based partly on an elective course taken at York College in the Department of Nursing during the summer of 2014. This course afforded students the opportunity to travel to Haiti for two weeks as part of the clinical component of the course which integrated theory into clinical practice. While in Haiti we had the opportunity to work alongside other health professions in the area of Carriès, Haiti. Another component of the trip was an invitation to attend the third annual Haitian Kennedy Fellows conference in Cap Haitian, Haiti. The fellows were from various regional public universities throughout Haiti. We worked as a group on a hygiene related project with elementary school children and body mechanic and cataract prevention with local farmers. We also had the opportunity to plant trees on the farm. Overall this collaborative project gave both groups the opportunity to work together and learn from each other, even when a language barrier existed.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### Measuring Informal Clinical Leadership: A Comparative Analysis of Two Instruments

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*Darlene M. Rogers, BS, BSN, MSN, RN-BC, USA*

#### Purpose

The purpose of this presentation is to review the literature for instruments specifically measuring informal clinical leadership among staff nurses and to compare the application and psychometric properties of the instruments identified.

#### Target Audience

The target audience of this presentation is nurse scholars in academe and in clinical practice interested in learning about informal clinical leadership as practiced by staff nurses.

#### Abstract

Background: The complexities of the 21<sup>st</sup> century health care environment necessitate engaging leadership at all levels, both formal and informal, for positive, adaptive change in the clinical setting. Prevalent studies about leadership in health care focus on formal leadership, where leadership is associated with a position of authority such as an administrative or managerial role. Numerous instruments have been identified and applied to measuring formal leadership in those roles. However, if staff nurses are expected to lead change in patient care settings, similar instruments should be available to measure informal clinical leadership.

Aim: This purpose of this analysis was to review the literature for instruments specifically measuring informal clinical leadership among staff nurses and to compare the application and psychometric properties of the instruments identified.

Methods: A search was executed in the PubMed, Cumulative Index to Nursing & Allied Health Literature (CINAHL) and IngentaConnect™ databases on the terms clinical leadership and nurse with the filters peer-reviewed journals, published in the English language, and publication dates between 2004 and 2014. The abstracts in the result sets were reviewed to identify quantitative studies in which the instruments were tested with staff nurses, and psychometric properties were reported.

Results: The concatenated, deduplicated result set yielded 34 articles addressing informal clinical leadership among staff nurses but included only one quantitative study meeting the inclusion criteria. A second study meeting the criteria was selected from the reference list of one of the excluded studies. The concept of clinical leadership was slightly different between the two instruments largely due to the level of abstraction. One instrument measured clinical leadership at a higher conceptual level while the other tested for very specific leadership behaviors. There was a logical overlap between both conceptualizations of clinical leadership. Both instruments were tested among acute care staff nurses; however, the sample size was larger in one of the studies. Internal consistency reliability was reported as acceptable with Cronbach's alpha values generally exceeding .70 for the subscales on both instruments. Both instruments were reported to have content validity verified by panels of local experts.

Conclusion: Informal clinical leadership among staff nurses is a concept of increasing interest among researchers. However, the lack of a consistent definition and extensively tested instruments for the measurement of informal clinical leadership indicates the need for further research and development in this area. The significance of this research would be using this increased nursing practice knowledge to design and test nursing education and nursing staff development interventions to promote informal clinical leadership behaviors among staff nurses. This would help empower nurses to lead change at the point of

care in response to the rapidly evolving and highly complex demands of the 21<sup>st</sup> century health care environment.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### A Proposal to Examine the Effects of Two Interventions in Reducing Perioperative Blood Loss among Older Adults Undergoing Total Hip Arthroplasty

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#### Purpose

The purpose of this presentation is to present a proposal that will compare two different anesthesia techniques used to control intraoperative blood loss.

#### Target Audience

The target audience of this presentation is anesthesia providers, anesthesia students, nurse anesthesia students, faculty, and other surgical and medical professionals working in the OR and recovery room.

#### Abstract

**Introduction/Background:** Total hip arthroplasty (THA) is associated with a substantial amount of intraoperative and postoperative blood loss. It is among the top ten surgeries with the highest incidence of blood product transfusion. As the elderly population continues to rapidly expand, the projected growth in frequency of THA is expected to increase dramatically over the next two decades, thus unveiling innovative ways to reduce morbidity and mortality associated with this target population becomes increasingly important. There are variety of ways used to reduce perioperative blood loss including administration of erythropoetin or tranexamic acid (TXA), using blood salvage, and hemodilution. Controlled hypotension (CH) with remifentanil infusion is one modality proven in the literature that is effective in controlling intraoperative bleeding in surgeries that are associated with losing large volumes of blood. Another method used in reducing surgical blood losses is administration of tranexamic acid (TXA), a newer, widely used antifibrinolytic. While these techniques were extensively researched separately, there are limited studies addressing the effects of their combined use.

**Purpose/Hypothesis:** We seek to determine if using CH in older adults undergoing THA who are receiving TXA will lead to further reductions in surgical blood loss and transfusion requirements compared to a group receiving normotensive anesthesia (NT) and TXA. To the researchers' knowledge, no such study has been conducted comparing outcomes using these two techniques (CH + TXA) together against a group only receiving TXA. We hypothesize that the CH + TXA group will have an additive effect at reducing blood losses and frequency of blood transfusion during and after surgery.

**Conceptual Framework:** The Roy Adaptation Model (RAM) will be used to guide the present study, which highlights the physiologic-physical mode of the model (Fig.1). In applying the RAM, THA (the external stimuli) causes intraoperative blood loss thus stimulating the regulator to respond physiologically. By utilizing methods such as controlled hypotension with remifentanil and the use of TXA in an attempt to reduce blood loss created THA, the anesthesia provider could manipulate or control the person's hemodynamic responses.

**Methods:** A randomized controlled study design of 60 males and females between 50-80 years of age, with an American Society of Anesthesiologist physical status I and II, and undergoing unilateral THA. All subjects will receive total intravenous anesthesia (TIVA) and TXA bolus (15 mg/kg) before incision and continuous infusion (1.0 mg/kg/hr.) during the procedure. Subjects will be randomly assigned into two groups: the CH group and the normotensive (NT) group. The CH group will received TIVA with remifentanil infusion (0.5 to 3mcg/kg/min) titrated to maintain a mean arterial pressure (MAP) between 50-60mmHg. The NT group will only receive TIVA and their MAP will be maintained above 60mmHg by



titration of anesthetic as well as vasopressors. Intraoperative blood loss will be measured in suction canisters, by quantity weight of saturated lap pads and estimation of blood around the surgical area. Postoperative blood loss is will be measured from blood accumulated in any surgical drains. MAP will be continuously monitored and recorded via radial artery catheter transducer. Power analysis was calculated based on number projections from previous studies, a two-tailed t-test of difference between means and between two-study arms with significance level of 0.05 will yield 90% power for N=30 in each group.

**Implications/Summary:** Reducing blood loss during surgery is important to improve the hemodynamic stability of the patient, create a better operative field, and decrease the need for transfusions, which is associated with various complications. Hypotensive anesthesia has been widely used to decrease surgical blood loss. Results from this study can be used to promote further research in the use of CH and TXA in older adults undergoing THA, as well as combining methods of decreasing perioperative blood loss. If results reveal better outcomes in the CH+TXA group, the use of both these techniques together may provide nurse anesthesia providers with the best method when faced with the need to reduce blood losses during surgery, thus improving outcome of this target population.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### Nurse Care Coordination of Amyotrophic Lateral Sclerosis: A Critical Appraisal of the Process of Care

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#### Purpose

to determine the effect, of nurse care coordination (NCC) on patient engagement in Evidence-based practice (EBP) parameters for Amyotrophic Lateral Sclerosis (ALS)(AHRQ, 2013).

#### Target Audience

nurses and other healthcare professionals involved in the care and clinical management of complex ALS patient population requiring broad assessment and coordination due to complex/chronic medical conditions requiring an evidence-based multidisciplinary approach

#### Abstract

**Purpose and Background/Significance:** The objective of the project is to determine the effect, of nurse care coordination (NCC) provided to the Amyotrophic Lateral Sclerosis (ALS) patient population, on patient activation in established evidence-based practice parameters (AHRQ, 2013). NCC provides direct patient engagement to manage the overall care process, including the development and communication of the treatment plan to all relevant stakeholders; and ensures that all treatment and care is delivered to meet the unique needs of the Veteran and their significant others (Gardner et al., 2007; CNSA, 2008).

**Theoretical/ conceptual framework:** Rosswurm and Larrabee's Model (1999), is the conceptual framework chosen for this project due to an emphasis on the process of determining the initial need for change through the comparison of internal quality indicators with data/EBP from outside the organization. This approach links the issues faced in the ALS Veteran population to standard intervention of the evidence and outcomes.

**Method:** A retrospective review of medical records will be used to examine the process of care for the ALS Veteran patient. The data focuses on current care practices identified as evidence-based practice parameters, which have been linked to improved outcomes (AHRQ, 2013; ANA, 2012). Utilizing a convenience sample the criteria includes veterans greater than 25 years of age, with a confirmed diagnosis of ALS. The study excludes those who were less than 25 years of age, and had a diagnosis of primary lateral sclerosis, or are non-service connected.

**Results:** Data will be analyzed using the descriptive techniques. All data will be assessed throughout the process, to examine the correlations between the variable of nurse coordination (yes/no) and the selected AAN practice parameters, a Spearman's Rho correlation will be calculated.

**Conclusion:** Research has shown that ALS patients receiving active and aggressive Nurse Care Coordination in collaboration with an interdisciplinary care team, enhances survival, improves quality of life and provides for longer life expectancy (Traynor, Alexander, Corr, Frost, & Hardiman, 2003). This study will provide nursing science the data for further development of the Advanced Practice Nurse serving in an aggregate role of NCC.

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# RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

## Stroke Awareness: A Community Approach

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### Purpose

The purpose of this presentation is to understand the effects of a stroke education session on the health related behavior of an at risk sample and describe preventive health-care interventions to help program participants increase their awareness to stroke management.

### Target Audience

The target audience of this presentation is directed to the nursing community. Nursing students, frontline nurses, and nursing faculty can play a significant role in transforming the health of the community by impacting health promotion and prevention methods which can be applied throughout the healthcare landscape.

### Abstract

**Background:** Current approaches to prevention of stroke disease in the community are in need of effective educational programs. Literature identifies perceived susceptibility to illness as a strong indicator for a health action. However, many clients fail to recognize their vulnerability to illness and do not take preventive action. The purpose of this study was to teach a class on stroke awareness to a group of parishioners from a small community church and explore their stroke beliefs, knowledge of stroke factors, and intention to take a health action using the Health Belief Model as the theoretical framework.

**Design:** A quantitative descriptive design, using a survey method for data collection was utilized for this research study. The setting was a community church in Orange County California. A convenience sample of 22 participants, ages 15 to 80 years old, able to read, write, and speak English were drawn from a target population of 210 members. All participants signed-up for the class on a volunteer basis.

**Methods:** A sixty minute educational session was provided to the participants in a natural setting that included strategies for identification of the signs and symptoms of a stroke, calling 911, identification of risk factors, healthy lifestyle, and current stroke treatments. Various teaching methods were used during the session, such as, lecture, Q&A, demonstration, and return demonstration. Five researcher developed questionnaires were utilized: a demographic and health questionnaire, a pre and post-test, and a Commit to Action survey to measure intention to make a healthy change. Data from the questionnaires were coded and analyzed using descriptive statistics, frequency and percentages, and paired-t-tests to find a relationship or associations within this sample.

**Results:** Self-disclosed risk factors for this sample were positive for hypertension, diabetes, high cholesterol, stroke, lack of exercise, unhealthy diet, and smoking. Results obtained from the pre and post-test showed that 60% of responses had statistical significance and 86% of responses had a positive change from pre to post-test. Intention to increase physical activity had the highest frequency reported by the participants on the Commit to Action survey. In particular, those age 15 to 19 years old had the most positive change in their intent to increase physical activity.

**Implications for nursing practice:** There is a need to continue to promote health education in the community. Knowing what motivates people to accept or reject health preventive care can help the nursing community design appropriate teaching interventions. Younger populations have a significant opportunity for lifestyle changes and should be included in educational interventions typically targeting adults. Faith-based organizations, community centers, and schools can effectively promote health education to the public. Further studies are needed to address the effectiveness of the teaching over a period of time.

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# RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

## Substance Use Behaviors among College Students

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### Purpose

The purpose of this presentation is to assess substance use behaviors among undergraduate students eighteen years and older at a private, faith-based university in Midwest during the 2014-2015 academic school year.

### Target Audience

The target audience of this presentation is for those interested in working with undergraduate students who partake in high-risk drinking behaviors, and supporting a change in the drinking culture on a campus.

### Abstract

The Task Force of the National Advisory Council on Alcohol Abuse and Alcoholism (2002) has identified that drinking on college campuses is a unique culture and changing this culture is a top priority. Within the drinking culture, binge drinking has emerged as a growing problem that has dangerous consequences. Binge drinking has been correlated with high-risk behaviors, such as unsafe sex, sexual assault, injuries, and even death (National Institute on Alcohol Abuse and Alcoholism [NIAAA], 2013). The NIAAA (2013) defines binge drinking as 4 drinks for women and 5 drinks for men within a few hours. The main objective of this study was to assess substance use behaviors among college students at a private, faith-based university in the Midwest and identify aspects that are associated with drinking on the college campus. Data were collected using a modified version of the Core Alcohol and Drug Survey: Long Form (Core Institute of Student Health Programs, 1994), which asks detailed questions about substance use behaviors. Following IRB approval, all undergraduate students (N = 3,052) during the 2014-2015 academic year were invited to participate in an online survey using Survey Monkey®. A total of 1,164 students responded and 1,095 completed the survey, yielding a 35.9% response rate. Results showed that 62.6% of respondents drank alcohol. There were differences in drinking behaviors based on Greek life affiliation, gender, and athletic participation. There was a statistically significant difference ( $X^2 = 66.001$ ,  $p < .001$ ) based on Greek life affiliation; 83.9% of fraternity and sorority members drink alcohol compared to 57.3% not involved in Greek life. Of all students who drank alcohol, 71.7% engaged in binge drinking in the past 30 days. While there was no statistically significant difference in the rate of drinking alcohol based on gender (64% of males, 65.3% of females reported alcohol use), there was a statistically significant difference in binge drinking among males and females. Among drinkers, 76.5% of males engaged in binge drinking compared to 58.4% of females ( $X^2 = 50.800$ ,  $p = .001$ ). However, there were no significant differences for binge drinking and Greek life affiliation or being an athlete. Of those in Greek life, 75.3% engaged in binge drinking compare to 60.3% not Greek-affiliated ( $X^2 = 30.526$ ,  $p = .106$ ). Of those who reported being an athlete, 71.6% engaged in binge drinking while 64.4% of non-athletes engaged in binge drinking ( $X^2 = 20.281$ ,  $p = .625$ ). The top 3 reasons for drinking alcohol were: 86.5% "to have fun," 75.2% "to feel good and relaxed," 46.8% "makes it easier to socialize." The majority of students on this campus drink alcohol. Moreover, binge drinking is a significant problem among those who use alcohol, particularly males and those affiliated with Greek life. Information from the survey will be used to develop evidence-based interventions to support a change in the drinking culture on this campus.

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# RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

## Nursing Entrepreneurship

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*Brenda L. Smith, BScN, BA, OHNdpl, RN, Canada*

### Purpose

To stimulate nursing discourse regarding nursing entrepreneurship as an innovative form of nursing practice that seeks to engender professional advancement and health system transformation.

### Target Audience

Nurses and graduate students interested in innovative delivery of nursing services.

### Abstract

Nursing entrepreneurship presents as a viable and attractive approach for nursing practice that serves to reinstate professional autonomy, advance nursing professionalism, and to participate in health system transformation. And yet, in countries such as Canada where universal healthcare funding has most nurses working as employees for state-funded health service providers, few nurses are self-employed. This thesis sets out to explore the possible contributions of nurse entrepreneurship in Canada.

According to the International Council of Nurses (ICN, 2004), nursing entrepreneurship reflects a return to nursing's traditional right to independent practice while engendering professional empowerment and health care transformation. During the late 19<sup>th</sup> and early 20<sup>th</sup> century, the majority of Canadian graduate nurses practiced independently as private duty nurses (McPherson, 1996). Private duty nurses were responsible for acquiring their own patient cases and defining the conditions of their work in relation to their patient's health care needs. Remuneration for nursing services came directly from the patient or the patient's family and nursing care was usually delivered within the patient's home or the hospital, as a form of supplementary care (McPherson, 1996; Whelan, 2012). The private duty nurse assumed complete care of the patient while enjoying a high level of professional autonomy (Whelan, 2012).

Following World War II, substantial recurrent government funding was made available for hospital capital and operating costs and the supply of private duty nurses could no longer meet the service demands of the growing number of medical institutions (McPherson, 1996, Whelan, 2012). Eventually, hospital administrations abandoned private duty nursing, opting to hire registered nurses in staff positions that were institutionally controlled and under physicians' authority (McPherson, 1996; Wall, 2013b; Whelan, 2012). During the late 20<sup>th</sup> century, administration of the Canadian public health system assumed an efficiency-focused approach (Armstrong & Armstrong, 2008; Wall, 2013a). Today, nurses are increasingly required to participate in corporate interests that support an agenda of efficiency rather than the provision of care that is congruent with the profession's values (Wall, 2013a).

Nursing entrepreneurship - often termed private practice, independent practice, independent contractor, and self-employed practice – sees the nurse as “a proprietor of a business that offers nursing services of a direct care, educational, research, administrative or consultative nature. The self-employed nurse is directly accountable to the client, to whom, or on behalf of whom, nursing services are provided” (ICN, 2004, p.4). It is important to note the distinction between nurse entrepreneur and advanced practice nurse (APN) i.e. nurse practitioners, nurse midwives, clinical nurse specialists and nurse anesthetists. The International Council of Nurses (2003) asserts that nurse entrepreneurs are not necessarily APNs and the majority of APNs are not entrepreneurs.

Within nursing scholarship, there is a paucity of research regarding contemporary nursing entrepreneurship performed by registered nurses. In Canada, as with many other countries with universal healthcare funding, the literature predominantly consists of anecdotal, motivational, or editorial



narratives. Wall (2014, 2013a; 2013b) conducted a qualitative inquiry using focused ethnography to study 20 nurses in independent practice within a western Canadian province. From the data, Wall extracted themes that relate to the innovative possibilities of nurse entrepreneurs as change agents in the quest for professional advancement and health system transformation.

Wilson, Averis, and Walsh (2003) surveyed 54 private practice nurses in Australia (with a similar health system) using a two-round Delphi technique to ascertain the reasons for nurses going into business and their respective experiences associated with being entrepreneurs. In addition to compiling a list of the various independent nursing practices, common influences for pursuing nursing entrepreneurship such as professional autonomy and barriers to practice such as lack of remuneration, a viable referral system, and recognition of their respective nursing services were identified.

Drennan et al., (2007) conducted an integrative review to investigate the scope of entrepreneurial practice assumed by nurses, midwives and health visitors in the United Kingdom and the factors influencing this mode of practice. From the integrative review, only three empirical studies emerged. These studies explored the experiences of nurse entrepreneurs and revealed findings similar to those of Wilson et al. (2003).

The grey literature is largely comprised of a handful of dissertations related to nursing entrepreneurship along with professional practice guidelines and handbooks for the self-employed nurse published by various provincial, national and global nursing organizations, interest groups, and regulatory bodies. Overall, the research supports the common anecdotal evidence and motivational literature that identifies nursing entrepreneurship as an opportunity for the advancement of professional nursing practice while meeting the needs of clients that otherwise risk falling into gaps present within the current health system (Wall, 2014; Wall, 2013a; Wall, 2013b; Wilson, Whitaker & Whitford, 2012). Likewise, national and global nursing organizations encourage nurses to engage in health system transformation that seeks to broaden health care beyond hospitals and other institutional settings while ensuring nurses work to their full scope of practice (CNA, 2012; ICN, 2004). In departing from the organizational constraints that serve to erode nursing professionalism, nursing entrepreneurship affords a level of professional autonomy that supports and exemplifies the profession's values and goals (Wall, 2013a). Global estimates indicate that approximately 0.5% - 1% of working nurses are nurse entrepreneurs (ICN, 2004). No readily available statistics specific to self-employed nurses in Canada were identified as their numbers are often embedded within the generic category "other" which often captures employed nurses in practice areas such as education, research, occupational health, and private insurance companies. Practicing along the margins of the profession, it is surmised that the number of self-employed nurses in Canada likely reflects the global experience (Wall, 2013a). So, why the limited uptake?

Using an interpretive description approach, the **aim** of this qualitative study is to acquire the perspectives of practicing Canadian nurse entrepreneurs to guide the development of national and provincial policies that support nursing entrepreneurship. In conjunction with these perspectives, national nurse leaders will be recruited to participate in qualitative interviews regarding policy formation strategies that seek to promote the expansion of nursing entrepreneurship in Canada.

A research approach specifically developed to reflect a nursing orientation, interpretive description (ID) is a qualitative methodology that seeks to describe and interpret a phenomenon through the lens of those who live it (Thorne, Reimer-Kirkham & MacDonald-Emes, 1997). Thorne et al. (1997) stress that ID "ought to be located within the existing knowledge so that findings can be constructed on the basis of thoughtful linkages to the work of others in the field" (p. 173). Through the use of a scaffolding metaphor, Thorne (2008) emphasizes the significance of establishing a solid platform to guide the research investigation. In the case of nursing entrepreneurship, the scholarly literature, although very sparse, reflects common findings. Themes related to nursing professionalism, autonomy, and the provision of nursing care that reflects the values embraced by the profession are woven throughout the literature identified. Also common within the literature, is the need for viable client referral and remuneration systems for nursing entrepreneurs and institution of public credibility.

From this platform, further investigation is warranted regarding the experience of nurse entrepreneurs to illuminate current economic, political and legislative factors that impact the uptake of nursing entrepreneurship in Canada. Seeking to draw upon the expertise of this unique form of practice, a purposive **sample consisting of 8-12 nurse entrepreneurs** from across Canada will be invited to participate in telephone or in-person interviews. Participants will be practicing self-employed nurses with a minimum of two years of self-employment experience. This investigation will comprise the first stage of this two-stage research project. As interpretive description “responds to the imperative of informed action” (Thorne, 2008, p. 26), **4-6 national nurse leaders** will be invited to explore policy formation strategies using the findings from stage one with the intent to increase uptake of nursing entrepreneurship within Canada.

Thematic analysis will be employed to develop a composite picture of nurse entrepreneurship in Canada and corresponding policy formation strategies. Interviews will be audio recorded and transcribed verbatim. Data will be coded using a dynamic process, providing the opportunity to consider the data from multiple “angles of vision” (Thorne, 2008, p. 147). This poster will introduce nursing entrepreneurship as a means of effecting professional advancement and health system transformation. An interim report on preliminary findings and possible implications for future policy formation will be included.

In conclusion, nursing entrepreneurship can serve to advance professional nursing practice while meeting the needs of nursing clients that otherwise risk falling into health system gaps. As gaps within the public health system continue to widen in the pursuit of efficiencies, more entrepreneurial opportunities for health care delivery services will likely arise. If registered nurses do not position themselves as entrepreneurs, this work will be assumed by others whose primary objective may not include the provision of safe, ethical, effective health care. Engagement in policy formation is essential for nursing entrepreneurs to establish public credibility and legitimate recognition by provincial and national nursing associations and regulatory bodies for this innovative form of nursing practice.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### The Bonny Method of Guided Imagery and Music (BMGIM) for Caring of Oncology Patients: A Systematic Mixed Studies Review

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*Varshika Manilal Bhana, Masters in Nursing Science, Bachelor of Nursing Science, MSN, BSN, South Africa*

#### Purpose

The purpose of this presentation is to give an overview of the process followed when conducting a Systematic Mixed Studies Review of (quantitative, qualitative and mixed method) studies done on the effect of BMGIM on oncology patients and to communicate the results thereof.

#### Target Audience

The target audience of this presentation is academics, practitioners and postgraduate students who are interested in integrative healthcare practices and research thereof.

#### Abstract

Introduction: The best available research evidence is required to support health care decisions. Evidence based practice implies that the health care decisions and practices are based on knowledge, which is acquired from research evidence. In order to identify research evidence and best practices to support the implementation of BMGIM in cancer care a systematic review was conducted. As the systematic review included studies of quantitative, qualitative and mixed methodologies, a Systematic Mixed Studies Review was conducted.

The objective was to conduct a systematic review to compare the effectiveness of BMGIM to other methods of care on the physical, psychological and spiritual wellbeing of oncology patients.

Research questions which guided the systematic review:

1. What is the effect of BMGIM compared to other methods of care on the physical, psychological and spiritual wellbeing of adult oncology patients?
2. What are the experiences of adult cancer patients receiving BMGIM?

Method: The Cochrane library, PUBMED, Mosby's nursing consult, CINAHL, Clinical key, Health & Wellness Resource Centre, PsychINFO, MEDLINE (OVID & ProQuest), Science Direct, EBSCO, Scopus, ProQuest, Google Scholar, Nordic Journal of Music Therapy, Journal of Music Therapy, Aalborg University, ClinicalTrials.com, Voices.com and Melbourne conservatory of music databases/search engines, journals and websites were searched. Diverse research design studies within the time frame of 2002 to 2014 were considered. Two reviewers conducted the process.

Results: 10 141 studies were identified of which 9914 were excluded during the screening of the study titles. After the exclusion of duplicates, the abstracts of 130 studies were screened for relevance. Thereafter 29 studies proceeded to stage 2, where the full text was retrieved. Upon the review of the 29 full text studies, 23 studies were excluded. Six records proceeded to data extraction.

Discussion: A process of inductive qualitative thematic data analysis guided the data extraction and analysis. Studies found significantly lower anxiety scores at follow up as well as improved quality of life scores at follow up in participants who received BMGIM. The qualitative study findings included detailed descriptions of participants' experiences and a grounded theory on the influence of music and imagery was developed.

Keywords: 'Bonny', 'Bonny Method of Guided Imagery and Music', 'Bonny method', and 'BMGIM'

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### Impact of Maternal Childhood Adversity on the Psycho-Neuroendocrine-Inflammatory Profile during Pregnancy

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*Dina Tell Cooper, PhD, BA, USA*

*Herbert L. Mathews, PhD, USA*

*Linda Witek Janusek, PhD, BS, RN, FAAN, USA*

#### Purpose

The purpose of this presentation is to investigate the relationship between exposure to childhood adversity (prior to 18 years of age) and how this exposure impacts the psycho-neuroendocrine-immune profile of women during pregnancy. This also includes exploring risk and protective factors posited to modify stress vulnerability and newborn outcomes.

#### Target Audience

The target audience of this presentation is any health care provider interested in gaining a better understanding of maternal-infant health. This includes physicians, nurse practitioners, nurses, social workers, etc.

#### Abstract

**Background:** Pregnancy is accompanied by a multitude of physical and psychological changes. Adaptation to these changes through reduced anxiety and attenuated stress responsiveness is necessary across gestation for optimal maternal infant health. Ample evidence demonstrates that perception of high levels of psychosocial stress and/or mood disturbance during pregnancy can disrupt neuroendocrine-inflammatory processes required for successful pregnancy outcomes. In particular, precise regulation of circulating proinflammatory cytokines across gestation is critical for the maintenance of pregnancy; lower levels during mid gestation keep the uterus in a quiescent state, whereas, near term levels of proinflammatory cytokines increase to initiate birth.

**Purpose:** The primary aim was to examine the relationship between maternal childhood adversity and prenatal levels of stress, depression, and proinflammatory cytokines; and, secondly, to explore the relationship of these variables with neonatal birth outcomes.

**Significance/Rationale:** Increased proinflammatory cytokines during pregnancy are linked to maternal depressive risk and poor birth outcomes. Maternal exposure to childhood adversity and poverty may intensify each of these, predisposing to health disparity in birth outcomes.

**Methods/Analysis:** During their second (16-24 weeks gestation) and third trimester (28-32 weeks) of pregnancy, women (N=64), 18-39 years old, provided a blood sample to measure the proinflammatory cytokine, TNF-alpha; and completed instruments measuring childhood adversity (Child Trauma Questionnaire), perceived stress (Perceived Stress Scale), depression (Center for Epidemiologic Studies-Depression and Edinburgh Depression Scale) and social support (Social Provisions Scale). Childhood adversity assessed: emotional neglect/abuse, physical neglect/abuse and sexual abuse. Poverty was determined by current household income and number in the household per federal guidelines. Correlations among variables were evaluated and moderation analysis explored interaction effects.

**Results:** Nearly 25% of the sample reported exposure to childhood adversity, and women with greater childhood adversity had increased perceived stress and increased depressive symptoms. Also, women reporting greater depressive symptoms had higher plasma TNF-alpha levels. Moderation analysis revealed that women exposed to childhood adversity, together with current household poverty, had higher levels of TNF-alpha. Evaluation of relationships with birth outcomes revealed that women with greater

childhood adversity and higher TNF-alpha delivered lower birth weight infants. Also, exposure to childhood adversity was associated with lower infant gestational age; however, higher levels of social support moderated (attenuated) this relationship.

**Conclusion:** Maternal childhood adversity associates with greater psychological morbidity during pregnancy and poorer neonatal outcomes.

**Implications.** Findings emphasize the need for prenatal psychosocial screening to include assessment of childhood adversity and the encouragement of social support to buffer negative effects of childhood adversity on birth outcomes.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### The Virtual Construction of a Community that Normalizes Commercial Sexual Exploitation: A Mixed Methods Analysis

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*Dawn Bounds, MSN, PMHNP-BC, USA*

#### Purpose

The purpose of this poster presentation is to explore the findings of a pilot study on how a commercial sex website facilitates the normalization of commercial sexual exploitation by building a virtual community of buyers.

#### Target Audience

The target audience for this presentation includes health care professionals from clinical and community settings. Nurses who care for women, children, and families will benefit from the findings of this study as it provides valuable insight into the perspectives of men who frequent a popular commercial sex website.

#### Abstract

The underground nature of the commercial sex industry has made it difficult to articulate numbers of women, men, children, and communities impacted by the harms inherent in an industry built upon exploitation. What is known is that both detrimental physical and mental health harms exist as a result of commercial sexual exploitation. Unfortunately, with increased availability of the internet, access to commercial sex sites has increased. A study conducted in 8 states estimated that underground commercial sex was a \$39.9 to \$290 million industry in 2007 (Dank et al., 2014). The revenue generated undoubtedly fuels the demand for commercial sex and the internet has served to propel the commercialization of sex forward.

The internet has not only transformed and increased the availability and visibility of the commercial sex trade; it also has been used as an integral tool for marketing commercial sex. The USA Sex Guide, a large free website used to educate men on how to buy sex with women, serves as a training ground for men who purchase sex with women (Janson, 2013). Over 800 visitors are online reading the USA Sex Guide at any given moment. The anonymity that is provided by the internet allows visitors to read and post explicit descriptions of sexual exploitation without fear of repercussions.

While women involved in prostitution have been studied extensively, the men who buy sex and drive the demand for commercial sex have remained invisible to researchers, policy makers, and law enforcement. The purpose of this poster presentation is to explore the findings of a pilot study on how a commercial sex website facilitates the normalization of commercial sexual exploitation by building a virtual community of buyers. A content analysis of the postings of Illinois men who frequent the USA Sex Guide was studied for virtual community building strategies used to normalize commercial sexual exploitation. Evidence of community building in this virtual setting was apparent and included elements of relationship building and educating, establishing of a common language and social structure, and normalizing exploitation. Key words were counted and provide additional evidence for the themes found. These findings add to the literature in support of the internet as a facilitator of commercial sexual exploitation and offers insight into how virtual communities such as this one can be used to normalize exploitation of vulnerable populations. An exploration on how this research can be used to build awareness and ignite action will also be employed.

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# RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

## Exploring Adults' Vigilance Behaviors within a Child's Caregiving Cluster

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*Kate K. Chappell, MSN, BSN, APRN, CPNP, USA*

### Purpose

The purpose of this presentation is to describe an instrumental case of vigilance by adult caregivers within a child's caregiving cluster that employed multiple qualitative data collection strategies.

### Target Audience

The target audience includes researchers interested in social ecology, child maltreatment, and/or the combination of multiple data collection strategies within one qualitative research study. Clinicians working with families will gain perspectives on vigilance around child sexual abuse beyond the immediate caregiver accompanying child in the healthcare setting.

### Abstract

Introduction: Child sexual abuse has a significant and lasting impact on individuals and families [1]. Children who experience sexual victimization are more likely to present adverse effects in childhood and adolescence, including Post-Traumatic Stress Disorder, substance abuse, and delinquent behavior [2, 3]. Child sexual abuse is an adverse childhood experience (ACE) associated with a higher incidence of certain adult health issues and behaviors, including depression, attempted suicide, cigarette smoking and illicit drug use [4]. The negative impact on the long-term health of individuals and families is significant, given that CSA is, for the most part, a preventable phenomenon [2].

Vigilance around CSA by adult caregivers for children is conceptualized as sustained purposeful attention and behavior to anticipate a child's safety and wellbeing needs [5-7]. Vigilance as behavior does not refer only to recognizing and avoiding placing child in risky situations. Other child protective behaviors include teaching the child about avoidance of risky situations and how to respond if a threat or event occurs. Behaviors also include rules regarding safety and boundaries within a caregiving environment and what aspects of environments caregivers perceive as being protective that may decrease their drive for ongoing vigilance.

The extant research related to children's caregivers' vigilance focuses primarily on the individual caregiver and often excludes fathers and stepparents [3, 8-13]. Furthermore, there is a limited, somewhat linear understanding of the factors that may potentially influence caregivers' protective and preventive behaviors [8, 14-16]. Missing from the literature are examinations of the ways in which caregivers' behaviors relate across and within the various levels of a child's social ecology and how these behaviors relate to CSA risk and protection [17, 18]. Examining caregiver vigilance from a social ecological perspective reflects the view that CSA is a complex, dynamic, and social phenomenon and that caregiver vigilance is not restricted to one caregiver [1, 17-20]. Furthermore, a social ecology model promotes exploration of caregiver vigilance in multiple settings and via multiple caregiver roles [18].

Methods: Situated within a social ecology framework, this instrumental case study will explore vigilance within the context of one child's caregiving cluster. The research questions are: How does vigilance around child sexual abuse exist within the caregiving cluster of a child's social ecology? What are the experiences of caregivers within a child's social ecology pertaining to vigilance around child sexual abuse?

Initially, I will identify a child with a caregiving cluster which meets the inclusion criteria of having a minimum of six English-proficient adult caregivers living within a specified geographic area. The child must be able to communicate through drawn, written, and/or verbal communication about the names and places in their life. In collaboration with the child's primary caregiver, I will identify other caregivers in the

child's social ecology; interacting directly with the child, we will ask the child to identify (through writing, drawing, and report) "the people who live at your house, the people who take care of you, the people who teach you." From this initial list of members of the child's caregiving cluster I will arrange with the primary caregiver access to the other potential participants.

I will conduct individual, semi-structured interviews with at least two of the identified caregivers in the cluster, including at least one of the primary caregivers responsible for child's daily care and supervision. I will conduct a focus group composed of 4 to 8 caregivers from the caregiving cluster. Interview and focus group questions will be open-ended and centered on participant perceptions of CSA risk locations and situations for child, approaches to teaching child about safety, and perception of actions to take if concerned about child's safety or if child reported safety issue. I will conduct a minimum of two field observations of situations involving child-caregiver interactions, ideally in public settings (i.e., park, school ground, public event). A particular focus of the observations will be to identify safety and supervision messages and actions, physical contact/boundaries between the child and adults, and any other relevant behaviors or events.

Results: Data from the interviews, focus groups, and field observations will be analyzed using open and focused-coding, resulting in a descriptive thematic analysis. A social ecology framework will inform the interpretation of the data. Since these data represent the situation of one caregiving cluster, the interpretations and meanings will be presented as an instrumental case study.

Discussion/Conclusions: This exploratory instrumental case study of one child's caregiving cluster will provide an in-depth understanding of how caregiver vigilance against CSA exists across and within levels of a child's social ecology. This in-depth exploration of vigilance in one child's caregiving cluster will also serve as measure of feasibility of a larger, more in-depth research project involving the exploration of multiple caregiving clusters. Further explicating caregiver vigilance perspectives and practices may provide direction for the development of situation-specific interventions aimed at CSA prevention.

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## **RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session**

### **Effects of an Online Spiritual Care Educational Initiative on Pediatric Nurses' Knowledge, Attitudes, and Competence**

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*Cheryl L. Petersen, PhD, RN, USA*

#### Purpose

The purpose of this presentation is to delineate the effects of an online spiritual care educational program for pediatric nurses' knowledge and attitudes towards spirituality and spiritual care, as well as their perceived spiritual care competence.

#### Target Audience

The target audience of this presentation is nursing faculty and pediatric nurses who provide care to children with cancer.

#### Abstract

The provision of spiritual care is considered a vital part of holistic nursing care, for spirituality provides comfort, support, and a sense of connection. Spirituality is universal to all individuals, regardless of age, religion, culture, or developmental stage. When a child is nearing the end of life, spiritual care becomes paramount, for it provides the opportunity for enhanced coping as it reduces spiritual distress, allowing for growth in the midst of tragedy. While spiritual care is implicit in holistic models of nursing care, gaps in knowledge and practice prevent children and their families from receiving adequate spiritual care at the end of life.

This study was guided by the Actioning Spirituality and Spiritual Care Education and Training in Nursing Model. This conceptual framework guides the provision of spiritual care training and initiates change in nurses' knowledge and competence to provide spiritual care. A 3-hour, theory-driven educational program based on the literature and the National Consensus Conference Guidelines for Improving Palliative Care as a Dimension of Palliative Care was developed with the assistance of interdisciplinary experts, children with cancer, and their families. This study employed a prospective, longitudinal design to evaluate the effects of the online educational initiative on pediatric nurses' knowledge, attitudes, and spiritual care competence. Nurses were recruited by email from membership of the Association of Pediatric Hematology/Oncology Nurses (APHON). Participants completed the Spirituality and Spiritual Care Rating Scale, a 17-item Likert based instrument, and the Spiritual Care Competence Scale, a 27-item Likert-based instrument, at three time points: baseline, upon completion of the educational program, and 3-months post-completion of the program.

Data is currently being analyzed. Repeated measures ANOVA will evaluate the effect of the educational initiative on nurses' perceived spiritual care competence at the 3 time points; post hoc analysis will be completed with Bonferroni correction. Repeated measures ANOVA will evaluate the effect of the educational initiative on nurses' attitudes towards and knowledge of spirituality/spiritual care at the three time points; post hoc analysis will be completed with Bonferroni correction. Regression analysis will determine if change in nurses' attitudes towards and knowledge of spirituality/spiritual care predicts change in perceived level of spiritual care competence.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### Short Term Intervention Using the Paleolithic Diet to Prevent Progression from Prediabetes to Type 2 Diabetes in Those with HgA1c 5.7% or Higher

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Chrystyne Olivieri, BSN, FNP-BC, CDE, USA

#### Purpose

The purpose of this study was to determine if dietary changes of using Paleo Eating Patterns can affect one's progression from prediabetes to type 2 diabetes in patients that have HgA1c level of 5.7% or higher.

#### Target Audience

Primary Care Physicians, Nurse Practitioners, Physician Assistants and Registered Nurses as this group is on the front lines of health care. Early recognition and intervention for populations at high risk for Type 2 Diabetes, those with HgA1  $\geq$  5.7%.

#### Abstract

**Background:** Western metabolic diseases, especially, obesity, prediabetes, diabetes and cardiovascular diseases impose a great financial and quality of life burden on modern society. Chronic diseases are being identified as a health crisis in almost every country in the world today. These problems have continued to progress despite an alarming amount of modern pharmaceuticals. Many studies have identified lifestyle changes as the best to address these diseases. Human history reveals that prior to the advent of agriculture, humans were believed to be free of diseases such as cardiovascular disease and diabetes. Examination of anthropological remains have clearly identified that early humans, especially from the Paleolithic era of 50,000 to 10,000 years ago, did not die from the same diseases that plague modern man. During the end of the 1800's through the 1900's, anthropologists and biologists were particularly active in researching the lifestyles of indigenous, primitive cultures alive on the planet at that time. They found that those societies did not suffer any of the chronic diseases that are so prevalent in the modern world. The diets of these societies have been identified to be much lower in carbohydrates and higher in saturated fats than the Standard American Diet, regardless of where they lived on the planet. It was speculated that it was the diet that made the most profound difference in their health and longevity. Paleo eating patterns keeps a focus on naturally occurring foods like vegetables, fruit, large game, poultry, fish, eggs and nuts, with an eye on what was available during the Paleolithic era prior to the advent of agriculture and animal domestication. It also focuses on an avoidance of processed foods, sugars, grains, legumes, dairy, chemically altered fats and artificial sweeteners. This study attempts to employ Paleo eating patterns to mimic the diet of our ancestors as this may be a viable option to minimize the debilitating effects of metabolic diseases related to lifestyle.

**Purpose:** This study aims to explore to what extent a short term intervention utilizing the Paleolithic diet may affect weight, blood pressure and the specific biomarkers of metabolism in patients with HgA1c  $\geq$  5.7%. We will attempt to see how Paleo eating patterns may affect the prominent risk factors for many chronic diseases of the modern world.

**Theoretical Framework:** Change behavior is difficult for many people. Since diseases of lifestyle are often rooted in behavior, the psychological, social and cultural aspects of poor lifestyle choices must be considered if behavior modification is to be successful. A skilled provider can help patients to commit to change through the use of Brief Action Planning. This is a technique which allows patients to commit to making the changes in their lifestyle based on which behaviors they want to change rather than what the providers deems necessary to change. This patient centered approach respects patients autonomy by facilitating behavior modifications using the biopsychosocial model instead of the traditional biomedical model. Lifestyle modifications requires a broader approach if behavior change is the goal.

**Review of Literature:** For over twenty years, research has been conducted showing how diet and lifestyle interventions can reduce the morbidity and mortality associated with pre-diabetes and diabetes. Despite this, the prevalence of diabetes has risen. It wasn't until 1985 that the first study of a specific ancestral diet was conducted in the United States by Eaton and Konner. It attempted to identify what would constitute the optimal human diet based on anthropological evidence. Since then, many researchers have also looked at the diets of indigenous cultures that had avoided contact with the modern world. Native cultures do not seem to experience the energy imbalance of food energy intake exceeding total energy expenditure, which is the basis of the Standard American Diet. Although many weight loss programs produce weight loss and improved glycemic control, the Paleolithic diet has been found to be superior for its effects on overall health. To date, there have been nine human studies conducted throughout the world evaluating the effectiveness of the Paleolithic diet in human health from 2007 to 2013. As a result, the evidence is well supported that the Paleo diet is a viable strategy to prevent or reverse the metabolic diseases so prevalent in our society. Humans have successfully evolved as a species eating a diet essentially void of high glycemic index carbohydrates, sugars, processed foods, artificial sweeteners and chemically altered oils and fats for hundreds of thousands of years. The evidence suggests that an ancestral diet can be employed to help treat and manage many chronic health problems associated with poor lifestyle choices.

**Method:** A convenience sample of men and women (N=34) that fit the inclusion criteria of HgA1c  $\geq$  5.7% were initially educated for 45 minutes in the essentials of the Paleolithic diet. Exclusion criteria were of patients using insulin or sulfonylureas, as they were more susceptible to hypoglycemia when removing high glycemic index carbohydrates from their diet. Bio-markers of metabolism included triglycerides, high-density lipoproteins, fasting glucose and fructosamine and these blood tests were resulted at baseline and repeated 3 weeks post-intervention. Blood pressure and weight were also taken at baseline and again at 3 weeks post-intervention. Differences were evaluated by T-test and analyzed with descriptive graphs to compare pre-intervention variables to post-intervention results.

**Results:** Results are pending. Preliminary data suggests that the Paleo diet is effective for weight loss and lowering triglycerides which are two major risk factor for chronic diseases like diabetes.

**Potential Implications:** Findings suggest that eating a low carbohydrate diet, such as the Paleo diet, has profound effects on risk factors for chronic disease in modern culture. Although it is necessary to exclude many foods and beverages commonly consumed in our modern culture, for those motivated to improve their health through lifestyle modifications, it may be a powerful tool in the prevention of metabolic diseases like diabetes.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### Depression among New Graduate Nurses Working in ICU and Medical-Surgical Units

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Valery Bessmerthyy, USA  
Keith Taylor, USA

#### Purpose

The presentation will help raise the awareness of the rates of depression among newly graduated nurses working on the medical surgical floor and the intensive care unit. This will help determine whether there is a need to better assist new nurse graduates during this difficult transition.

#### Target Audience

The target audience will include university and college nursing faculty who are in a position to better prepare nursing students for their future transition into the workforce, as well as nursing educators from facilities employing new nurses who have the potential to directly impact the new graduate nurses' transition.

#### Abstract

Recent studies report that in the US healthcare workers suffer the third highest incidence of depressive episodes among all occupations. These studies, however, do not address the levels of depression in specific populations within the nursing community. Nurses who are depressed use more sick days, have lower productivity, higher rates of medication errors, and offer a lower quality of care. The rate of depression for new graduate nurses on different units in the hospital is unknown. This is especially important regarding medical-surgical units, as this is where most new graduate nurses are initially employed, and ICU, which is a high-intensity unit that attracts new nurse.

Objective: The purpose of this research is to gain knowledge of the rates of depression among new graduate nurses employed on medical-surgical units and intensive care units. This is important as depression is a significant contributing factor to nursing turnover with 60% of new graduate nurses leaving their first job within 6 months and 20% leaving the profession entirely.

Method: 108 new graduate nurses will be recruited from similar sized hospitals in in the Sacramento, San Francisco, and Los Angeles areas. They will be between the ages of 22-40 and have at least one, but no more than two years of employment in either a medical-surgical or ICU unit. These nurses will also be graduates of California BSN programs and working on night shifts. Data will be collected through the self-administered nine question PHQ-9 survey, which is based on the depression diagnostic criteria of the Diagnostic and Statistical Manual of Mental Disorders. The Chi Square test of independence will be utilized for data analysis.

Discussion: This research and data analysis can assist in identifying the occurrence of depression among new graduate nurses during transition into their professional lives. This holds the potential to increase patient safety, quality of care, and unit productivity, while also reducing medication errors, sick days, and nursing turnover. Implications include addressing the need for programs aimed to reduce stress levels, workload, and improve working conditions of new graduate nurses.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### Equine Assisted Therapy: A Systematic Review of Interventions to Improve Outcomes in Adults

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Cynthia Russell, PhD, RN, ACNS-BC, FAAN, USA  
Rebecca A. Johnson, PhD, RN, FAAN, FNAP, USA  
Nancy L. Mueller, USA

#### Purpose

The purpose of this presentation is to report the available literature on Equine Assisted Therapy interventional studies in a systematic review with quality scoring using CONSORT and STROBE criteria.

#### Target Audience

The target audience of this presentation is all healthcare providers interested in health promotion, arthritis, neurology, rehabilitation and animal therapy.

#### Abstract

**Problem:** Half of all adults, over 117 million, have one or more chronic illnesses. A new intervention, equine assisted therapy, is an approach that uses unique qualities of a horse to provide improvement in gross motor, quality of life and self-help skills. No comprehensive systematic reviews have been conducted on equine assisted intervention studies targeting adults.

**Purpose:** To synthesize equine assisted therapy intervention studies.

**Theoretical/Conceptual Framework:** A research methods quality framework was used. CONSORT guideline criteria were used to judge randomized controlled trial study quality while STROBE guideline criteria were used for quasi-experimental studies.

**Methodology/Design:** Using a systematic review design, a search of multiple databases was performed using selected search terms. Databases included ProQuest, CINAHL, Medline, Google Scholar, ERIC, PEDro Database, DOAJ, Cochrane; Psych Info, and DARE, and The DELTA Society's list of equine research articles. Study eligibility criteria included: adult sample 16 years of age or older, sample size of 5 or greater, quasi-experimental or experimental design, intervention involving a living horse or horses and articles published in English. Data were reviewed and scored by two independent reviewers.

**Results/Analysis:** Twenty three studies met inclusion criteria, representing 450 subjects from 9 countries. Sample size ranged from 7 to 32. Ages ranged from 16 to 85 years. Diseases studied include multiple sclerosis, cerebral palsy, brain disorders, stroke, balance deficits and spinal cord injury. Primary dependent variables' measures focused on balance, cadence and stride of gait, stability, spasticity, self-efficacy and quality of life/well-being. Randomized controlled trials (39%) and quasi-experimental (61%) were included. Treatment interventions ranged from hippotherapy programs (goal directed therapy with a licensed interventionist) to therapeutic horseback riding classes (directed at improving horse riding skills and exercise movement). Statistically significant improvements were reported in main outcomes of 17 of 18 (94%) studies. Study methodological limitations included: small sample sizes, no power analysis, inconsistent use of measures, lack of randomized controlled trials and long-term follow up.

**Interpretation of results:** Equine assisted therapy, a non-pharmaceutical modality, shows promise as an intervention to improve psychological, social and physical outcomes in adults. This translates into improved morbidity and mortality in those with chronic conditions.

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# RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

## Traditional Versus iPad-Assisted Preoperative Education

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*Liza Mathais Abraham, MSN, CRNP, USA*

### Purpose

The purpose of this presentation is to portray whether knowledge retention using an iPad is more effective than existing traditional methods (i.e. pamphlets) when providing preoperative education in patients scheduled for cystectomy.

### Target Audience

The target audience of this presentation is advanced practice providers, nurses, physicians and other health care professionals involved or interested in multimedia based patient education.

### Abstract

**Background:** Radical cystectomy has become the most common treatment modality for patients with high-grade or muscle-invasive urothelial cancers. Patients scheduled for cystectomy require in-depth preoperative education regarding management of their urinary diversions. When evaluating patients scheduled for cystectomy and urinary diversion in the preoperative area, the author found very poor retention of knowledge regarding the surgery, body image alteration, and the care involved after surgery. Therefore, adding a multimedia tool like an iPad will be utilized in the preoperative education to examine the effects on knowledge retention.

**Methods:** This study will utilize a pretest – posttest design, where subjects are randomly assigned to either receive standard pre-operative education with pamphlets or iPad assisted pre-operative education. Outcome measured will be knowledge retention through the use of a 10 multiple choice questionnaire. The questionnaire will be administered prior to the pre-operative education session and then again in the preoperative are prior to surgery. Questionnaire scores will be measured using repeated measures ANOVA. The Chi-square test will be utilized to compare both groups.

**Results:** The expected sample size of 40 patients will be randomly assigned to receive either standard education or iPad assisted education. The content of the education will be the same and both groups will be given the standard pamphlet to go home to review. The goal will be to investigate whether the iPad assisted preoperative education is similar or superior to the existing standard education utilized.

**Conclusion:** Use of multimedia tools like iPad in preoperative education can be effective in improving knowledge retention in patients undergoing complex body altering surgeries.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### Acute Pain Management: Impact of Opioid Tolerance Leveling on Patient, Provider, and System Outcomes

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*Jill S. Payne, MSN, BSN, ASN, RN, CNML, CENP, USA*

#### Purpose

The purpose of this presentation is to describe an interprofessional, nurse-led clinical scholarship resulting in the design, implementation, and pilot evaluation of an evidence-based Three-Tiered Opioid Pain Management program within an 18-hospital at a health system.

#### Target Audience

The target audience of this presentation is clinical and academic scholars and practitioners with interest in safe, reliable tools to individually assess and manage patient's experience of pain within the acute care setting using a systematic and interprofessional team approach.

#### Abstract

The human and economic burden related to ineffective pain management is well documented. Factors influencing ineffective acute pain management are multi-factorial and include failure of healthcare professionals to accurately and reliably assess and meet patient's individual pain management requirements. The discipline has been absent an approach and tools enabling reliable, safe, patient-centric assessment and management of pain. Historically, acute pain treatment is focused on the primary admitting condition, which can inadvertently exacerbate existing addiction and improperly manage the patient pain needs. This further potentiates provider biases that conflict with evidence-based pain management strategies. To address these concerns, an interprofessional team was assembled including direct care nurses, clinical nurse specialists, chemical dependency consultants, educators, pharmacists, physicians and hospital leadership. A system pilot was designed with a four prong approach: education of the provider of opioid selection and utilization, tiered approach for assessment of patient experience and tolerance with opioids, consistent and reliable evidenced based selection and administration of opioids, structure and processes enabling surveillance and escalation of pain management. Tiers are assigned based on patients' daily use of opioids. The program uses a systematic, reliable, evidence-based approach to expedite treatment options and interprofessional consultation to design a plan customized to the patient's needs through clearly defined orders. Information system tools were developed to aid transparency and access to data that supports evidence based pain management. An escalation process was created to identify variances and build a robust learning cycle for enhanced program reliability. Program evaluation measures include the following: patient experience (harm composite and satisfaction scores), provider (rate of adoption and nursing knowledge). Preliminary results (n=400) reveal high provider satisfaction, wide-spread adoption, and most importantly improved patient experience including a zero percentage harm composite. Clinical scholarship aligning and integrating implementation science and innovation has the capacity to advance the practice of nursing, patient care delivery, and most importantly exceed the needs of those we are privileged to serve. Additionally, providers can customize standardized pain pathways with less bias while maintaining autonomy in practice and promoting a consistent plan of care across the continuum.

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# RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

## Sister to Sister Surrogacy

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*Diana A. Cullati, AS (HlthSc), CPR, USA*

*Joey Regino, AS (GnrIsc), AS (LibArt), CPR, ACLS, USA*

*Lisa Ceynowa, BA (Eng), AA (SocBehSc), CPR, USA*

### Purpose

The purpose of this study is to understand the impact of sister to sister surrogacy. The close ties between the surrogate, the intending parents, and the child will be analyzed. This study will also explore the surrogate experiences, motivations, psychological effects, and attitudes that this type of surrogacy entails.

### Target Audience

The target audience for this presentation is women between the ages of 24-34, who are gathering information in order to make an informed decision about whether or not to consider becoming a surrogate.

### Abstract

The purpose of this study is to understand the impact of sister to sister surrogacy. The close ties between the surrogate, the intending parents, and the child will be analyzed. This study will also explore the surrogate's experiences, motivations, psychological effects, and the attitudes that this type of surrogacy entails. Further research needs to be conducted to fill the gap of knowledge regarding interfamilial collaborative reproduction, specifically information regarding the surrogate's motivations, attitudes, and experiences. None of the research found with an extensive data search pertained specifically to sister to sister surrogacy, with the ovum donor being the intended parent's sister. No specific data on intrafamilial surrogacy exists as of 2012. Ethical issues are at play with sister to sister surrogacy, such as condemnation for selling women's bodies and reducing them to commodities, and or seeing surrogacy as an altruistic gift. Sister to sister surrogacy can be controversial, and has been banned in some countries, such as Japan.

Goals: Illuminate patterns of reactions, interactions, and relationships between the surrogate and her partner, the child, her own children, the intended parents, extended family, friends, and her community relationships.

Methods: Utilize grounded theory, a qualitative method to systematically collect data to discover a pattern of reactions, interactions, and relationships among people. Grounded theory enables the exploration of human actions and interactions where very little information is available. Purposeful sampling and personal interviews and constant comparison will be used. The Relational Model will be used to outline the relationship the surrogate has with the couple, the newborn baby after birth, the surrogate's partner, her extended family and friends, and community relationships. Purposeful sampling will be used to select participants that have credibility and can best answer the research question. Participants will be recruited through fliers sent to fertility clinics throughout California. The privacy of participants will be protected. This study will only gather data, and does not plan any interventions.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### The Impact of Quality of Sleep on Academic Performance in University Students: A Cross-Sectional Study of Adults

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*Heather Rochelle Raley, BSN, USA*

#### Purpose

to determine if quality of sleep affects academic performance in university students. The outcomes will inform students about the effects of sleep habits and the sleep environment on the body. Also, how disruption of sleep-wake cycles can affect attention span in the classroom.

#### Target Audience

the general population of university students. Conclusions drawn from this research will benefit generalizable knowledge of university students choosing to reevaluate their sleep habits and environment.

#### Abstract

Current literature suggests that the most effective method for improving quality of sleep include regulating a consistent sleep schedule throughout the week. But the relationship between quality of sleep and the academic performance of university students is insufficiently addressed in literature. The aim of this research study was to assess the relationship between quality of sleep on academic performance of university students. The study was conducted between January 2015 and February 2015 at a mid-size university in the South, and included a systemic random sample of students from all student classification levels (freshman, sophomore, junior, and senior) currently enrolled in courses. A self-administered questionnaire was distributed to assess demographics; a sleep profile including sleep duration, sleep environment variables, daytime sleepiness, and the use of sleep remedies; and an academic profile including number of enrolled courses, and current cumulative GPA. This study will report findings that most university students report that they feel they do not get a sufficient amount of sleep and they frequently experience daytime sleepiness.

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# RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

## Effects of Music Therapy on Pain of IV Insertion

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*Berenice De La Cruz-Escobedo, CMA, CNA, USA*

### Purpose

The purpose of this study is to explore a non-pharmacological, non-invasive, more cost effective therapeutic measure that may provide similar results as Lidocaine Therapy.

### Target Audience

Target Audience: This research study was created to target health care professionals involved in infusion therapy.

### Abstract

Background: Patients often rely on nurses to use measures that will ease the pain of their intravenous catheterization. As a comfort measure, many hospitals provide the option of lidocaine use to ease this pain, and is often preferred by patients. (Burke, Bercler, Bye, Desmond & Reese, 2011). However, lidocaine administration is invasive and stimulates a burning sensation in the subcutaneous tissue while it is being numbed. This often defeats the purpose it was originally administered for, the relief of pain, and sometimes may even cause more pain than the IV needle would have. Is it possible that a non-pharmaceutical, non-invasive and more cost effective measure, that provides similar results, be utilized?

Objective: The purpose of this research study is to measure the effect of music therapy in comparison to lidocaine administration on intravenous catheterization pain.

Methods: A quasi-experimental, non-probability, convenience sampling method will be employed to compared levels of pain during intravenous catheterization using music and lidocaine therapy. Patient's level of pain will be measured before, during and immediately following the procedure using the Visual Analog Scale (VAS). Soft classical music will play 20 minutes prior to the procedure and throughout the procedure. Only successful first attempts will be utilized in this study. A sample size of 60, 30 music therapy and 30 lidocaine therapy, will be used.

Results: Pending date collection and analysis.

Conclusion: Though Lidocaine has been shown to provide relief of IV procedure pain, it is an invasive therapy. If this research study supported music therapy to be a significant alternative to Lidocaine, persons involved in infusion therapy may be able to provide patients an alternative pain relief measure. By reducing the number of needle sticks from two to one, patients are receiving a less invasive and more comfortable therapeutic intervention.

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## **RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session**

### **Promotion of Perioperative Normothermia in Patients Undergoing General Anesthesia**

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*Cassie Marie Ishmael, DNP, CRNA, USA*

#### Purpose

The purpose of this presentation is to educate perioperative providers about the physiological effects of inadvertent perioperative normothermia and taken to minimize the incidence of inadvertent perioperative hypothermia. Education and awareness by perioperative providers remains instrumental in the promotion of perioperative normothermia.

#### Target Audience

The target audience of this presentation is anesthesia providers, perioperative providers and researchers.

#### Abstract

Inadvertent perioperative hypothermia is a common but preventable condition experienced during the perioperative continuum. This phenomenon can be experienced by surgical patients during any phase of the perioperative continuum. The promotion of perioperative normothermia is essential to the prevention of adverse complications related to inadvertent perioperative hypothermia including cardiac events, hematological changes and alterations in the recovery process. An evidence-based quality improvement initiative for the promotion of perioperative normothermia has been recommended.

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# RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

## Homecare Nurses' Experiences with Telemonitoring Systems

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*Justin Palmer, USA*

### Purpose

The purpose of this presentation will be to provide background information about home telemonitoring system and to describe the lived experiences of homecare nurses involved with the daily operation of these systems and their perceptions of the systems' benefits and weaknesses.

### Target Audience

The target audience of this presentation is nursing students, practicing nurses, home health nurses and nurse educators

### Abstract

The promise of telehealth in modern healthcare centers on reduction of costs via utilization of the latest communications technology to deliver quality healthcare services to underserved populations. Telemonitoring in particular has held the promise of helping reducing costly hospital readmissions and improving overall health while the patient continues to remain at home. This type of intervention has been targeted primarily towards patients living with chronic diseases requiring long term care and timely follow-up.

Results from clinical trials investigating this hypothesis, however, have been mixed at best. The majority of the studies utilizing a more rigorous research design seem to indicate no significant difference in outcomes between patients receiving telemonitoring vs. standard post-discharge home care. It should be noted, however, that several of these studies reported some secondary benefits for patients receiving home telemonitoring. Additionally, qualitative studies of the experiences of both staff and patients involved with home telemonitoring programs indicate that when implemented properly these programs can empower patients' self-care and improve health status. The research also indicates that the attitudes and style of staff implementing the program have a significant impact on its acceptance and effectiveness.

Exactly what leads to successful implementation of a telemonitoring program is still unclear and requires further investigation. The focus of this study is to describe the lived experiences of homecare nurses involved with the day-to-day operation of telemonitoring systems in the homecare setting, and describe their perceptions of what makes a telemonitoring system a beneficial addition to patient homecare. Two to six one-on-one semi structured interviews with nurses employed by agencies utilizing home telemonitoring systems will be conducted. Nurses' responses will be audio recorded and analyzed for themes such as benefits of home telemonitoring for patients, characteristics of system efficacy, technical and implementation challenges for providers, and staff acceptance and satisfaction with the system. Implications for successful implementation of home telemonitoring programs will be discussed.

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## **RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session**

### **Nurse's Perceptions of Family Dynamics in Caring for Children with Anorexia Nervosa: Reports of Care Experiences**

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*Lucy Camarena, BSN, RN, USA*

#### Purpose

The purpose of this exploratory investigation was to identify common family dynamics for families with a child with anorexia nervosa from nurses' perspective in a variety of clinical settings.

#### Target Audience

The target audience of this presentation is nurses who work with children in the clinical setting.

#### Abstract

The research in this paper looked at nurses' perspectives on family dynamics in caring for children with anorexia nervosa in the clinical setting. The purpose of this exploratory investigation was to identify common family dynamics for families with a child with anorexia nervosa from nurses' perspective in a variety of clinical settings. The research questions included: How do nurses describe mother and teen relationships? How do nurses observe interrelatedness in between the family members? How do mothers and teens relationship differ between those with AN and those without? The participants included nurses working in the Bay Area in pediatrics. The exploratory investigation consisted of using surveys that will collect both quantitative and open-ended information.

Keywords: Anorexia Nervosa (AN), Teens, Family therapy, individual therapy.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### The Effects of Baccalaureate Nursing Students' Participation in a Community-Wide Disaster Drill on Perception of Interprofessional Education in a Small, Rural College Setting

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*Laura R. Madden, MSN, RN, CCRN, USA*

#### Purpose

The purpose is to examine how nursing student participation in a community-wide disaster drill changes perception of interprofessional education. This presentation will report the results of one small, rurally located school of nursing's creative use of participation in a disaster drill to educate about interprofessional collaboration

#### Target Audience

Nurse educators, nursing students, and educational leaders interested in an innovative and creative way to effectively teach interprofessional collaboration to nursing students, especially in small college settings where there are few or no other pre-licensure health care students with which to collaborate on an educational project.

#### Abstract

With both the Institute of Medicine (2001) and the World Health Organization (2010) advocating for interprofessional education (IPE) as a means to improve the quality, safety, and efficiency of patient-centered care, colleges and universities are tasked with finding appropriate ways to provide this education to their health care professional students. According to Reeves, Perrier, Goldman, Freeth, & Zwarenstein (2013), this is best accomplished through interactive education. In small colleges located in rural settings where nursing students may not have the opportunity to collaborate with other pre-licensure health care students, the ability to provide comprehensive IPE is difficult without using creativity and innovation. The purpose of this proposed study is to examine the effects of baccalaureate nursing student participation in a community-wide disaster drill on their perceptions of interprofessional education. This proposed study will utilize the Interdisciplinary Education Perception Survey (IEPS) to study the perceptions of baccalaureate nursing students from one small, rural college in the southeastern United States before and after their participation in a community-wide disaster drill. This instrument was developed in 1990 by Luecht, Madsen, Tauger, and Petterson, using 143 participants to elicit pre-professional healthcare student perception of interdisciplinary collaboration. The 18 items in the scale are rated on a 6-point Likert scale (1= strongly disagree and 6= strongly agree), with higher scores indicating greater professional cooperation (Williams & Webb, 2013). This instrument has been widely used since its development and carries a Cronbach alpha coefficient of .87 (Williams & Webb, 2013). Participants for this study will be recruited from the nursing program of one small, rural college where nursing is the only pre-licensure health care program. All of the nursing students from will be recruited to complete the IEPS survey instrument after class approximately one month before their participation in the disaster drill, and again during the debriefing session at the conclusion of the drill. Prior to their participation in the disaster drill, the students will be provided with didactic teaching on interdisciplinary collaboration using critical thinking. During the drill, the third year nursing students will participate as the victims, while the fourth year nursing students will collaborate with local fire, rescue, police, and hospital professionals to care for the victims. The participants will also be asked to complete a researcher-created demographic survey which will measure age, ethnicity, years of formal education, marital status, current employment status, number of years of work experience in the health care industry, and classification of city size where the participant anticipates they will work upon graduation from the nursing program. The participants will complete the survey during the spring semester of 2015. All data collected will be statistically analyzed, reported to the college, and prepared for presentation. The results of this study have the potential to provide evidence for use of an experiential learning activity to increase critical thinking and collaboration with other health care professionals.

Providing the theoretical framework for this proposed study will be Dewey's theory of knowledge development. Dewey used the pragmatic approach to knowledge development where truth is conditional on its practical applicability for accomplishment (Hookway, 2013). Pragmatism requires receptiveness to new ways of thinking and new resolutions to problem solving (Warms & Schroeder, 1999), which Dewey provided through his ideas of blending inquiry with experimentalism. Dewey posed his theory of knowledge development based on a human's ability to adjust their environment in order to provide a solution for a situation (Field, n.d.; Hookway, 2013). Dewey further believed knowledge and reason developed during interaction with the environment, using knowledge as an instrument to bring about change and adaptation (Field, n.d.). Additionally, as the environment was altered by interaction, a change in behavior was also manifested in the individual (Leffew, n.d.; Papdimos, 2009). During the interventional phase of this proposed study, the participants will draw on the concepts of observation, use of past knowledge, and critical thinking described by Dewey in his model (Kolb, 1984). These concepts will form the context for measurement of the four subscales of competency, perceived need for cooperation, perception of actual cooperation, and understanding the value of others found in the IEPS (Williams & Webb, 2013).

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# RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

## Effects of Infant Positioning in the NICU

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*Kristin Sierra Wade, BSN, RN, USA*

### Purpose

To provide a brief overview of the effects positioning has on fragile newborns. This visually-attractive poster summarizes recent research, allowing neonatal nurses to immediately use the information in their hospital to improve patient outcomes.

### Target Audience

Neonatal nurses who provide direct patient care for newborns and nursing students interested in such positions.

### Abstract

When babies are born, they are thrown into a world very different from the one they knew in the womb. This is especially true for premature or critically ill newborns, whose immediate physiological needs are put above long-term and developmental needs. One of the earliest neurodevelopmental interventions in the neonatal intensive care unit (NICU) is therapeutic positioning, and it is often nursing judgment as to how an infant is positioned during rest. This simple, yet powerful, intervention can greatly affect the patient's outcome in either a positive or negative way. If done thoughtfully, positioning can maintain an open airway, allow lung expansion and gas exchange, regulate temperature and intracranial pressure, and promote digestion. In the first three days of life, preterm infants are most vulnerable to brain injury from intraventricular hemorrhage. Their fragile blood vessels simply cannot compensate for the quick changes in arterial blood pressure that often occur in intensive care settings. Lying supine with the head of bed elevated and neck placed midline can prevent these devastating injuries. After those three days, the neonate's needs change. The focus may shift to improving gas exchange or promoting gastric motility. Bedside nurses should adapt their positioning approach based on the infant's changing condition, all while keeping development in mind. Whether the infant is supine, prone, or side-lying, their joints can stay flexed with the help of commercial and handmade positioning aids. These devices help to mimic the constricting effect of the uterus, and allow for proper joint and tissue development. This poster offers a visually-attractive summary of recent research on the outcomes of various newborn positions. It is designed to be a quick read for neonatal nurses so that they can immediately put the information into practice with the articles to refer back to and share with other staff members.

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# RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

## Infection Rates in Traditional Vaginal Birth vs. Water Birth

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Natalee J. Snyder, SN, USA  
Stephanie A. Palmer, SN, USA  
Sasha Sinkevich, SN, USA  
Nicollette Singleton, SN, USA

### Purpose

The purpose of this presentation is to increase awareness of the difference in perineal infection rates between traditional and water birthing methods.

### Target Audience

The target audience hoping to be reached are birthing facilities and faculty offering water birth and traditional birthing methods, as well as expectant mothers who are exploring birthing options.

### Abstract

The incidence of infection due to perineal tears during water births is unknown. Approximately 75% of all women who give birth vaginally will suffer from various levels of birth lacerations (Lundquist, Olsson, Nissen, & Norman, 2000). One in ten women who received a perineal laceration during a vaginal delivery later developed an infection (Johnson, Thakar, & Sultan, 2012). The purpose of this research is to determine the effects of water birth on maternal perineal infection in comparison to traditional birthing methods in California. The goal of this study is to determine the difference in perineal infection rates between these two birthing styles. This study defines perineal infection as the presence of swelling and redness at the wound, use of antibiotics, and fever. Fever will be measured using an electronic oral thermometer that will be calibrated per facility protocol and is classified as a temperature reading greater than 38 degrees Celsius. The study will implement a causal-comparative design including low risk mothers who fit within the study's inclusion and exclusion criteria. In this study, sampling will occur through random clustering of charts from 2013 of pregnant women who received a perineal tear at one of 20 California birthing centers that offer traditional and water births. One group will consist of women who used the traditional birth method. The other group will be comprised of women who chose the water birth method. Data will be collected retrospectively from patient files within the sampling groups. All information is confidential and no names were used throughout the study. To ensure confidentiality, all information gathered will be kept in securely locked electronic files on the laptops. Each participant will be given a reference number by which to be identified; her name will not be used to identify her. The patient's information and whether the patient displays the above mentioned defining characteristics of infection will all be recorded on the data collection form. Data will be analyzed using the Chi Square test of independence with a p-value of 0.05% was used to ensure external validity. Implications of this proposed study are patient safety, fiscal responsibility, patient satisfaction, and improvement in practice.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### Incorporating the Chronic Care Model to Improve Health Outcomes and Satisfaction

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*Marcia A. Potter, MSN, RN, FNP, USA*  
*Jill S. Walsh, DNP, MS, CEN, USA*

#### Purpose

The purpose of this presentation is provide practice based evidence for use of the Chronic Care Model in Primary Care practice.

#### Target Audience

The target audience is Primary Care clinicians, nurses, medical technicians, medical administrative staff, and clinic administrators.

#### Abstract

Patient activation and engagement can be powerful enablers for health outcomes; just as important are staff engagement and satisfaction. This author re-designed clinic templates to accommodate a time-based element of longitudinal care and implemented skill-based competencies to provide collaborative, team-based care to patients with type 2 diabetes. Seventy adults with diabetes and 6 staff members caring for them participated in a 12 week process improvement project utilizing the Chronic Care Model to link satisfaction and health outcomes. Patients completed satisfaction surveys at the end of their clinical encounters; staff completed satisfaction surveys pre- and post-implementation. The authors analyzed hemoglobin A1C levels pre- and post- implementation. As engagement and activation increased for both staff and patients, hemoglobin A1C levels decreased. Clinical implications include broad application of the CCM to daily practice, improved self-efficacy, healthier populations, and health care cost reductions.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### Trusting Relationships: Creating a Conducive Teaching and Learning Environment

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*Gisela H. Van Rensburg, D Litt et Phil, MA Cur; BA Cur(Hons); BA Cur, General nurse (RN), Midwife, Community nurse, Psychiatric nurse, Nurse educator, Nurse manager and Orthopaedic nurse, South Africa*

*Ellie C. van Dyk, MACur, BACur, BCur, RN, South Africa*

*Elsie Sophia Janse van Rensburg, DCur, DCur, MCur degree, BA Honnours (Psychology) degree, BCur degree and a certificate in Nursing Education., South Africa*

#### Purpose

The purpose of the presentation is to explain how building blocks of trust ensure self-trust and interpersonal trust. The relationships amongst educators, students and professional nurses, professional credibility and the teaching and learning context are interrelated and create professional trust in the nursing education environment.

#### Target Audience

The target audience for the presentation is nursing educators at accredited nursing education institutions, students who are following a nursing program which lead to the registration of a nurse and professional nurses or nursing managers from the clinical learning environment.

#### Abstract

Trust is regarded as the cornerstone of a society and the 'glue' to maintain social order, but also the emotional glue that binds leaders and employees together in leadership (Bell & Duffy 2009:50; Rotenberg, Fox, Green, Ruderman & Slater 2005:271). Dodgson (1993:83) defines trust to be "a state of mind, an expectation held by one partner about another that the other will behave in predictable and mutually acceptable manner. Trust is an essential component of nursing practice and nurse education is potentially influenced upon the formation of trust and distrust in the health care (Pask 1995:190). McCabe (2006:252) argues that nursing is a trusted profession and is perceived on issues of honesty and ethics. The average person refers nursing to caring and the word nurse is a significant term of a clear identity with compassion, caring, and collective comfort which give respect to the profession. It is then imperative to build and maintain professional trust in nursing education where educators, students and professional nurses can rely on quality teaching and performances in the teaching and learning environment for future trust in nursing.

The purpose of the research was to explore the needs of students and the views of educators' regarding trust in the teaching and learning environment of nursing education and to identify strategies to make recommendations in order to develop a model of trust for the nursing education environment. The research was guided by the following objectives. The objectives were to: identify the building blocks of trust for the nursing education environment; discover the value of the building blocks of trust in the nursing education environment; identify strategies to build the trust in the teaching and learning environment and to enhance the performance of students to become a competent professional nurse; make recommendations to build trust in the nursing education environment; and, develop a model of trust that will foster trust relationships in the nursing education environment.

The research was a qualitative grounded theory approach because it follows a systematic approach to data collection and analysis to discover the value of trust in the nursing education environment and to develop a model. A qualitative research was systematic and aimed to describe meanings and experiences to understand the phenomenon. The model for trust is grounded in the reality with the utilisation of a grounded theory approach with a systematic collection of data, categorising them and describes the emerging central phenomenon in the context of the nursing education environment.

The target population in this research consists of two groups which were educators and students, involved at accredited nursing education institutions (NEI). The educators were registered at the South African Nursing Council as professional nurses with a nursing education qualification working at a NEI as an educator. Students were in their third and fourth year at a NEI registered in a programme leading to the registration as a professional nurse. The accessible population was at NEI's of a university and colleges which are in the Free State namely the University of the Free State and the three campuses of the Free State School of Nursing.

In this research fourteen face to face interviews were conducted with female educators between the ages of forty to sixty. Sixty-four students between the ages of twenty to thirty-four years participated in fifteen focus group interviews. Interviews were digitally recorded with informed permission from the participants. Data collection was collected concurrently with literature review. The interviews were conducted until theoretical saturation was evident.

Four categories in the open coding emerged which are important for trust in the teaching and learning environment. They are the educator, student, professional nurse and the context of the nursing education. The categories and subcategories are interrelated to each other. Competencies such as expert knowledge regarding the subject of interest were expected from educators. Educators should be equipped with knowledge and skills pertaining teaching methods and applying it in the classroom or simulation environment. Clinical skills enable educators to integrate the theory and practice. These skills make effective clinical accompaniment possible to students. Student competencies include expectations of creativity and evidence to take responsibility for their own learning. The development of critical thinking is essential for the ability to integrate the theory and practice in the clinical learning environment. The competencies of the professional nurse include their knowledge about nursing, as well as the expected clinical experience in the specific clinical learning environment. The role of facilitating and accompaniment of student specifies the ability of the professional nurse to transfer knowledge and experience to students and create clinical learning opportunities to integrate the theory and practice.

In the shared subcategory of professional credibility, the educator, student and professional nurse need trustworthy attributes such as openness, reliability, honesty, benevolence and integrity. These trustworthy attributes are based on the expectation and internalising of professional virtues, ethical codes and values. In the presence of professional virtues the expected professional ethical conduct and role modelling will emerge. Educators, students and professional nurses required the demonstration of professional credibility and intentions amongst each to promote trust in the nursing education environment.

Trusting relationships amongst the educator, student and professional nurse resulted in benefits of trust in the educators and students. Trust in the educator plays a role in their own self-trust and the relationship with students. Students experiencing trust from the educator and professional nurse expressed how it influences their motivation, confidence, self-trust and performance in both theoretical and clinical learning environment. Disadvantages of trust in the educator and student lead to the opposite of the trust and mistrust resulted in negative relationship between them. Trusting relationships are supported with consistencies and congruencies in expected professional intentions and behaviour. Trust experiences in the teaching and learning affect the views of the program leading to a professional nurse and the end product as a professional.

The fourth category which arose from this research was the context of nursing education. In the teaching and learning context there should have been sufficient human resources such as educators, professional nurses and preceptors to mentor students and facilitate learning. The resources were not only restricted to availability of the mentioned but also the availability of adequate equipment, in the theoretical and clinical learning environment such as access to information medical, pharmaceutical and material supplies in the clinical learning environment. Furthermore, the theoretical learning environment educators' teaching skills, support and students' learning abilities optimise trust in the context. Professional nurses teaching role and clinical support to student enhance the students learning opportunities. Integration of knowledge and skills acquired has to take place in the theoretical and clinical learning environment,

where the educator and professional nurse assist the student to relate the practical exposure and learning to their theoretical content and outcomes. Maintaining of standards includes standards of educator, student and professional nurse as well as the theoretical and clinical environment.

Trust and interpersonal trust in the nursing education environment is essential to optimise the education and learning opportunities for students.

Strategies and recommendations regarding trust and trust relationships focus to building, maintaining, enhancing trust and preventing mistrust. A model was developed to promote trust amongst educators, students and professional nurses, as well as the context of education and training.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### A Q Methodology Study of Operating Room Personnel's Perceptions of Certified Registered Nurse Anesthetists

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*Rachel Marie Cooper, BSN, RN, USA*

*Neil Schalliol Craney, BSN, RN, USA*

*Desiree Hensel, MSN, PhD, RN, PCNS-BC, CNE, USA*

#### Purpose

to discuss the findings of a Q methodology study on the patterns of attitudes among physicians, nurses, and technicians who work alongside Certified Registered Nurse Anesthetists in the surgical setting.

#### Target Audience

Individuals whom are interested in furthering their education and training to become advanced practice nurses along with those who work beside them, educated them, or employ them.

#### Abstract

**Purpose and Background/Significance:** While the Institute of Medicine has called for nurses to practice to the fullest extent of their training and education, little is known about what perceptions exist towards Certified Registered Nurse Anesthetists (CRNAs) among other operating room team members. The purpose of this study is to explore patterns of attitudes among physicians, nurses, and technicians who work with CRNAs.

**Method:** This study used a Q methodology design with a purposeful sample of operating room personnel recruited from four different institutions in the Midwestern United States. Participants were given a set of 34 attitude statements representing a wide range of beliefs about CRNAs. The participants completed a -4 to +4 rank ordering of their level of agreement with each statement. Data analysis was done using PQMethod software. Natural groupings were determined through factor analysis with varimax rotation. A factor array and narrative report was used to describe the discovered shared viewpoints towards CRNA practice.

**Results:** Analysis of 24 returned Q sorts revealed three distinct viewpoints that explained 66% of the variance. Factor one was associated with high levels of confidence in CRNA abilities. Factor two was characterized by an acceptance for CRNAs with recognition for anesthesiologist supervision. Factor three recognized CRNAs were more patient focused but ultimately preferred the anesthesiologist.

**Conclusions:** Discovering patterns of attitudes towards CRNAs provides new direction for research on how to best support nurses in advanced practice roles.

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# RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

## Facilitating Intent to Vaccinate, Knowledge, and Change in Vaccine Belief

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Amy Z. Eby, MSN, RN, APN, USA

### Purpose

There is currently a gap in knowledge for the best way to deliver information to vaccine hesitant parents. The proposed evidenced based research plans on correcting misinformation on vaccine ingredients and vaccine safety. Outcomes can contribute to practice knowledge and help increase infants following the CDC schedule.

### Target Audience

The poster Presentation is targeted to advance practice nurses, nurse educators, and nursing leaders providing routine wellness care to infants and children

### Abstract

The first vaccine was released over 200 years ago and has forever changed the world we live in today (Stern & Markel, 2005). With the help of vaccines, people are able to build antibodies which enable and create a defense against illnesses such as rabies, tetanus, typhoid fever, influenza, measles, pneumococcal, meningococcal disease, hemophilus influenza, and other vaccine preventable illnesses. Vaccination efforts and health policy have been an integral component in the prevention and the fight of unwanted infectious diseases in our local communities. Unfortunately, with the success of vaccines, the fear of contracting a vaccine preventable disease has diminished (Offit, 2011).

Over the past 10 years, the rate of parents refusing vaccines has increased causing the risk of infectious disease to the young and old to also increase (Dempsey et al., 2011). Currently 1:10 parents are reporting the use of an alternative vaccine schedule (Cooper, Larson, & Katz, 2008). Furthermore, in a typical month, 89% of medical providers report parents request to follow an alternative schedule, administer one vaccine per visit, or refuse vaccines altogether (Kempe et al., 2011). As a result, 95% of medical providers state that the amount of time to discuss parent's concerns about vaccines is a major barrier to practice (Kempe et al., 2011).

While the current national vaccine rate remains high enough to develop herd immunity, there are growing pockets in the US with low vaccination rates making herd immunity nearly impossible to obtain (Centers for Disease Control and Prevention, 2014). Parents of today are more concerned with the possible side effects from vaccines and are refusing to vaccinate their children from the deadly diseases of our past and the present (Offit, 2011). The increased rate of refusal and use of alternative vaccine schedule is a threat to our communities. Once the vaccine rate falls below 95%, a community loses its herd immunity and outbreak will occur (Mennito & Darden, 2010). When compared to parents who follow the Centers for Disease Control and Prevention (CDC) schedule, only 28% of parents who follow an alternative vaccine schedule strongly agreed that their child was more at risk for contracting disease and contributing to the spread of vaccine preventable diseases (Dempsey et al., 2011).

In the United States (U.S.), there are current vaccine laws that require vaccinations upon kindergarten entry (Birnbaum, Jacobs, Ralston-King, & Ernst, 2013). Nineteen U.S. states, including the state of Arizona, allow personal beliefs exemptions (Vaccine Exemptions, 2012). School exemption rates, in the state of Arizona, have doubled in the last 10 years and increased 0.8% in one year from 2012-2013 since the implementation of personal belief exemptions (Centers for Disease Control and Prevention, 2012; Arizona Department of Health, 2014). In the 2013-2014 Arizona school year, a total of 4,035 kindergartners, 4.7%, filed for vaccine exemption (Arizona Department of Health Services, 2014). In fact, in 2013 only 69% of children in Arizona were protected from the seven vaccines series compared to 72% nationally (Arizona Department of Health, 2013). A study by Birnbaum et al. (2013) from the University of

Arizona found that schools with significantly higher rates of personal belief exemptions included schools with the highest proportion of higher income white students and lowest proportion of free and reduced lunches.

The above statistics are concerning and definitely affect other communities across the United States. As of January 30, 2015, there was one large measles outbreak at a Disney theme park contributing to smaller outbreaks in 14 states causing a total of 102 cases of measles this year (Centers for Disease Control and Prevention, 2015). Unfortunately, this latest outbreak includes 16% of the total cases documented in 2015 (Centers for Disease Control and Prevention, 2015). The cost to treat a child with measles is 23 times the amount spent on the MMR vaccine (Armstrong, 2007). Vaccinating a child against DTaP, Hib, MMR, and Hepatitis B provides a cost savings of 5:1 in direct health care spending and 17:1 in societal costs (Lieu, McGuire, & Hinman, 2005). As a result, vaccinating 90% of children from 1994-2013 is estimated to have saved society \$1.38 trillion dollars in total societal cost over the lifetime of children born during this time span (Centers for Disease Control and Prevention, 2014). The current CDC immunization schedule could prevent approximately 322 million illnesses, 21 million hospitalizations, 732,000 deaths, and save the U.S. 69 billion dollars spent by the health care industry treating vaccine preventable diseases (National Committee for Quality Assurance, 2012)(Centers for Disease Control and Prevention, 2014).

Pediatricians and other healthcare providers are concerned with the increased number of families choosing to not vaccinate or follow an alternative vaccine schedule (Committee on Practice and Ambulatory Medicine and Council on Community Pediatrics, 2010). The U.S. government has noticed these changes and has set vaccine goals in the Healthy People 2020 report. In addition, the state of Arizona in 2014 implemented an action plan to decrease vaccine exemptions affirming the state's commitment to help educate the public on vaccine preventable diseases (Arizona Department of Health Services, 2013).

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### Reasons for the Low Uptake of Adult Male Circumcision for the Prevention of HIV Transmission in Swaziland

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#### Purpose

The purpose of this presentation is to disseminate the findings from a study done to explore the reasons contributing to the low uptake of male circumcision as an HIV prevention strategy despite intense campaigns for the procedure. The study aimed at establishing a baseline for intervention to promote the procedure.

#### Target Audience

Target audience include all stakeholders involved in prevention and management of HIV infection, especially in the mass male circumcision strategy for HIV prevention. These include policy makers and implementers, individuals, government and non-governmental organizations engaged in related research, clinical or public health practice.

#### Abstract

**Background and introduction:** Male circumcision (MC), the surgical removal of all or part of the foreskin of the penis in a male, has recently been proven to reduce heterosexual female-to-male transmission of HIV by about 60% (Auvert, Taljaard, Lagarde, Sobngwi-Tambekou, Sitta & Puren 2005). Against this background, efforts are being made to scale up MC uptake in thirteen priority East and Southern African countries that are worst affected by HIV and AIDS, one of which is Swaziland.

Swaziland is reported to have the highest prevalence of HIV worldwide, with 19% of the general population and 26.3% of the adult population infected (AVERT, 2013; USAID, 2010). As many as 4,500 people died of HIV/AIDS in 2013 alone (UNAIDS, 2014). As of 2013, Life expectancy at birth is estimated to be at 50 years, one of the lowest in the world (U.S. Central Intelligence Agency, 2013). The number of AIDS orphans was estimated at 73,000 as of 2013 (UNAIDS, 2014), with the result that 15% of the Swazi population consists of orphans and vulnerable children (UNDP, 2013).

In view of this, in 2007, Swaziland adopted mass MC for the prevention of HIV transmission as recommended by WHO and UNAIDS (WHO, 2007; WHO & UNAIDS, 2007a). Mathematical models have shown that if Swaziland could circumcise 50% of males aged 15 to 49 by the end of 2020, one HIV infection could be prevented for every four MCs performed (USAID, 2009; Grund, 2010). Despite intense campaigns to promote the mass MC, uptake of the procedure is way below the set national targets of circumcising up to 80% of all men aged 15-24 over a five-year period (Ministry of Health [Swaziland] 2009b, Grund 2010).

The reasons for this low uptake of MC have not been sufficiently explored scientifically. The purpose of this study was to explore the reasons for the low uptake of MC in Swaziland despite the campaigns for the procedure. The following method was used.

**Methodology:** A generic qualitative study was conducted, in which all men who were targeted by the mass MC campaign were eligible. However, in view of the age criteria for an informed consent, only those who were aged 18 years and above were considered. Ethical clearance was obtained from the Ministry of Health [Swaziland], Scientific and Ethics Committee. Participants were identified and selected by convenience sampling as they were coming for MC or other services, or accompanying their colleagues for such services, at Family Life Association of Swaziland (FLAS) Clinic, Mbabane. FLAS Clinic is one of the main providers of the MC services, among other sexual and reproductive health services in the

country. Participants were fully informed about the study before being asked for their voluntary participation. Those who agreed to take part in the study were requested to sign the consent form before data collection. Data were collected through audiotaped individual in-depth face-to-face unstructured interviews. Sampling and data collection were done concurrently and continuously up to the point of data saturation. A total of 17 participants were interviewed. The manual process of qualitative data analysis was followed as described in Creswell (2003:191-195). The process involved transcription of the audiotapes and reading the transcript several times, identifying, coding and categorising similar segments. Main themes were identified, and each was described separately. Data were interpreted to come up with a comprehensive description of the reasons for the low uptake of MC as presented in the next section.

**Findings:** A total of five themes emerged as reasons for the low uptake of MC, namely: perception of no significant benefit in preventing HIV transmission, fear of the procedure and the possible outcome, lack of patience, religious/cultural beliefs as well as worries about the fate of the foreskin

While participants agreed that circumcision reduces the chance of developing sexually transmitted infections (STI), they felt that HIV is an exceptional STI, whose transmission is independent of circumcision status. They were not convinced that MC offers a 60% chance of protection as reported in Auvert et al. (2005). Moreover, the mass MC activists still emphasise on the use of condoms among circumcised individuals, which participants interpreted as ineffectiveness of MC in preventing HIV transmission. Participants also expressed worries about the MC procedure itself and its possible adverse outcomes, mainly surgical pain and impaired sexual function. Those who were not prepared to know their HIV status were also concerned about the HIV testing and counselling which is attached to the medical MC procedure. Some participants also expressed impatience in queuing for the procedure at the expense of their economic productivity, while others were concerned about the time period needed to allow healing of the operation. According to the mass MC guidelines, a circumcised person should wait for 4 to 6 weeks to allow the operation to heal completely before engaging in sexual intercourse (WHO & UNAIDS, 2007b). Apparently this was reported to be too long a period for sexually active participants.

Religious and cultural beliefs also contributed to the low uptake of MC. Biblically, participants felt MC is a feature of the Old Testament, which is no longer supposed to be followed, while others felt it is an unjustifiable act of tempering with God's temple, the human body. From an African Tradition Religion perspective, participants felt it is against their customs and values to remove any body part and dispose it anyhow, including incineration as is the case with medical MC, without following the proper rituals of traditional dissent burial. Moreover, some participants had a misconception that the foreskins were being used to make some Ben's spices. According to one health care provider of the FLAS clinic, these spices were coincidentally introduced at the time when mass MC was launched. In addition, those who would have agreed to be circumcised were given these spices as incentives, hence the presumed association.

**Conclusion and recommendations:** Results show that most of the reasons for not coming for MC were attributed to insufficient knowledge or misconceptions about some aspects of the procedure. Uncontrollable physiological forces and, to some extent, underutilisation of some potentially influential structures of the community were evident. Apparently some of these drawbacks are modifiable as follows, in an effort to improve MC uptake.

The findings that some Swazis still don't believe that MC can reduce chances of heterosexual transmission of HIV implies that the current teaching is not sufficiently convincing. It is recommended that more precise and scientific or biomedical explanations be incorporated in the MC campaigns. Likewise, worries about the loss of sexual vigour post-operatively have not been explained clearly from a scientific perspective. Studies have shown that MC enhances sexual performance (Plotkin, Mziray, Küver, Prince, Curran & Mahler, 2011; Senol, Sen, Karademir, Sen & Saracoglu, 2008), and such information is necessary to allay people's anxiety and convince them to undergo MC.

With a clear understanding of the mechanism of action of the procedure, the public is likely to appreciate the "partially protective" nature of the MC strategy. Participants did not reflect knowledge about the current concept of the comprehensive package for HIV prevention, of which MC is part. The relevant

stakeholders, therefore, need to clarify and emphasise that MC is essentially meant to compliment other strategies aimed at reducing heterosexual transmission of HIV infection, and thus be a rescue measure in the event that those other strategies have failed, for whatever reason, deliberate or accidental.

Perioperative pain control measures associated with modern medical MC also need to be emphasised at the campaigns level, rather than only in the perioperative phase. Those who would have undergone the procedure may be engaged to attest to the effectiveness of this pain management which is characteristic of the procedure. Similarly, the HIV counselling and testing (HCT) which are attached to MC and currently discussed just before the procedure, may also need to be discussed at the campaigns level. The input of professional counsellors and the emphasis on clients' rights in HTC needs to be considered.

This study also revealed that some men are deterred from MC in preservation of their religious values. Apparently this is out of being misinformed or having misconceptions about the stance of their religions regarding MC, according to some scriptures (Galatians 5:6; Galatians 6:15; Corinthians 7:19). In this regard, the most influential and effective people in clarifying relationship between MC and each religion are the respective religious leaders. It is therefore recommended that these leaders be put aboard in the MC campaigns to assist mobilising their followers.

Over and above these modifiable factors, it is recommended that some efforts be directed towards strengthening neonatal MC. This will ensure that men undergo the procedure before they are sexually and economically active, as these factors have been proven to be challenges of adult MC.

These recommended interventions can be realised if there is collaborative efforts by clinicians, public health personnel, community or institutional.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### Probiotics for the Prevention of Recurrent Urinary Tract Infections in Women: A Systematic Review

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#### Purpose

The purpose of the poster presentation is to review the literature and evaluate the effectiveness of probiotics in the prevention of recurrent urinary tract infections to determine if probiotics can be included in the current guidelines.

#### Target Audience

The target audience is for healthcare providers who treat urinary tract infections in women of child-bearing age, as well as postmenopausal women.

#### Abstract

**Purpose:** The purpose of this evidence-based practice poster was to review the literature and evaluate the effectiveness of lactobacillus in preventing recurrent urinary tract infections (rUTI) in women. The most common lactobacilli species found in the vaginal tract are *Lactobacillus (L.) acidophilus*, *L. fermentum*, *L. plantarum*, and *L. rhamnosus*, all which are at low levels in women with rUTIs. There is some evidence to suggest that use of lactobacillus may provide protective effects against bacteria commonly associated with urinary tract infections. Findings from a current literature review will be used to provide further support for this intervention and develop recommendations for its use in clinical practice.

**Data Sources:** CINAHL Plus, Medline, PubMed, Cochrane Library, and EBSCOhost

**Conclusions:** Evidence from this review suggests little or no benefit of lactobacilli probiotics in preventing rUTIs in women with a few studies showing antimicrobials being more effective. For probiotics to be included in the prophylactic rUTI guidelines, further research is necessary.

**Implications for Practice:** Advanced Nurse Practitioners (ANP) play a vital role in the healthcare delivery system. With the large amount of urinary tract infection (UTI) cases per year, ANPs should be educated on the current research on preventative measures of UTIs. Lactobacilli probiotics should be included as a possible preventative measure because women who suffer from recurrent UTIs might benefit from probiotics as evidenced by the results of these studies.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### Oral Sexual Activity and the Associated Health Disparities in College Aged Females in the United States: A Systematic Review

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#### Purpose

The purpose of this presentation is to share findings of a systematic review of oral sexual activity and the associated health disparities among college aged females in the United States.

#### Target Audience

The target audience of this presentation is nurses, health care providers, researchers, educators, and policy makers.

#### Abstract

Purpose: To explore the current level of understanding about oral sexual activity and the risk for sexually transmitted infections in the female college population, a systematic review was conducted to summarize scientific literature over the past decade.

Methodology: The following electronic databases were searched: PubMed, Google Scholar, CINAHL, MEDLINE, SCOPUS, SAGE, and ProQuest. The publication dates searched were 2004 to 2014. The keywords used in this search were as follows: oral sex, college females, adolescent sexual behaviors, sexual risk, and sexually transmitted infections. Inclusion criteria included the following: English language only, academic peer reviewed journals, qualitative and quantitative studies, and domestic research. The exclusion criteria consisted of international research, only vaginal sex studies, and pregnancy related studies. A matrix method was utilized for organization of the review of literature.

Results: A total of 93 articles, publicly available at no charge, were selected for full-text evaluation, 38 of which were included. These articles were organized into the following four categories: adolescent/teen sexual behaviors, female college students, oral sex, and college student's sexual behaviors, with the matrix method. Consistent findings were as follows: the prevalence of oral sexual activity among adolescents and young adults is increasing; a shift in attitudes with oral sex has occurred in regards to risk, classification as a sexual act and virginal status; and the existence of a distinct knowledge deficit on the transmission of sexually transmitted infections with oral sexual activity. Specific findings for adolescent women have also revealed that females who engage in oral sex are more likely to have unprotected vaginal sex, placing them at greater risk overall. Gaps were identified regarding the need for further examination of the perceptions of risk with oral sexual behaviors due to the potential for sexually transmitted infections with college females, as well as the need for more educational interventions on oral sexual behaviors. Another gap identified was the need for more research on the factors which influence the decision to have oral sex to help with educational efforts regarding sexually transmitted infections.

Conclusion: Despite some concern over the shift in attitudes and the increased prevalence of oral sexual activity, there is insufficient research performed in the United States which specifically addresses oral sex. More research efforts are warranted to examine oral sexual activity and the associated health disparities specific for the female college population.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### The Potential Role of the Vagus Nerve in HIV-Associated Cognitive Disorders

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*Linda D. Moneyham, PhD, RN, FAAN, USA*

#### Purpose

The purpose of this presentation is to introduce the vagus nerve as a potential pathogenic mediator for select HIV symptomology, but more specifically, HIV-associated neurocognitive disorders; furthermore, it will introduce vagus nerve stimulation as a potential intervention to assist in reestablishing physiologic and cognitive homeostasis in adults with HIV.

#### Target Audience

The target audience for this presentation is clinicians, direct care nurses, educators, research nurses, and students.

#### Abstract

With the introduction of combination antiretroviral therapy (cART), HIV replication is hindered and gross immune responses are reestablished for many; however, even in the presence of antiretroviral therapy, HIV stimulates constant activation of both the adaptive and innate immune systems which results in a chronic, mild inflammatory state. Despite improved outcomes with cART (e.g., decrease in HIV-associated dementias), adults with HIV continue to exhibit central nervous system mediated cognitive disorders when compared to the HIV negative population. The cognitive disorders, known as HIV-associated neurocognitive disorders (HAND), have been suggested to be related to this chronic, mild inflammatory state. HAND remains quite prevalent, ranging from 52% to 59% of the adult population. These disorders include alterations in executive function, memory, speed of processing, attention, and psychomotor speed.

HIV can infect the brain and impair central nervous system function by influencing endocrine, neuronal, and immune processes. In particular, HIV has been suggested to affect the hypothalamic-pituitary-adrenal axis (HPA-axis), inflammatory response, and microbiome (gut-brain axis) which function concomitantly to regulate physiological function. The interactions of these mechanisms have implications for cognitive function due to their capacity in maintaining systemic homeostasis during physiological stress. Dysfunction in these systems can contribute to the pathogenesis of neurodegeneration when physiological stress becomes chronic. The autonomic nervous system (ANS) regulates a bidirectional interaction between the brain and the gut. The vagus nerve is central to this bi-directional, homeostatic function of the ANS due to its parasympathetic properties and its utilization of afferent and efferent connections.

The vagal nerves convey information between the brain and the gastrointestinal tract forming a neural circuit both in afferent and efferent directions. The efferent vagal nerves regulate gastrointestinal activity, endocrine system, motor function, and mediate inflammatory responses. Vagal afferents transfer information from the gut to the brain (e.g. inflammation) and are suggested as being responsible for behaviors that include lethargy, depression, anxiety, loss of appetite, and sleep disturbances. During stress states, vagal afferent nerves stimulate the HPA-axis which has a primary role in innate immune function by regulating acute stress responses. If the HPA-axis is unable to restore homeostasis (e.g., HIV induced chronic inflammation) over time, it exhausts hormones and neurotransmitters needed for healthy cognitive function. The imbalance in physiological systems leaves the body vulnerable to stress-related effects such as headaches, fatigue, upset stomach, blood pressure and heart rate changes, cognitive impairment, and sleeping problems. In addition, vagal signals from the gut initiate anti-inflammatory responses through afferent signals to the brain which then activate an efferent nerve response. The

efferent response activates the cholinergic anti-inflammatory pathway through immune cell interactions which attenuates inflammation through the production of acetylcholine. Acetylcholine has a primary function in cognition and regulating immune responses; however, chronic stress changes how the body utilizes and stores it. The result of these changes could deplete or interfere with the brain's ability to store and utilize acetylcholine for cognitive function, therefore, contributing to cognitive disorders.

Chronic inflammatory states can also weaken gut mucosa and epithelial barriers; furthermore, HIV can pervade the gut and alter microbiotic composition into a pathogenic state. Microbiota have been implicated in brain function, homeostasis, immune responses, and digestive processes. Pathogenic microbiota and chronic inflammation could disrupt homeostatic physiological processes and also facilitate the crossing of microbiota into the blood stream through weakened gut barriers (microbial translocation). Microbial translocation is a process when pathogenic material enters the blood stream and threatens the blood-brain barrier by stimulating an inflammatory response. These pathogens induce responses that stimulate subtle brain inflammation which impairs normal cognitive function. The vagus nerve functions to help maintain gut barriers through immune-related processes and its ability to communicate with gut microbiota, but loses this ability in chronic stress states, as is common with HIV (i.e., inflammation).

It is important to note, that stress responses cause the body and brain to utilize essential resources (e.g., nutrients, neurotransmitters, hormones, etc.) for the purposes of survival or removing the threat. If the threat is not removed (e.g., HIV) then the body continues to shunt essential resources to areas specific to the stress response and redirects them from areas unrelated to homeostasis (e.g., select cognitive function). The consequence of this shunting could chronically impair select cognitive functionality due to lack of essential reception and stimulation.

The vagus afferent and efferent connections involve a physiological circuit that is designed to produce a parasympathetic or anti-stress response. On the other hand, HIV promotes a chronic stress state (sympathetic response) which chronically overrides the homeostatic properties of the parasympathetic responses mediated by a functional vagus nerve. Theoretically, HIV could have a pathological effect on the vagus nerve causing dysfunction in its ability to mediate immune responses and signals, thus contributing to the development of cognitive disorders.

In order to explore cognitive interventions in adults with HIV, identifying a pathogenic mediator that coordinates the homeostatic interactions of the neuronal, immune, and endocrine systems would be of interest. It would allow the possibility of more precise targets for treatment which focuses on HIV symptom regulation (i.e., fatigue, upset stomach, cognitive impairments, etc.). Vagus Nerve Stimulation (VNS) is one potential intervention as it targets the vagus nerve and has been utilized as a standard treatment both in clinical depression and epilepsy; furthermore, it has also been utilized in cognitive-based disorders (e.g., Alzheimer's disease) with mixed results. VNS targets neural plasticity and has the potential to transform current treatment of neurological disorders, but the complexity of physiological interactions that promote plasticity makes it difficult to control. Under normal conditions (homeostasis), plasticity is designed to promote learning through dynamic physiological processes. However, in pathological conditions, the physiological processes driving plasticity are insufficient to restore function (chronic stress). Research has suggested VNS can improve motor speed, psychomotor function, language, and executive functions in patients diagnosed with depression. VNS has also been shown to have a positive effect on memory consolidation, enhancing recognition and recall when utilized in cognitive disorders. Unfortunately, the role of VNS in HIV has not been explored.

The vagus nerve could function as a pathogenic mediator for some HIV symptomatology, more specifically cognitive impairment, due to its mediating role in the ANS. Furthermore, VNS has been utilized in adults and is considered to be a safe treatment option for depression, epilepsy, and as an experimental option for Alzheimer's disease. The benefit in identifying a pathogenic mediator allows for more comprehensive treatment options for adults with HIV as it provides a target for interventions (e.g., pharmaceutical, VNS); furthermore, the potential symptomatic improvement would increase the quality of life for adults who experience HAND.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### Opinions about Smoking Policies, Exposure to Secondhand Smoke, and Smoking Behaviors of Freshman College Students

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*Haley E. DeYoung, USA*

*Megan M. Eggert, USA*

#### Purpose

The purpose of this presentation is to examine freshman college students' opinions about smoking policies and smoking behaviors at a private, mid-western university.

#### Target Audience

The target audience of this presentation is those interested in supporting smoking abstinence and working with young adults

#### Abstract

College years are a time of life transition and therefore smoking abstinence programs are needed on college campuses in order to prevent initiation of smoking behaviors and promote smoking abstinence (Rogers, 2012). The purpose of this project was to assess freshman college students' opinions of smoking policies, secondhand smoke exposure, and smoking behaviors within a smoke-free campus. The Transtheoretical Model (Prochaska & DiClemente, 1983) provided framework for assessment of behaviors and intentions. An on-line cross-sectional survey was used to collect the data. Surveys were emailed via Zoomerang and Survey Monkey to all undergraduate freshman students at a private, Midwestern university consecutively over four fall semesters from 2011 through 2014. Survey questions contained 56 forced-choice or open-ended options. Data were analyzed using descriptive statistics. A total of 1,294 freshman responded yielding a 42.9% response rate. The majority of the subjects were female (59%) and white (85%). Twenty-eight percent were unaware that the campus is a smoke-free environment. While 75% of the respondents agreed or strongly agreed that the campus should be a smoke-free environment, 68% reported seeing students smoking on campus. When asked about second-hand smoke exposure, 22% of the freshman students were exposed to secondhand smoke in their environments, and 46% indicated they have friends who smoke a tobacco product. Fifty-two percent agreed or strongly agreed that they would ask others not to smoke around them, and 91% indicated they would rather date a non-smoker. Thirty-five percent ( $n = 450$ ) of freshman students admitted to smoking at some point in their lifetime. On the average, students indicated they started smoking at the age of sixteen ( $SD = 2.34$ ). When asked about current smoking behaviors, 14% ( $n = 139$ ) indicated they smoked during the previous 30 days, but only 48 (26%) of these smokers would consider themselves a "smoker". To further describe smoking behaviors ( $n = 139$ ), 18 (21%) freshman said they smoked only once in the last 30 days while 14 reported they smoked every day ( $M = 8$ ,  $SD = 10.7$ ). Smoking was reported as a social behavior with 94% indicating they smoked with others. Based on the TTM stages of change, intentions to abstain from smoking were assessed. Twenty-two smokers (14%) said they decided to stop smoking within the next month and had a quit date, while 41 (27%) did not think smoking was a problem and did not plan to quit. Findings from this campus indicated that the rate of smoking behaviors of freshman students was similar to national college data. Data from this study adds to the growing body of evidence about college students' opinions concerning smoking and their smoking behaviors. These data are being used to form a foundation for an evidence-based project on smoking abstinence across campus.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### Sexual Risk Outcomes of U.S. Adults Exposed to Parental Incarceration

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*Samantha Boch, BA, BS, RN, USA*  
*Jodi Ford, PhD, RN, USA*

#### Purpose

The purpose of the presentation is to gain invaluable experience presenting original research investigating the associations between lifetime exposure of parental incarceration (PI), timing of PI with respect to child's age, and frequency of PI and sexual risk outcomes of U.S. adults.

#### Target Audience

The target audience of this presentation is researchers and policy makers interested in the long-term health outcomes of those exposed to the parental incarceration during childhood and adolescence.

#### Abstract

**Purpose and Background/Significance:** In the United States, approximately 1.7 million children have a parent incarcerated in prison. Due to mass incarceration, the spillover consequences onto the health of children are burgeoning. Studies have found that children exposed to parental incarceration (PI) are more likely to experience numerous economic, educational, and behavioral difficulties, as well as poor physical, and mental health. Recent studies have also highlighted that the timing and frequency of PI, and gender of the parent incarcerated may have particularly deleterious effects on the well-being of children across the life course. However, to date, few have investigated the effect of PI on sexual risk outcomes despite evidence linking PI to substance use, which commonly co-occurs with sexual risk behaviors. Thus, the purpose of this study is to investigate the associations between (1) lifetime exposure of PI (2) timing of PI with respect to child's age, and (3) frequency of PI and sexual risk outcomes.

**Theoretical framework:** A bioecodevelopmental framework will guide the study, which centers on the effects of early childhood adversity (e.g. PI) on health outcomes across the life course.

**Method:** Secondary data from the National Longitudinal Study of Adolescent to Adult Health will be analyzed. Dependent variables include sexual risk outcomes: multiple sexual partners and STIs in the prior year. Independent variables include biological father and mother incarceration occurring in child's lifetime, frequency of PI, and timing of PI with respect to the child's age (0-18 years, or >18 years v. never). Consistent with prior PI research, analyses will be stratified by gender of parent and child as associations may differ.

**Results:** Research is underway.

**Conclusions:** This study builds upon prior research by the authors on the lasting effects of PI exposure during adolescence on adult health outcomes. Consistent with emerging nursing science elucidating the importance of early childhood events on health across the life course, the knowledge gained from this study will enhance our understanding of the longitudinal impact of PI on sexual risk outcomes among adults and illuminate pathways for STI prevention.

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# RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

## Advanced Practice Nurses on the Stroke Unit: A Cross-Sectional Study

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Janet G. Wood, MSN, RN, FNP, NP-C, USA

### Purpose

The purpose of this presentation is to disseminate research describing the outcomes associated with presence of advanced practice nurses (APNs) on the in-patient stroke unit care team, as compared to usual physician-led care.

### Target Audience

The target audience of this presentation includes nurse clinicians, advanced practice nurses, and healthcare administrators.

### Abstract

**Objective:** To evaluate the economic and quality outcomes associated with a collaborative advanced practice nurse and hospitalist physician model of care on the in-patient Stroke Unit as compared to usual hospitalist physician-led care. **Background:** In the standard medical model, physicians have historically assumed responsibility for all aspects of medical decision making for hospitalized patients. Value-based reimbursement now creates a pressing need for transformative care models which promote evidence-based care while providing high quality experiences for patients and families. High functioning collaborative teams are anticipated to be essential under value-based reimbursement. **Methods:** The study developed from a care improvement effort implemented within a Joint Commission-designated Primary Stroke Unit at a large Midwestern private Catholic hospital. Hospitalist nurse practitioners were assigned to the Stroke Unit in collaboration with hospitalist physicians to implement daily hospital management for patients with stroke and transient ischemic attack. To evaluate outcomes associated with the care model, a retrospective cross sectional design was used with 100 patients in the collaborative advanced practice nurse and hospitalist physician care group and 100 patients in the usual hospitalist physician-led care group. Primary outcome measures were length of stay, 30-day re-admissions, stroke core measure documentation, and patient experiences of care. Analysis of demographic characteristics assured that the samples were similar. **Results:** The collaborative care group performed better on one of five stroke core quality measures and on two of three patient experience of care measures. Mean length of stay and hospital re-admissions were similar between groups. Five patients left the Stroke Unit against medical advice in the usual hospitalist physician-led care group, while there were no discharges against medical advice in the collaborative care group. **Conclusion:** Advanced practice nurse and hospitalist physician collaboration is a promising model for healthcare quality improvement during inpatient stroke care; results are likely generalizable to other adult medicine populations.

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# RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

## A Journey of Challenges with Medication Reconciliation

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*Julie Vinod, MS, BSN, RN, ANP-C, USA*

### Purpose

To increase awareness among healthcare providers regarding accuracy of electronic medication reconciliation and factors leading to medication discrepancies

### Target Audience

TARGET AUDIENCES 1. Registered Professional Nurses 2. Nurse Practitioners 3. Physicians 4. Physician-Assistants 5. Nursing Leadership Team 6. Hospital Administration

### Abstract

**Background:** Unintentional medication errors are a significant problem in healthcare in terms of morbidity, mortality and cost. Hospitalized patients are at particular risk for unintentional medication errors. At least 1.5 million Americans are injured every year by medication errors (IOM, 2006). On average, every hospital patient is likely subjected to at least one medication error per day, leading to approximately 98,000 annual deaths. Furthermore, the cost of medication errors is high in terms of negative patient outcomes and litigation. Over 3 billion dollars are spent annually towards treating the consequences of medication errors. Medication reconciliation is one of several strategies used to reduce medication errors. Medication reconciliation is the process of comparing a patient's medication regimen across the continuum by reviewing, analyzing and resolving any discrepancies.

**Purpose:** To examine the accuracy of electronic medication reconciliation upon admission compared to discharge.

**Theoretical Framework:** One strategy to improve quality and prevent medication errors is to properly conduct medication reconciliation. Proper medication reconciliation is collection of a detailed medication history with open-ended questions, accurate documentation of medication reconciliation, and congruence with electronic technology. Changing processes supporting medication reconciliation is a challenge for healthcare systems. Rogers' theory of Diffusion of Innovations informs the process of change and adoption of improved medication reconciliation systems.

**Review of Literature:** Medication reconciliation emphasizes evaluating and improving medication regimen throughout the continuum to reduce patient harm. Few investigators have studied medication discrepancies on admission to discharge using electronic medication reconciliation. Patient safety is a challenge pertaining to preventing unintentional medication errors. Recent studies demonstrated that pharmacist- enhanced medication reconciliation improved patient outcomes, safety and reduced healthcare costs. Evidence supports using medication reconciliation processes to prevent medication errors. When nurses identified discrepancies, physicians changed the discharge orders of 94% of patients ([Barnsteiner, 2005](#)). Using electronic technology for medication reconciliation may generate a false sense of accuracy and security.

**Method:** A retrospective electronic chart review (n=200) was conducted at a tertiary care safety-net hospital, between July 2014 and December 2014 using a data extraction tool created for the study. Medication reconciliation conducted at admission and discharge was examined for medication discrepancies for patients admitted from the emergency department to cardiology and medical surgical units. Non-modifiable predisposing factors for medication reconciliation examined included age, gender, marital status, ethnicity, and comorbidities. Modifiable precipitating factors examined were medication discrepancies, change in medication regimen on discharge, polypharmacy, critical lab values and combination drugs. Variables were analyzed using descriptive statistics.

**Results:** The sample of 140 patients (mean age 58.8 years, SD 9.4) had more males than females and was predominately white. Preliminary results suggest that the prevalence of medication discrepancies were detected and corrected in greater than 50% of discharge medication reconciliations. More than 80% of patients were discharged home with a change in medication regime compared to their home regimen. Approximately 71% of patients reported to be on at least five medications or more. Most patients had comorbid illnesses; 86% had a history of hypertension; 67% had history of hyperlipidemia; 60% had a history of coronary artery disease.

**Implications:** Discharge Medication Reconciliation is costly in terms of nursing workload. Discrepancies detected during discharge medication reconciliation took approximately 30 minutes to correct. Delay in discharge to correct medication discrepancies may have a negative impact on patient satisfaction and financial management of the institution. Identification of risk factors for medication reconciliation serves as the potential targets of intervention. Outcomes rely on the health care provider's ability to identify risk factors and enter complete and accurate information in the electronic medical record.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### The Effect of Self-Reported Levels of Optimism on Blood Pressure in an Adult Population: A Pilot Study

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*Christopher Ross McConnell, USA*

#### Purpose

The purpose of this presentation is to examine a possible correlation between optimism (otherwise defined as positive affect) and blood pressure.

#### Target Audience

The target audience of this presentation is any individual with an interest in the topic material.

#### Abstract

The purpose of this research study is to examine a possible correlation between levels of self-reported optimism and blood pressure readings. Current research has denoted a possible link between levels of optimism and cardiac health, but has not specifically looked at measures of blood pressure. Research was guided by the research question; what is the correlation between self-described optimism levels and blood pressure readings in the elderly male population of Marin County? Study participants were recruited by convenience sampling for this cross sectional, correlational study at Whistle Stop, a senior service center located in San Rafael, California. Participants were asked to sign consents, fill out a demographics sheet, and fill a Life Orientation Test – Revised (LOT – R). Following the completion of paperwork, subjects had their blood pressures checked, once on each arm and the numbers were recorded.

**\*Results, data analysis, and conclusions are pending SPRING 2015\***

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# RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

## Super Utilizer Case Management Program with Nursing Students

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*Jessica C. Carroll, BA (BIO), BLS, PEARS, USA*

*Laurel Edwards, PEARS, BLS, USA*

*Tiffany Joy-Egly, BS (CrimJst), PEARS, ACLS, NREMT, BLS, USA*

*Thuy Nguyen, PEARS, BLS, USA*

*Melissa Naff, PEARS, BLS, CNA, COA, CMA, USA*

*Carly Schmidlein, PEARS, BLS, CNA/HHA, USA*

### Purpose

The purpose of this presentation is to display the review of literature and results from our retrospective study evaluating the effectiveness of a Super Utilizer Program which uses baccalaureate nursing students as health care coaches.

### Target Audience

The target audience of this presentation is faculty of nursing programs, Emergency Department nurses, nurse case managers, nurses involved with vulnerable populations, and nursing students.

### Abstract

**Background:** There are many patients who use the emergency department as it was intended. However, there are a small number of patients, or Super Utilizers, who make numerous visits to and incur high charges at the ED for issues that could be addressed elsewhere. In response to this situation, The Super Utilizer Program was launched. Modeling the care management program in Camden Coalition, the Super Utilizer Program is a joint effort between the continuum of care and Emergency Department (ED) at Stormont-Vail HealthCare (SVHC) and Baker University School of Nursing (BUSN). The goal of the program is to guide the Super Utilizer (SU) population in accessing resources, which would more appropriately address non-emergent health care issues.

**Purpose:** The purpose of this study is to evaluate the effectiveness of a Super Utilizer Program which uses baccalaureate nursing students as health care coaches. A secondary purpose is to discover and understand the underlying issue(s) for high ED use.

**Study Design:** This is a quantitative, observational retrospective study.

**Methods:** IRB approval for this study has been obtained. We will examine the number of emergency department visits, client access to and utilization of primary care and/or insurance, and connection with community resources (food, shelter, transportation, childcare, mental health, dental, disease management, medical assistance programs/pharmacy, workforce, health home/case management, rent or utility assistance, clothing assistance, and other services). To accomplish this task, we will conduct a retrospective chart review of all enrollee records enrolled in the program during the Fall 2013 and Spring 2014 semesters. Data will be collected from the six months prior to and six months after enrollment into the Super Utilizer case management program. Data collection will involve a manual chart review of SVHC records to obtain baseline and post enrollment data including chief complaints, number of ED visits at SVHC and surrounding facilities, number of student to client encounters, number of community services in use, other comorbidities, connection with a primary care provider, insurance coverage, medical and mental health referrals, hospital admissions, and client demographics. A form for data collection will be tested for inter-rater reliability with three case studies prior to the start of data collection.

**Findings:** Results will be collected and finalized by May 1, 2015.

**Conclusion:** The study has not been completed yet, however, we believe that the Super Utilizer Program using baccalaureate nursing students as health care coaches will show a decrease in the amount of inappropriate ED usage, an increased connection to primary care, and community resource referrals.

**Clinical Relevance:** This study will present evidence about the efficacy of an innovative way to assist Super Utilizers find appropriate care. In addition, this study will help the emergency department understand the main reasons for these high frequency visits.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### Clinical Reasoning on an Assignment: Perceptions of Third Year Baccalaureate Nursing Students

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*Karen Lynn Oostra, BN, BSc, RN, Canada*

*Barbara Astle, PhD, RN, Canada*

*Heather Meyerhoff, MSN, RN, Canada*

#### Purpose

The purpose of this presentation is to explore the clinical reasoning skills of students who, during their third year of their Baccalaureate nursing program, applied the nursing process to complete a Clinical Judgment Exercise (CJE) assignment.

#### Target Audience

The target audience of this presentation is nurses and graduate students interested in nursing education and in the development and practice of clinical reasoning.

#### Abstract

Nursing students must develop strong clinical reasoning skills during their undergraduate program in order to be able to make sound clinical judgments regarding patient care. How students understand the evolution and application of their own critical thinking/clinical reasoning skills is of interest to nurse educators as they seek to support and enhance these skills through educational interventions and assessments.

**Background:** Both critical thinking and clinical reasoning exist as terms in the literature. Critical thinking can be defined as “purposeful, self-regulatory judgement, that results in interpretation, analysis, evaluation and inference” (Facione, 1990, p.2). Clinical reasoning may be defined as the process of generating alternatives, weighing them against the available evidence and choosing the best alternative (Tanner, 2006). Both terms are used to represent the problem-solving skills used by nurses. Nurses require these problem-solving skills to function in a complex and changing health care environment (Lee & Brysiewicz, 2009; Marchigiano, Eduljee, & Harvey, 2011; Chabeli, 2007). Nursing education must strive to teach and to facilitate the development of this type of thinking (Marchigiano et al., 2011). Various educational interventions have been studied in order to improve the critical thinking of students or new graduates, but have not shown more than modest success (Thompson & Stapley, 2011). Several studies have focused on critical thinking dispositions in an attempt to find out, using quantitative methodologies, the skills and traits possessed by students that may facilitate critical thinking (Profetto-McGrath, 2003; Paans, Sermeus, Nieweg, & Van Der Schans, 2010).

Three qualitative studies were found that described students’ or new graduate nurses’ experience of developing or applying critical thinking. Duchscher (2003) described the development of critical thinking in new graduates in their first six months of practice as moving from no reflection and unable to see beyond the task to critical thinking being woven into the nursing process, keeping an open mind, generating various perspectives and finally to coping with uncertainty. Di Vito-Thomas (2005) utilized a qualitative approach to explore students’ perspectives on learning to think like a nurse. Students identified their thinking as a cognitive process developing through experience in practice (Di Vito-Thomas, 2005). Ellermann, Kataoka-Yahiro, & Wong, (2006) also collected qualitative data and asked students how they made decisions about care in the clinical setting. Content themes such as identifying priorities, assessing causes and solutions, logical thinking and using the nursing process were identified.

In comparison to the published quantitative research on this topic, there were very few qualitative studies that sought to describe the student experience of critical thinking either in practice or through assignments. Marchigiano et al. (2011) reflected that “little information is available regarding how

students perceive their abilities to think and process information related to their delivery of patient care” (p. 145). Marchigiano et al. (2011) also state that the use of qualitative methods may “provide information about how an assignment affected thinking skills within a nursing process framework” (p. 150). This project seeks to address this gap in the literature and provide qualitative data with respect to student thinking on an assignment.

**Purpose and Methods:** The purpose of this study was to explore the clinical reasoning skills of students who, during their third year of their Baccalaureate nursing program, applied the nursing process to complete a Clinical Judgment Exercise (CJE) assignment. Eight third year students were interviewed regarding their understanding of the development of their critical thinking skills and the application of these skills as they worked through the CJE assignment. A qualitative research method was employed using Interpretive Description to analyze the data from the transcribed interviews.

**Preliminary Findings:** During data analysis, one overarching theme emerged from the data: Over Time. During the interviews, students reflected on how they had come to understand the development of their critical thinking over their time in the nursing program. Emerging from this overarching theme was Theme One: “understanding of critical thinking.” Students also described how they approached and moved through the CJE assignment over time, from the initial phase of figuring out what to do with the data through to the completion of the assignment. The second theme to emerge was Theme Two: “making sense of the assignment expectations.”

Theme One was identified as “understanding critical thinking” and refers to the student perceptions that their critical thinking/clinical reasoning abilities progressed from not knowing in year one, coming to know in years two and three, able to know at the end of year three and valuing the knowing in terms of preparing for independent practice at the onset of year four. Theme Two emerging from the data, was “making sense of assignment expectations.” As in the first theme, a progression of knowing over time was evident in the data. Students moved from a place of not knowing in the initial phase of the assignment, coming to know as steps were taken to understand and engage with the assignment, application of knowing as experience and prior knowledge were applied to the assignment and finally valuing the need to know as students prepared to move the nursing process into practice.

Data analysis is currently ongoing and conclusions forthcoming.

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# RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

## Parent Satisfaction with School Health Delivery Models

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*Sherri R. Becker, MSN, MBA, CSN, RN, USA*

### Purpose

The purpose of this project is to compare parent perceptions of quality of health care delivery in two different school health staffing models.

### Target Audience

School Nurses, School Administrators, School Boards and Policy Makers.

### Abstract

**Background** Rising levels of student health needs in K-12 public schools, legislative mandates, and shrinking educational budgets are increasing the complexity and challenges in school healthcare delivery. In response to these changing needs in school health, school nurse staffing levels and configurations are adapting. The traditional staffing model of school health delivery is often described as a school nurse ratio, the number of school nurses employed in relation to the number of students. Nontraditional models incorporate various combinations of registered nurses, unlicensed assistive personnel, physician's assistants, nurse practitioners, and medical assistants. The literature presents evidence regarding how different levels of the traditional school nurse ratio model impact care. However, limited information exists describing the impact of these newer approaches.

### **Objectives:**

1. Compare parent satisfaction of two school health models: one that follows the school nurse ratio model and the other a school based health center which is staffed with a nurse practitioner and a medical assistant.
2. In addition to learning if satisfaction levels differ between the two schools, the researcher hopes to learn if satisfaction levels differ between parents of children with chronic illnesses and parents of children without chronic illness
3. The survey will include a comment section that will provide parents with an opportunity to share their experiences with school health delivery.

**Design and Method** This is a comparative descriptive design study. All parents/guardians whose children attend these two schools will be invited to participate on this study. Study participation involves completing a short survey consisting of a six question Likert questionnaire, along with a section to list any special health needs and an optional section for comments. Both schools are k-8 urban charter schools with approximately 700 students. They differ in their school health delivery models. One school uses the traditional nurse-ratio model and is staffed with a full time Licensed Practical Nurse. The second school has a school-based health center which is staffed with a nurse practitioner for four hours a day and a medical assistant who is present throughout the school day.

**Results and Conclusions** Pending

**Significance** This project has implications for health policy. Understanding how school health care is delivered by administrators and policy makers is vital as it influences the choice of school health care model which ultimately affects the health of children attending school.

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# RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

## Assessment of Moral Courage throughout the BSN Curriculum

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*Ronald S. Golemboski, AS, USA*

### Purpose

The purpose of our research and presentation is to identify the demographics/characteristics of nursing students that are more likely to display morale courage. Utilizing the research we would like to assist nursing programs as well as hospitals to implement morale courage into curriculum/training.

### Target Audience

The target audience of this presentation is nursing school faculty and hospital leadership looking to implement morale courage into their curriculum/training.

### Abstract

Moral courage is lacking in students that are currently going through various college curriculums. The objective of this research is to bring awareness to the fact that students view academic dishonesty as normal and acceptable but not necessarily ethical (Balik, Sharon, Tabak, 2010). The focus is on the nursing program because the same study indicated that there is usually a correlation between bad student behavior and bad nursing practices (Balik, Sharon, Tabak, 2010). A separate study concluded that there is a higher rate of cheating and dishonesty among nursing students than any other discipline (McCabe, 2009). To accomplish our objective we will administer a 30 item questionnaire via online Survey Monkey website. This questionnaire will be administered to pre-nursing, BSN, and MSN students. The questionnaire will be used to assess whether the factors of gender, age, ethnicity, or upbringing correlate to an individual's aptitude to exhibit moral courage. Nursing students will be asked to volunteer and required to read and provide consent prior to participation within the study. The data will be compiled and analyzed to assess which factors, if any, influence moral courage. Our results will be available for presentation at the biennial conference. We hope to identify potential factors that could compromise a student's moral courage and thus their ability to exhibit integrity in the healthcare arena. The findings could also bring awareness to nursing faculty about individual factors that could influence appropriate student behavior. Ultimately, we would like to begin to determine if implementing a moral courage curriculum will affect outcomes once students transition to the workforce.

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## **RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session**

### **Knowledge, Skills, and Attitudes of Pre-Licensure Nurses Regarding Dementia Care: A Systematic Literature Review**

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*Modupe F. Adewuyi, MSN, MPH, RN, APHN-BC, CHES, USA*

#### Purpose

The purpose of this presentation is to provide a review the extensive findings of published research studies on the knowledge, attitudes, and skills of pre-licensure nurses regarding dementia care and associated pedagogies strategies.

#### Target Audience

The target audience of this presentation is nurse educators, nurse clinicians, nurse administrators, and nurse researchers.

#### Abstract

Background: Globally, the prevalence of older persons with dementia is increasing because of a rise in the aging population. Associated with this increase dementia prevalence are the increasing needs for nursing care of affected individuals and their families/caregivers across healthcare continuum. Therefore, it is essential that pre-licensure nurses acquire appropriate knowledge, skills, and attitudes regarding dementia care during their undergraduate programs to enable them provide effective and holistic dementia care.

Aim: This review presents the extensive findings of published research studies on the knowledge, attitudes, and skills of pre-licensure nurses regarding dementia care and associated pedagogies strategies.

Methods: The framework for this systematic literature review was the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guideline. Electronic PubMed, Cumulative Index to Nursing & Allied Health Literature (CINAHL) and Web of Science databases were conducted for eligible studies using keywords that include attitudes, clinical, dementia, knowledge, nurse, skills, students, undergraduate, and teaching. The eligible criteria applied in selecting the studies were: 1) Inclusion of student nurses as participants, 2) Measurement of knowledge, skills, or attitude regarding dementia care, 3) Measurement of the effectiveness of pedagogy strategies, 4) Published in English language, and 5) Published in peer-reviewed journals between 2004 and 2014.

Results: This review included 12 studies, of which seven were quantitative and five were qualitative. The studies' locations included Australia, Hong Kong, Korea, Malta, India, Northern Ireland, U.K., and USA. Most of the studies' findings suggested significant lack of knowledge and skills among most pre-licensure nurses. In addition, most studies reported negative attitudes among pre-licensure nurses toward dementia care. Appropriate clinical placements and hours of teaching were positively correlated with self-efficacy in dementia care and level of dementia knowledge among pre-licensure nurses.

Conclusion: The lack of knowledge, skills, and positive attitude among pre-licensure nurses is an indication of a gap between pre-licensure nurses' preparedness to meet the needs of dementia patients and their families and the provision of high quality dementia nursing care.

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## **RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session**

### **A Strategy to Preserve Family Integrity, Promote Patient and Family Centered Care and Simultaneously Support a Safe Hospital Environment for Overnight Visitation**

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*Donna M. Casey, BSN, MA, NE-BC, FABC, USA*

#### Purpose

The purpose of this presentation is to investigate the impact of a visitor badging system on nurse perceptions of safety as it pertains to overnight visitation, patient satisfactions, family and/or visitor complaints to patient relations, and visitor- employee violence encounters

#### Target Audience

The target audience of this presentation includes direct care nurses, nurse leaders, educators and executives.

#### Abstract

The importance of family presence and participation in the care of a hospitalized loved one is well established in the literature. Patient and family centered care has been adopted as a mechanism to promote family integrity and maintain wholeness of the family unit. Many studies have evaluated the importance and positive aspects of visitation in the hospital environment. Despite a preponderance of evidence, many nurses continue to view visitation as problematic. The most problematic timing of visitation is overnight and during procedures and resuscitation. Studies show mixed findings related to family presence during procedures and resuscitation however, no study was found that examined the issues of overnight visitation. Christiana Care Health System (CCHS), a 900-bed health system and level one trauma center has adopted patient and family centered care (PFCC) as a model of care delivery. Implementation of the PFCC model resulted in removing restrictions from family visitation. Visitors are welcome all hours of the day and night. This created problems of staff perceptions of safety and concern for privacy and confidentiality. There have been situations of disruptive family members threatening nurses. There are fewer resources available in the hospital in the evening and overnight to assist staff in dealing with disruptive visitors. The health system cares for patients that have been victims of violence. Situations have arisen when perpetrators have come into the hospital seeking their victims and created significant disruption in care and safety. Additionally, there have been situations of visitors providing patients with illicit substances that have contributed to patient harm.

CCHS adopted a policy of unrestricted visitation hours on inpatient care units, as part of PFCC in 2011. The health system administration recognizes concerns for staff and patient safety. Therefore, a strategy has been designed to improve security using visitor identification software and badges for visitation after 9PM and overnight. Prior to implementing the strategy, nurses were surveyed to identify concerns about overnight visitation. Results from this survey will augment an educational initiative planned as part of the technology implementation to address concerns discovered in the survey. Additionally, a family and visitor education pamphlet will be developed to describe expected behavior for overnight visitation.

The purpose of the study is to investigate the impact of a visitor badging system on nurse perceptions of safety as it pertains to overnight visitation, patient satisfactions, family and/or visitor complaints to patient relations, and visitor- employee violence encounters.

An investigator-designed survey was electronically administered to volunteer staff nurses throughout CCHS over a 30-day period. Survey results will be used to develop education in collaboration with the hospital system staff education specialists that will be made available on the system's Education Center portal. This educational material will be launched congruent with commencement of the pamphlet release and badging program launch. The investigator-designed survey will be then be re-administered to

volunteer staff nurses throughout CCHS approximately three months post implementation of the software program.

Principal findings of the initial survey are from 666 nurses representing a 33% response rate. 84% of respondents reported supporting allowing one adult family member to stay overnight with their hospitalized loved one in a private room, but only 19% of respondents expressed support for allowing one adult family member to stay overnight with their hospitalized loved one staying in a semi-private room. 50% of respondents reported that they are either comfortable or somewhat comfortable with overnight visitation.

66% of respondents reported that their opinions and perceptions about overnight visitors were informed by personal negative experience, while 33% reported being influenced by personal positive experience. 39% of respondents reported that colleagues' experiences (30% positive and 9% negative) were influencing their views and opinions about overnight visitors. Only 12% of respondents reported basing their views and opinions about overnight visitation on information from clinical literature.

82% of respondents reported concerns about difficult family members during overnight visitation, 75% reported concerns about patients getting adequate rest, 74% reported concerns about issues of privacy and confidentiality for roommates, 72% reported concerns about family impeding the provision of patient care, 60% reported safety concerns, 45% reported concerns about patient privacy and confidentiality, 44% reported being concerned about negative clinical impact on the patient and 40% of respondents reported concerns about visiting family getting adequate rest.

Whether a nurse had personal experience with overnight visitors for their patients did not significantly impact their support of overnight visitors for their patients in either a private room ( $p=0.06$ ) or a semi-private room ( $p=0.19$ ), nor did nurses' tenure ( $p=0.63$  and  $p=1.00$ ) or gender ( $p=0.85$  and  $p=0.29$ ). However, respondents' positions significantly impacted their opinions about overnight visitation, with non-bedside nurses (assistant nurse managers, nurse managers, nursing coordinators and nurse educators) having significantly more positive views about overnight visitors in both private rooms ( $p<0.01$ ) and semi-private rooms ( $p<0.01$ ) as compared to bedside nurses. Nursing opinion also varied significantly by specialty, with medicine and women's and children's services nurses reporting significantly more positive views about overnight visitors in private rooms ( $p<0.01$  and  $p=0.01$ ). Conversely, critical care nurses reported significantly less support for overnight visitors in private rooms ( $p<0.01$ ). For overnight visitation to patients in semi-private rooms, stepdown unit nurses were significantly more positive ( $p=0.03$ ) and surgical nurses were significantly more opposed ( $p=0.03$ ) than colleagues in other specialty areas.

Nurses historically believed that without restrictions, family members would feel obligated to remain at the bedside. Family concerns focus on the desire to be physically with the patient to enhance emotional support. Opportunities to help care for the patient decrease family's feelings of helplessness and lack of control. Traditionally, nurses feared negative physiological impact of visitation on patients; however, current evidence indicates unrestricted visitation promotes patient stress reduction, a state of calmness, and promotes patient rest. Designing nursing interventions to help families function during a crisis is a primary nursing practice issue. Supporting overnight visitation is a nursing intervention to aid patients in healing and promote family integrity. With implementation of these patient and family centered initiatives, staff concerns for safety cannot and should not be compromised. This initial data demonstrates that nurses have a range of concerns about overnight visitors that should be addressed in overnight visitation policy.

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# RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

## Pain Management Education for the Hospitalized Patient

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*Peggy J. Mazzeo, MSN, BSN, BS, RN, USA*  
*Linda E. Jensen, PhD, MN, RN, USA*

### Purpose

The purpose of this presentation is to recognize the benefit of pain management education in the recovery of hospitalized patients. Pain education through the use of an educational brochure for patients, should decrease patient anxiety related to pain, provide realistic expectations, and improve overall patient perception of pain management.

### Target Audience

The target audience of this presentation is nurses who care for patients in the ambulatory setting pre-operatively or hospitalized patients.

### Abstract

Optimal pain management is essential for patient recovery and satisfaction. Patient satisfaction with pain management directly affects their well-being and perception of quality of care received. Current pre-surgical pain education does not allow patients to assist in their self-care in terms of what to expect, medication knowledge, pharmacological and complimentary interventions. A thorough search of CINAHL and MEDLINE databases, as well as professional pain organizations, provided valuable information to develop this educational tool. The pain brochure provides an overview of pain, pain assessment, how to describe pain, and pain treatment options. Valuable input and feedback on the content of this brochure has been obtained from the multi-disciplinary pain committee. The inclusion of information on pharmacological treatment in combination with complimentary treatment should provide patients with a wide-ranging view of how to work with their healthcare team to improve their pain management. Readability statistics with Microsoft Word were performed to ensure the readability for all patients establishing a level of 7.2. Key to this educational brochure is the emphasis on the patient as an advocate for their own pain management. Implementation of this pain brochure in the pre-hospital period should assist patients to be better prepared for what to expect. The brochure has been approved at a Midwestern Academic Medical Center and is in the process of being printed for implementation. Future research to evaluate the usefulness of this educational tool can assist in continuing to provide the highest quality of care to patients.

Keywords: pain, pain management, pre-operative care, patient education, complimentary therapy

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# RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

## Developing a Leadership Development Program

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*Melissa A. Burdi, MS, RN, USA*

*Jill S. Walsh, DNP, MS, CEN, USA*

### Purpose

The purpose of this presentation is to enhance the nurse leader's knowledge related to developing a formalized leadership training program, leader competence and business acumen.

### Target Audience

This presentation targets adult learners who possess or have the potential to possess formalized leadership roles within nursing in the acute care environment.

### Abstract

The purpose of this scholarly project was to explore the effectiveness of implementing a standardized leadership program on improving nurse manager competence and the impact on staff nurse satisfaction, nurse manager satisfaction and staff nurse turnover rates. The literature reveals preliminary evidence that suggests overall effectiveness of standardized leadership programs in acute care organizations, but more research is needed. A cross sectional descriptive design was applied, surveying a total of 35 nurse managers. Participants were asked to rate the importance of specific leadership competencies using a 5-point Likert scale via an anonymous Qualtrics survey link. Data was gathered and analyzed and was used to develop a leadership competency framework for the leadership development program. Five leadership modules were created and presented to nurse manager participants. In addition, retrospective secondary data from the organization's 2013 Culture of Safety survey was analyzed for retention and satisfaction opportunities.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### Cultural Competence in Hospice Care: Addressing the Needs of Staff and Volunteers

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*Mary Grace Valenzuela, BLS, USA*

*Paul Tran Resulta, BLS, USA*

*Daisy Lugtu Verry, CNA, BLS, USA*

*Shellie Aparicio, BS, BLS, USA*

*Cori Wing Yee Lau, BLS, USA*

#### Purpose

The purpose of the presentation is to describe the importance of cultural competency in hospice care, to eliminate health disparities, and to improve nurses' and support staff's cultural competence skills.

#### Target Audience

The target audience of this presentation are nurses, advanced practice nurses, health care professionals, and support staff, who have had clinical and non-clinical interactions with patients and families from different cultural backgrounds.

#### Abstract

This is a community project developed and implemented to address an identified health need. The authors, six students from Nevada State College [NSC], attended their clinical rotation in the hospice community; four of which were at Nathan Adelson Hospice [NAH] at the Swenson and Tenaya locations, while the other two were at Creekside Hospice [CSH]. To complete this project, the authors used the community-focused nursing process model to identify and address the health need for cultural competency in grievance teaching among hospice staff and volunteers. By addressing this need, the authors intend to enhance the staff and volunteers' knowledge in order to enhance the patients and families' experiences while in hospice. The community-focused nursing process involves the following six phases: (a) define the community and establish a contract/partnership; (b) perform a needs assessment; (c) form a nursing diagnosis of the problem; (d) plan interventions; (e) implement interventions; and (f) evaluate interventions (Stanhope & Lancaster, 2014).

In following with the nursing process, the authors performed a background search on both facilities, which included information about the health need, hospice agencies, and the target population's demographics and statistics. After getting both facilities' buy-in and partnership on the project, a needs assessment was then performed by defining the target population and gathering data about the community. The data collection involved different methods such as gathering hospice materials, performing direct observations and interviews, as well as creating a survey for the staff and volunteers. When first speaking to the Directors of Education at both hospices, the proposed need was teaching about loss and grief, and how to intervene when a person is grieving. After interpreting and analyzing the collected data, the authors found a gap in the population's knowledge and a need for cultural competency in respect to grieving. After this gap was identified, a literature review was conducted using evidence-based practices [EBP] to support the need for cultural competency in hospice care. Based on the needs assessment, analysis, and literature review, the authors generated a community nursing diagnosis of risk of ineffective community role performance among hospice staff and volunteers related to knowledge deficit and lack of education, and inadequate role competency in regards to cultural competence.

A teaching plan was then created to educate the hospice staff and volunteers at NAH and CSH about how to be culturally competent in regards to loss and grief. The content topics included education about grief, culture, the process of cultural competency, and the expressions, beliefs and rituals of different culture groups in regards to death and dying. This teaching plan consisted of SMART goals and



objectives to be met, and were based on Campinha-Bacote's (2002) model of developing cultural competency. The presentation at CSH was scheduled on November 3, 2014, while the NAH presentation was scheduled at the Swenson location on November 7, 2014. A pretest was given before the teaching was implemented, and then a posttest was given after the teaching to evaluate whether the teaching was effective and the objectives were met. Data from both CSH and NAH were then compiled, analyzed and evaluated.

The evaluation showed that the SMART goals and objectives were met for CSH; but NAH did not meet all the SMART goals and objectives. The majority of the staff at CSH and NAH (96% and 93% respectively) felt that the presentation was "very" effective in improving cultural awareness and sensitivity, and that they were likely to apply this information in their practice. The students received excellent feedback and comments from the staff about how well the presentation went and that they liked the materials provided. Based on some of the feedback and comments that the students received from the attendees, directors, staff and volunteers, the authors came up with recommendations to improve their performance.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### The Effectiveness of Culturally-Focused Interventions in Increasing Satisfaction of Hospitalized Adult Asian Patients

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*Diana Wint, DNP, MSN, BSN, RN, FNP-BC, USA*  
*Millicent Alfred, DNP, MSN, BSN, RN, FNP-BC, USA*  
*Karolina Ubogaya, DNP, MS, BS, RN, FNP-BC, USA*  
*Priscilla Worral, PhD, RN, USA*

#### Purpose

The purpose of this presentation is to promote understanding of the significant needs of hospitalized adult Asian patients, raise awareness of providing evidenced-based culturally competent care in New York State, as well as to improve quality in health care settings.

#### Target Audience

This presentation targets all health care professionals or any staff members working in the acute care inpatient setting who has a potential impact on the patient experience.

#### Abstract

Culturally competent care has gained global attention as a key element to improving quality and eliminating racial and ethnic disparities in health care. This has been at the forefront of global health considerations because of the increase in population diversity, which presents a challenge that needs to be addressed from a multicultural perspective. The Asian population in the United States is increasing at a significant rate, from 4.8% in 2010 to 9.2% in 2050. It is important to understand the needs of the Asian inpatient, in order to implement culturally-focused services that will lead to increase patient satisfaction.

Patient satisfaction is a driving force for health care organizations to enhance their services, as well as to ensure private and public funding. Improving the inpatient experience of multicultural ethnic groups is a health care challenge that needs to be addressed across all health care settings. To date, the evidence has not been systematically evaluated to determine if culturally-focused interventions for adult Asian inpatients may have a positive impact on their hospitalization experience.

A systematic review of the literature was performed to determine if culturally-focused interventions would have an effect on satisfaction of hospitalized adult Asians. A search of MEDLINE, Cumulative Index to Nursing and Allied Health Literature (CINAHL), PsycINFO, Educational Research Information Clearinghouse (ERIC), the Cochrane Library, the Joanna Briggs Institute Library of Systematic Reviews, Scopus, Excerpta Medical Databases (Embase), and Academic Search Premier was conducted, followed by a reference search of relevant studies and a grey literature search of the Virginia Henderson Library, Google scholar, Mednar, conference proceedings, and websites.

This review first considered randomized controlled trials (RCT), non-randomized controlled trials, and quasi-experimental studies. There was an insufficient number of RCTs, non-randomized controlled trials, and quasi-experimental studies. The reviewers considered before and after studies, cohort studies, and case control studies for inclusion. This review also considered descriptive study designs including case series, individual case reports and descriptive cross sectional studies related to the adult Asian population in acute-care hospital settings. A search of both published and unpublished studies in over 13 databases and several professional conference proceedings revealed two descriptive studies and one interventional non-experimental pilot study that met predetermined search criteria and methodological quality. Based on these three studies, the results suggest culturally competent communication with patients by physicians and registered nurses, quietness of the room, information about treatments and procedures, and cultural foods are associated with increased satisfaction among hospitalized adult Asian patients. Based on the

results, the evidence also suggests that communication between healthcare providers (physicians and registered nurses) and patients may improve satisfaction among adult Asian inpatients (Level 3, Joanna Briggs Institute-JBI Levels of Evidence). Culturally-focused interventions tailored to individual patient needs may be an appropriate strategy in enhancing hospital care in addition to the comprehensive standards of hospital care practice.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### Treating Attention-Deficit/Hyperactivity Disorder in U.S. Children with Complimentary Alternative Medicine Therapies: How Effective are They?

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Amanda C. Raymundo, BSN, RN, USA

#### Purpose

The purpose of this presentation is to explore the effectiveness of complimentary alternative medicine (CAM) therapies, specifically through dietary changes, as an alternative to pharmaceutical treatment of Attention-Deficit/Hyperactivity Disorder (ADHD) in school-age children in the United States.

#### Target Audience

The target audience of this presentation is pediatric nurses, pediatric nurse practitioners, family practice nurse practitioners, pediatricians, family practice physicians, and their patients and families suffering with ADHD.

#### Abstract

**Introduction:** The American Academy of Pediatrics (AAP) recommends pharmaceutical treatment for children diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD) (Hodgkins, Shaw, Coghill, & Hechtman, 2012). Complimentary alternative medicine (CAM) treatments are becoming more popular as an alternative to medications.

**Background and Significance:** Worldwide, 5% of children are diagnosed with ADHD (Pelsser et al., 2011). An estimated five to ten percent of children are diagnosed in the United States as having ADHD (Calarge, Farmer, DiSilvestro, & Arnold, 2010). Current medication treatments involve multiple adverse side effects (Laver-Bradbury, 2013). Parents are seeking CAM treatments as an alternative to medication (Belanger et al., 2009). Research from Europe and Canada have indicated dietary changes and supplementation with essential fatty acids may have significant effects on behavior outcomes (Pelsser et al., 2009). The United States is lacking research in this area. Nurses have been called to step forward and fill the gaps in primary care for communities (National Academy of Sciences [IOM (Institute of Medicine)], 2011). Nurses have a responsibility to provide education to families regarding the effectiveness or ineffectiveness of desired treatments and therefore need to be aware of CAM treatments and current research. The purpose of this study is to determine how effective CAM therapies are in behavior outcomes of children diagnosed with ADHD compared to pharmaceutical treatment alone.

A comprehensive review of literature was conducted using CINAHL and PubMed databases from 2009 to 2014. Search terms were ADHD, complimentary alternative medicine, children, evidence-based treatment, best practice, and nursing. Two-hundred and seven articles were located. Of the 207 articles, 18 were selected based on content of random-controlled trials (RCTs), background information, and nursing involvement. Four articles reported systemic research studies focusing on dietary and supplemental effects on behavior in children diagnosed with ADHD (Belanger et al., 2009; Howard et al., 2011; Pelsser et al., 2009; and Pelsser et al., 2011).

**Methodology:** A pilot study using a quasi-experimental design will be used to answer the research question "In children diagnosed with ADHD in the United States, is there a significant difference in behavior outcomes when utilizing complimentary alternative medicine therapies compared to pharmaceutical treatment?". Sixty-seven children volunteering to participate between the ages of six and ten years will be selected locally and randomly assigned to control or intervention groups. Informed consent from parents and/or guardians as well as child assent will be obtained. The control group (Group A) will not change dietary habits or take supplements. Group B will be administered a restricted diet and Group C will be administered the restricted diet plus a supplement of n-3 polyunsaturated fatty acids. The

Conners' Teacher/Parent Rating Scale-Revised S (with permission) will be used pre-study, to evaluate ADHD behaviors, and at the end of weeks 4, 8, and 12 for changes in behavior.

**Conclusions:** Based on the review of studies conducted in Europe and Canada, utilization of a restricted diet with omega-3 EFA supplementation may prove beneficial in the treatment of ADHD in children.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### Acupressure for Cancer Related Fatigue: Empowering Nurses in Symptom Management

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*Victoria L. Reiser, BSN, RN, USA*

#### Purpose

The purpose of this presentation is to describe the results and nursing implications of the pilot study titled "Use of the Seva Stress Release (SSR) Protocol with hospitalized patients receiving cancer treatment" conducted on the BMTU and medical oncology unit at Ruby Memorial Hospital of WVU Healthcare.

#### Target Audience

The target audience of this presentation is inpatient and outpatient oncology registered nurses, advanced practice nurses, nurse managers, and other oncology professionals interested seeking to incorporate integrative therapies with traditional methods of cancer-related symptoms. Researchers interested in these therapies and symptom management are also included in this audience.

#### Abstract

The purpose of this presentation is to describe the results and nursing implications of the pilot study titled "Use of the Seva Stress Release (SSR) Protocol with hospitalized patients receiving cancer treatment" conducted on the BMTU and medical oncology unit at Ruby Memorial Hospital of WVU Healthcare. The target audience of this presentation is inpatient and outpatient oncology registered nurses, advanced practice nurses, nurse managers, and other oncology professionals interested seeking to incorporate integrative therapies with traditional methods of cancer-related symptoms. Researchers interested in these therapies and symptom management are also included in this audience. This is an ongoing independent study as part of my honors program at West Virginia University. I first developed an interest in oncology symptom management during a clinical rotation in medical oncology in Spring 2012. The following spring, I completed a literature review titled "Acupressure for symptom management: A call for Seva Stress Release Protocol research", in addition to becoming certified in the Seva Stress Release. The following fall, I presented this work at our chapter's biennial research conference in a poster session. Beginning in fall 2014 to the present, I have been conducting the pilot study investigating the impact of the Seva Stress Release on cancer-related fatigue, stress, pain, vital signs, and medication use. The questions being answered by this study include feasibility of implementing this protocol into cancer treatment, if it lowers stress, anxiety, pain, or fatigue, and if it impacts vital signs. Acupressure is a therapy based on the Traditional Chinese Medicine theories involving Qi, or energy. It, like acupuncture, restores the flow of energy through pathways within the body called meridians. These meridians have been linked to the nervous system in the human body and correspond to organs and body systems. Several studies and systematic reviews have already pointed to acupressure as an effective therapy for managing cancer-related fatigue, but suggested that further research is needed. The Seva Stress Release (SSR) Protocol, specifically, was developed by Soul Lightning International after the tragedy on September 11, 2001 to relieve the stress of rescue workers at ground zero. Since this time, it has been taught to healthcare providers and laypersons in a variety of settings worldwide. The protocol includes eight bilateral acupoints that provides a standardized method for stress relief, relaxation, and pain management. The points correspond to specific symptoms involved in stress, fatigue, and pain and are linked to correlating acupoints of Traditional Chinese Medicine. The populations already benefiting from its use are rescue workers, Hospice patients, soldiers and veterans, chemotherapy and radiation patients, health care providers, children with ADHD, and those suffering HIV/AIDS. It has also been used to aid undergraduate students self-manage stress associated with school. Because cancer qualifies as a traumatic event with consequences such as PTSD, patients who have a cancer diagnosis may benefit tremendously from the SSR, as its original intent was to manage stress and promote relaxation. These patients often experience other psychological symptoms including mental dysfunction, fatigue, poor sleep, lack of appetite and depression, all associated with cancer-related fatigue. As this pilot study progresses

and is completed in late February to early March of 2015, patient feedback has been extremely positive. They report feeling less fatigued, improved management of pain, and enhanced ability to manage stressors during hospitalization. Furthermore, some patients are using decreased amounts of narcotic pain medication, which in turn, can decrease associated detrimental side effects such as hypotension, constipation, and respiratory depression. The study is ongoing, and data analysis will be conducted throughout March and April 2015. Data analysis will include paired T-tests, descriptive statistics, and patient notes/comments. \*A finalized abstract will be prepared upon the conclusion of this research study.

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# RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

## Animal Assisted Therapy Effects on Quality of Life

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Madeline P. Curry, BA (French), BLS, PEARS, CNA, USA

Amber M. Cessarich, BLS, PEARS, USA

Jenny D. Beaver, BA (Marketing), PCT, BLS, PEARS, USA

### Purpose

The purpose of this presentation is to see if animal assisted therapy improves quality of life in adult patients.

### Target Audience

The target audience of this presentation is health care professionals caring for the adult population, adult population that needs long term care, and anyone interested in animal assisted therapy.

### Abstract

**Purpose:** To see if animal assisted therapy improves quality of life in adult patients.

**PICO Question:** In adult patients, will animal assisted therapy increase quality of life?

**Components/Processes:** We searched CINAHL and PubMed using the terms “animal therapy,” “inpatient,” “quality of life,” “pet therapy,” “mood,” “anxiety,” “depression,” “QOL,” “animal assisted therapy,” “loneliness,” “dog therapy,” “cat therapy.” We selected five articles: two were experimental, two were quasi-experimental, and one was qualitative.

**Discussion of Results:** Most of the studies supported animal-assisted therapy as a useful intervention for increasing quality of life in adults. One study (Johnson, Meadows, Haubner, & Sevedge, 2008) did not find significance, because it concentrated on the comparison between the effects of animal-assisted therapy versus other standard therapies. So, they concluded as well as another study (Nepps, Stewart, & Bruckno, 2011) that animal-assisted therapy was as effective as other therapies, but was not significantly more effective. Therefore, the answer to our PICO question was that animal-assisted therapy is beneficial, but the usefulness in comparison to other therapies should be researched further.

**Conclusions/Implications:** All studies recognize the usefulness and potential benefits of animal-assisted therapy as adjunct therapy. Further research is needed to determine its effectiveness as a primary intervention, but all studies in this synthesis agree that it has benefits. Further research should include larger sample sizes, longer duration, follow-up quality of life measurements, and concentration on specific target populations.

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# RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

## Facilitation of Reflective Learning in Students to Enhance Student Support

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### Purpose

the purpose of this presentation is to share the results of the research study by the author on the above topic; for educators to adequately support students to use reflective activities as learning activities, requires knowledge and skills from the educator.

### Target Audience

The target audience of this presentation is nurse educators, leaders and managers of education institutions.

### Abstract

Over the last 20 years the nursing profession has widely accepted reflective practices and reflective learning as effective measures to help students provide care in a frequently changing context. A quantitative, explorative, descriptive study was conducted in nursing education institutions in one of the nine provinces in South Africa. A total of 121 nurse educators completed a structured questionnaire. The findings revealed that, although nurse educators agree with the importance of reflective practices in the teaching and learning environment they do not necessarily place emphasis on developing their own reflective practices. Reflective learning was not identified as a formal learning approach in the programmes the nurse educators facilitated but the educators did attempt to include reflection in the teaching and learning activities planned. Not enough emphasis is placed on the creation of a teaching and learning environment that will enhance reflection in a non-threatening context. The deeper understanding of reflective learning comes with continued personal reflective practices. Nurse educators should be taught how to facilitate reflective learning activities and how to create an environment conducive to reflection. Through reflective teaching practices students could be supported in developing into critical thinkers hence reflective learning should be a formal teaching and learning approach in nursing curricula.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### R.E.D. Light: Putting a Stop to Human Trafficking by Assessing Nurses' Awareness and Knowledge in Pensacola, FL

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*Holly Nicole Dickson, USA*

#### Purpose

The purpose of this presentation is to assess the awareness and knowledge nurses have of human trafficking by administering a pretest, presenting a Powerpoint on human trafficking, and administering a posttest. The purpose is also to increase the awareness and knowledge of human trafficking in the health care field.

#### Target Audience

The target audience of this presentation is nurses and nursing students on a global scale, since human trafficking is an international issue.

#### Abstract

According to Dovydaitis (2010), it is estimated that traffickers bring 50,000 victims into the United States each year, adding to the 20 million victims who are already part of the trafficking trade worldwide (Kerry, 2014). The research is significant in the nursing field today because there is a lack of research on the topic of human trafficking, especially research assessing awareness and knowledge nurses have of human trafficking. Many nurses come into contact with trafficking victims without identifying them because they have neither the skills nor the knowledge to work with this population (Isaac, Solak, & Giardino, 2011, p. 2). The research project will assess the awareness and knowledge of nurses in Pensacola, FL. A pre-test and post-test questionnaire will be administered via Survey Monkey and/or in person at local health care settings. After the participants take the pre-test, a Powerpoint will be presented online and/or in person that was developed by the U.S. Department of Health and Human Services and is aimed at increasing awareness and knowledge of human trafficking for health care providers. Following the Powerpoint presentation, a post-test will be administered to assess awareness and knowledge of human trafficking. The data will be analyzed to assess whether the human trafficking Powerpoint presentation increased awareness and knowledge among nurses. An acronym will be developed for nurses to remember what to do when they suspect someone is a trafficking victim, and it will be handed out as a business card with the poster presentation of the research project. A fact sheet will be developed to hand out to explain the acronym more fully and to add details that will not fit on the card itself.

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## **RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session**

### **The Relationship between Knowledge, Intention and Self-Reported Use of Safer Sex Practices among Youth Aged 20-24 Years in Selected Districts in Botswana**

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*Mophuthi Liwambano, BNSc, RM, RN, Botswana*

#### Purpose

The purpose of this presentation is to share my research findings with colleagues, experts and stakeholders in research on Sexual Reproductive Health and Rights, get feedback on my work, stimulate discussions on the topic and ascertain understanding of the presentation hence build my research capacity and network with other scholars.

#### Target Audience

The target audience of this presentation is various disciplines, educational backgrounds with Bachelors, Masters, Doctorate degrees. Field of interest; Sexual Reproductive Health. Age; youth in formative years and adults, males / females with years of experience, 90% academics, government, nongovernmental, Private Sector and Parastatal and 10% novice and general public.

#### Abstract

The youth aged 20-24 years account for 38% of the population in Botswana. (Adolescent Sexual Reproductive Health [ASRH] Implementation Strategy, 2012-2016). The youth remain at increased risk of sexually transmitted infections (STIs), unintended pregnancies and increased fertility. Limited condom and other contraceptive use amongst this age group are prevalent despite their reported high knowledge of safer sex practices. (ASRH Implementation Strategy, 2012-2016).

In a bid to respond to the International Conference on Population and Development's Plan of Action (ICPD PoA, ICPD+5) of 1994 and 1999 respectively, the Millennium Development Summit, year, 2000 and the International Planned Parenthood Federation (IPPF) Maputo Plan of Action, the Botswana government placed various strategies in place. One common goal for these major strategic frameworks is the universal access to comprehensive Sexual Reproductive Health Services for all by 2015 (Development Research and Policy Analysis Division, 2003). To this end Botswana incepted guidance and counseling in primary and secondary school curricula. The goal was to give students basic knowledge on issues of sexuality including, contraceptive use (Bennell, Hyde and Swainson, 2002). Another strategy was integration and delivery of free Sexual and Reproductive Health and Rights (SRHR) services through the National SRHR Programme using a right based approach to scale up accessibility of SRHR services. This approach places SRHR services as a fundamental human right that facilitates free access of services by all (Ministry of Health, 2004).

Various partnerships were engaged and documents were developed as guiding tools for the Botswana SRHR care delivery. such documents included amongst others; the National Youth Policy, 1996, the Population Policy, 1997, the National Sexual and Reproductive Health Framework, 2002 and the Adolescent Sexual and Reproductive Health (ASRH) Implementation Strategy, 2003 (ASRH Implementation Strategy, 2012-2016). Amidst these strategic developments, an age specific fertility reflected increased fertility rate and limited contraceptive use amongst Botswana youth aged 20-24 years (Central Statistics Office, 2009; Central Statistics Office and UNICEF, 2009), especially in rural than urban areas (Central Statistics Office, 2009; Central Statistics Office and UNICEF, 2009). This is despite the youth's reported high knowledge and access to contraceptives (ASRH Implementation Strategy, 2012-2016).

Though the general fertility rate in Botswana has dropped following implementation of the planned global strategies, an age specific fertility rate reflected increased fertility amongst age group 20-24 years (Abt Associates South Africa. Inc., 2002 and Central Statistics Office, 2009). This is despite reported 97%

knowledge amongst the youth of at least one method of contraception and where to get it (ASRH Implementation Strategy, 2012-2016). An assessment of knowledge and use of family planning also revealed knowledge of at least one method of contraception and use by participants across all age groups and gender. There was no data on dual protection or abstinence (Central Statistics Office, 2009).

Childbearing in Botswana also starts as early as ages 15 -19 years and reaches peak by age 20-24 years (Central Statistics Office, 2009). In most instances the pregnancies were unplanned or unintended. Limited condom and contraceptive use is reported to remain a reality among adolescents and youth in Botswana (ASRH Implementation Strategy, 2012-2016). Occurrence of unprotected sex reflects increased risk of STIs and most of the records in health facilities reflect youth as the most common beneficiaries of STI treatment in Botswana. Population Services International (PSI,2008) found high levels of STI among youth, both males and females reported concurrent and multiple sex partners in previous months.

The purpose of this study is to explore and describe the relationship between knowledge, intention and use of safer sex practices among youth aged 20-24 years in selected districts in Botswana. This is to identify gaps and guide appropriate interventions to promote safer sex practices amongst youth.

The reported high knowledge of safer sex practices amongst youth in Botswana raises an assumption that it will correlate with increased use hence increased level of prevention of sexual risk. The outcome behavior shows the contrary as it reflects limited contraceptive use and increased age specific fertility amongst this population (ASRH Implementation Strategy, 2012-2016; Central Statistics Office, 2006). This therefore reflects that the reported high knowledge is not translated in to practice. It is hence imperative to explore and describe the knowledge of safer sex practices that the youth are reported to have. The relationship between knowledge, intention to use safer sex practices and the reported actual use of safer sex practices will be determined. The studies that have reported on correlates or predictors of knowledge are more focused on HIV/AIDS knowledge only and do not explicitly reflect other sexual reproductive health risks like increased fertility and STIs, e.g. Letamo (2011), Fako, Kanagara and Forcheh (2010). This study will therefore identify how knowledge, intention and actual self-reported use interrelate to influence outcome behavior of youth in Botswana.

The findings will be utilised to;

**Guide Nursing Practice:** The information will assist practitioners to identify specific problem areas hence develop relevant plan of action to promote adequate, consistent and correct contraceptive use and reduce the risk of unintended pregnancies and STIs amongst the population of youth aged 20 – 24 years in Botswana at health facility level.

**Inform Policy and Programme Planning:** The research will inform the existing strategies aimed at scaling up the sexual and reproductive health programmes for youth in Botswana. It will assist identify gaps in the existing strategies and hence guide programme policy planning and implementation through generation of appropriate protocols.

**Research:** This study will generate hypothesis for further research in the area to explore relationships on a larger scale regarding; factors that affect the youth's knowledge, intention and use of safer sex practices and provide information that can benefit policy, education and practice.

**Education:** The findings will contribute to curriculum review to enhance teaching and learning through evidence based practice. This will benefit the National Sexual Reproductive Health Unit in their bid to scale up training of health personnel and the community on Sexual Reproductive Health issues with emphasis on youth.

The Integrated Behavioral Model (IBM), also known as Integrative Model of Behavior Prediction (Montano and Kaspersky, 2008) will be used to explore and describe the youth's knowledge and intention to use safer sex practices. IBM considers correctness of knowledge crucial for it to be able to influence a positive behavioral outcome and that the most determinant factor of performing a behavior is

intention. Triandis (1980) stated that, even if a person has intention to perform a behavior, they require knowledge and skill to perform such behavior and that performance of behavior depends on absence of environmental barriers. The socio-demographic facilitators and barriers are likely to influence knowledge, intention and the actual use hence it is imperative for the researcher to determine the interactions of these components in health behavior planning and implementation (Montano and Kasprzyk, 2008) which is also the case in this study,

The study will be a triangulation design (convergence model) consisting of cross-sectional survey with interpretive integration. Participants will be youth aged 20-24 years in selected settings in Botswana. They will be selected through purposive sampling based on selection criteria. Permissions will be sought from the Ministry of Health and Ministry of Education and Skills Development. Participants will be recruited from tertiary institutions and youth centers by trained recruiters and they will sign a written informed consent. Data will be collected at the point of recruitment. Participants will complete a self-administered questionnaire for demographic and survey data.

Descriptive statistics, cross-tabulation and multiple regression analysis will be used to determine the relationship between knowledge, intention and self-reported use of safer sex practices, and some demographic variables to determine predictors for intention and the use of safer sex practices. Qualitative data will be content analyzed to identify major themes, subthemes and related categories. The results will be presented in tables and narrative thematic descriptions.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### The Limitations of Body Mass Index (BMI) as an Obesity Assessment Scale and the Implications for Practice: A Nursing Perspective

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*Sinead Impey, BA, BBs, BSc (Nursing), RGN, Ireland*

#### Purpose

To outline findings from a literature review on limitations of BMI as a measurement of obesity and subsequent effectiveness as a health risk assessment tool. By understanding the various inadequacies, nurses will be able to apply the scale with discretion to determine individual health risk.

#### Target Audience

The target audience for this presentation is nurses working in the community and acute settings and health professionals with an interest in health promotion and management of chronic disease.

#### Abstract

Rising obesity rates have a significant impact on morbidity, mortality and subsequent delivery of health services globally. Therefore accurate assessment of individual weight status is vital (Carpenter et al. 2013). Although, frequently used in clinical practice and research, the ability of the body mass index (BMI) to accurately assess obesity in individuals has been much criticised. Raising awareness among nursing staff of the limitations of BMI is important. By understanding the various inadequacies, the use of BMI as an assessment tool for obesity, and thereby a proxy measure of metabolic risk (Tchernof & Després 2013), nurses will be able to apply the scale with discretion to determine a truer assessment of health risk for the individual. From a literature search (CINAHL, Medline and PubMed) three themes that emerged. That BMI had limited applicability due to: an inability to distinguish percentage body fat from total weight; reduced sensitivity in the intermediate ranges of the scale and an inability to differentiate location and type of adiposity. Based on these three limitations, this review documents how obesity assessment outcomes in practice can be incorrect, specifically across different ethnic, gender and lifespan groups. While consensus was not reached in the literature to cease its use in practice, several authors promote amendments to ranges and/or the inclusion of other anthropometric measures to increase detection rates. However, recommending a change to practice is beyond the scope of this review.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### Reliability and Validity of the Willingness to Adopt Inclusive Teaching Strategies in Nursing Education Instrument

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Janet A. Levey, MSN, BSN, RN-BC, CNE, USA

#### Purpose

The presentation will share information from a study examining nurse educators' willingness to adopt inclusive teaching strategy based in universal design for instruction. A new instrument was designed to measure factors influencing an educators' willingness to adopt this pedagogy and will assist in professional development on this topic.

#### Target Audience

The target audience for this presentation is nurse educators teaching in Diploma, Associate Degree, RN to BSN Completion Programs, and traditional Baccalaureate Nursing Programs

#### Abstract

**Purpose and Background/Significance:** The purpose of this study is to: (1) examine the psychometric properties of the Willingness to Adopt Inclusive Teaching Strategies (ITSinNE) instrument and (2) measure factors influencing nurse educators' willingness to adopt inclusive teaching strategies based in universal design for instruction (UDI). National nursing organizations are calling for innovative and inclusive science of nursing education demonstrated by the use of teaching strategies that are accessible, responsive and meaningful to diverse student populations, with and without disabilities. Universal design for instruction (UDI) is one approach to facilitate multiple ways of learning and evaluation in various learning environments for all learners; however, it is not well known or researched in nursing education.

**Theoretical Framework:** Diffusion of innovation theory (Rogers, 2003) and universal design for instruction (McGuire & Scott, 2006) provide the theoretical framework for the study. Inclusive teaching strategies are defined as teaching pedagogies based in UDI that enable all students to access and engage in learning throughout the nursing curriculum and environments. Nursing education occurs in multiple environments including the classroom, clinical, online, simulation and skills lab settings.

**Sample/Setting:** A cross-sectional design was used to measure educators' willingness to adopt inclusive teaching strategies in nursing educational settings.

**Method:** SurveyMonkey collected data on the newly developed ITSinNE (55-item) instrument consisting of the following domains: Previous Teaching Strategies, Knowledge of Inclusive Teaching Strategies, Social System Support for Inclusive Teaching Strategies, and Willingness to Adopt Inclusive Teaching Strategies in Nursing Educational Environments. In the preliminary study, face and content validity were examined by national content experts and resulted in a CVI ranging from .84 to .97. The initial internal consistency on the subscales ranged from .51 to .98. For this study, data analysis consisted of descriptive statistics, Cronbach's alpha, correlation, hierarchical multiple regression, and confirmatory factor analysis.

**Results:** A total of 401 nurse educators participated in the study. The sample revealed 311 educators taught in pre-licensure or Baccalaureate programs and the analysis targeted this population. The Cronbach's alphas for almost all of the ITSinNE domain subscales were .7 or greater. The confirmatory factor analysis demonstrated adequate model fit on most indices (exogenous model:  $c^2 = 0.00$ ; RMSEA = .08; GFI = .96; TLI = .95; WRWR = 1.64; endogenous model:  $c^2 = 0.00$ ; RMSEA = .18; GFI = .89; TLI = .87; WRWR = 2.64). When the endogenous model domains were all freestanding, model fit indexes improved ( $c^2 = 0.00$ ; RMSEA = .098; GFI = .97; TLI = .96; WRWR = 1.24). The model as a whole

explained 44.8% ( $R^2 = .448$ ) of the variance in WillAdITS. None of the characteristics of a nurse educator contributed to the model, except for years of teaching ( $B = -.008$ ,  $p < .001$ )

**Conclusions:** Reliability and validity estimates support the continued development of an instrument to examine nurse educator's knowledge, support, and willingness to adopt inclusive teaching strategies. The results will enable intervention research to enhance professional development fostering access to content and environments for all learners.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### Public Access to Naloxone: Provider Awareness and Prescribing Attitudes

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#### Purpose

The purpose of this presentation is to propose a doctoral project that will examine the awareness, attitudes, and intentions of Tennessee providers in response to the Naloxone Rescue Act.

#### Target Audience

The target audience of this presentation includes physicians, advanced practice nurses, pharmacists, policy makers, and patients or families of patients at risk for opioid overdose.

#### Abstract

**Background:** Drug overdose deaths have become an escalating epidemic in the United States (U.S.) and are recognized as the leading cause of injury death. To combat opioid overdose, naloxone distribution to the public has been initiated in some states as a harm reduction strategy. Although new laws have been implemented allowing providers to prescribe naloxone for layperson use, minimal data is available to evaluate providers' awareness, attitudes, and intentions to prescribe naloxone.

**Purpose:** The purpose of this doctoral project is to describe and correlate the awareness, attitudes, and intentions of Tennessee providers in response to the Naloxone Rescue Act.

**Methods:** The sample of physicians, nurse practitioners (NPs), and physician assistants (PAs) from 306 certified pain medicine clinics in the state of Tennessee will be invited to complete electronic surveys assessing knowledge of naloxone laws, attitudes toward public access to naloxone, and intentions to prescribe naloxone. Using the Pearson Product Moment Correlation (PPMC) for statistical calculation, survey responses will be analyzed to determine if a linear correlation exists. Descriptive statistics will be used to display provider sociodemographic information.

**Results:** The investigator anticipates description and correlation of the awareness, attitudes, and intentions of 50% of the invited providers. Descriptive statistics will help illustrate and explain the characteristics of the sample. Linear correlation results will help determine if a positive or negative relationship exists between provider awareness, attitudes, and intentions. From the findings, the investigator may also develop a standardized prescribing tool, which will both educate and guide prescribing practices for Tennessee providers, based on the providers' responses.

**Conclusion:** Because public access to naloxone is a relatively new approach to overdose prevention, more research is needed to evaluate provider awareness and willingness to prescribe naloxone to patients. Information about provider prescribing patterns will be useful for policymakers and healthcare professionals to efficiently implement public naloxone distribution.

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## **RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session**

### **More Than Just Male Nurses: Initiating Sustainable Processes and Structures to Promote and Protect Gender Diversity among Nevada's Male Nursing Workforce**

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*Derek S. Drake, MSN, RN, CNML, CNL, USA*

#### Purpose

The purpose of this presentation is to highlight processes and structures implemented to recruit, promote, and protect the diversity of men as nurses improving the proportion of men in nursing in Nevada ultimately reducing the state and overall national shortage of nursing personnel.

#### Target Audience

The target audience of this presentation includes males of all ages who are interested in becoming or are already nurses practicing in the profession. Additional audience members include academic and hospital administrators who will be affected and benefit from an increase in the number of men in nursing.

#### Abstract

With more than 3.1 million practicing members, nursing is recognized as the largest discipline in the U.S. health care system (Ahmed, Andrist, Davis, & Fuller, 2013; American Nurses Association, 2014a). Nurses play a pivotal role in the consistent delivery of safe, high-quality, and cost effective, patient-centered health care, and have essential responsibilities in preventing medication errors, reducing rates of infection, and facilitating patients' transition from hospital to home (Institute of Medicine, 2011; Wendel, O'Donohue, & Serratt, 2014). For 13 consecutive years, 2002 to 2014, nurses have been recognized as the most honest and ethical profession in the U.S. outranking other highly respectable professions including physicians, police officers, clergy, and members of Congress (American Nurses Association, 2014b; Gallup Inc., 2014). Despite tremendous public attention regarding the profession's commitment and dedication to the advocacy, delivery, and promotion of societal health, safety, and well-being, there has been a documented shortage of the nursing workforce dating back to World War II (American Association of Colleges of Nursing, 2014c; American Nurses Association, 2014b; O'Lynn & Tranbarger, 2007). According to the U.S. Bureau of Labor Statistics (as cited by American Association of Colleges of Nursing, 2014C), the total number of vacant Registered Nurse (RN) positions is projected to total 1.05 million by the year 2022. The hallmark 2011 Institute of Medicine (IOM) and Robert Wood Johnson Foundation (RWJF) report *The Future of Nursing: Leading Change, Advancing Health* called upon the nursing workforce to meet escalated demands of a reformed health care and public health system despite prominent shortages of nursing personnel (Institute of Medicine, 2011; Coleman, 2013). The absence of a nursing shortage equates to fewer deaths, lower failure-to-rescue incidents, lower rates of infection, and shorter hospital stays (Blegen, Goode, Spetz, Vaughn, & Park, 2011). The IOM and RWJF recognize today's nursing shortage is unique suggesting it is equally important to increase the overall number of adequately trained and educated nursing personnel while supporting and promoting the general diversity of the overall workforce (American Association of Colleges of Nursing, 2014a; Institute of Medicine, 2011). Diversifying the nation's nursing workforce is imperative to meet the evolving dynamics of a substantially increasing diverse population (American Association of Colleges of Nursing, 2014a; Center to Champion Nursing in America, 2014b). Increasing diversity among health care professionals improves access to care for minority patients, improves patient choice and satisfaction, and allows for better educational experiences for health professional students (Institute of Medicine, 2004). Racial, ethnic, and gender minorities account for 30% of the U.S. population, but fewer than 15% of all RNs (Center to Champion Nursing in America, 2014a). Among those minorities least represented in the U.S. nurse workforce are nurses identifying themselves as Asian, Native American, Pacific Islander, and male (Robert Wood Johnson Foundation, 2011a; 2011b).

Men represent approximately 52.8% of the U.S. working-age population. However, women represent a higher proportion of workers and account for over 80% of the workforce in over half of all health care

related occupations including nursing (United States Department of Health and Human Services, 2015). Social, political, and economic values consistently perpetuate the feminine image of nursing (McMillian, Morgan, & Ament, 2006). Very little has been written regarding the contribution, history, and role of men in nursing (Kenny, 2008). As a result, nursing has been historically and predominately viewed as an exclusively female-dominated profession (Mackintosh, 1997; United States Census Bureau, 2011; 2013; Xu, 2008). Contrary to popular belief, virtually all the origins of the nursing profession lies completely in the hands of men called upon to care for the ill or injured in asylums, workhouse infirmaries, military services, and private associations (Mackintosh, 1997; Kenny, 2008; O'Lynn & Tranbarger, 2007; Roth & Coleman, 2008; Xu, 2008). The first documented nursing school existed in India around 250 B.C. and only admitted male students because only men were considered "pure" enough to perform nursing duties (Kenny, 2008; Xu, 2008). Nursing remained a predominately male dominated professional until the 19<sup>th</sup> Century when Florence Nightingale, the founder of modern day nursing, dramatically transformed and feminized the science of nursing (Hsu, Chen, Yu, & Lou, 2010; McLaughlin, Muldoon, & Moutray, 2010; Xu, 2008). Following her transformation of the profession, Nightingale firmly established nursing to solely be a woman's profession proclaiming women who entered nurse training were only doing what came natural to them because of the innate feminine characteristics of the profession including cleanliness, compassion, and selflessness (Evans, 2004a; 2004b). Since the middle of the last century men have slowly reentered and regained their place in nursing following Nightingale's radical feminization of the profession (Blackman, 2009). However, there remains a noticeable shortage of males entering the nursing profession due in large part to gender-related stereotyping, misconceptions or misperceptions regarding the significance of work done in nursing, and a lack of available male role models for men entering or already involved in nursing. Approximately 56% of male nursing students report significant challenges faced during nursing education based on their sex including being a minority in a female-dominated field, being portrayed as "muscle strength" by female nurses, and being perceived as non-caring (Rajacich, Kane, Williston, & Cameron, 2013). Furthermore, men leave nursing altogether 2.5 times more often than their female counterparts (Hayes et al., 2012; Rajacich et al., 2013). Men contribute unique perspective and skills significant to the profession and society (Robert Wood Johnson Foundation, 2011a). Evidence suggests doubling the number of men entering nursing would likely reduce if not completely eradicate the overall nursing workforce shortage (Bonair & Philipsen, 2009).

Approximately 2.7% of U.S. RNs were men in 1970 compared to 9.1% in 2011 (United States Census Bureau, 2011; 2013; United States Department of Health and Human Services, 2013). Globally men account for 5.8% of RNs in Canada, 10% of RNs in the United Kingdom, and 23% of RNs in the Netherlands (Blackman, 2009; Roth & Coleman, 2008). The state of Nevada currently ranks 47<sup>th</sup> among states in the number of RNs per 100,000 residents at 724.7, significantly lower than the national average of 920.9 (Nevada Legislative Counsel Bureau, 2008; United States Department of Health and Human Services, 2013). Approximately 8.8% of Nevada's RN workforce is male, slightly lower than the national average (Griswold, Etchegoyhen, & Packham, 2014). Currently there are no publically recognized formalized processes or structures in place to recruit, promote, and protect the gender diversity of Nevada's male nursing workforce. The American Assembly for Men in Nursing (AAMN) was founded in 1971 by Steve Miller and Luther Christman and is recognized as the only professional nursing organization dedicated to men (American Assembly for Men in Nursing, 2011; 2014d). Collectively, AAMN exists and is organized to promote the recruitment and retention of men, and provides a framework for nurses to identify, explore, and discuss factors affecting men in nursing (American Assembly for Men in Nursing, 2014a; 2014d). Strategic objectives of AAMN include; 1) encourage men of all ages to become nurses and join together with all nurses in strengthening and humanizing health care, 2) support men who are nurses to grow professionally and demonstrate to each other and to society the increasing contributions being made by men within the nursing profession, 3) advocate for continued research, education, and dissemination of information about men's health issues, men in nursing, and nurse knowledge at the local and national levels, and 4) support members' full participation in the nursing profession and it's organizations and use of the Assembly for limited objectives stated above (American Assembly for Men in Nursing, 2014a, par. 2). Despite great need, there is currently no local chapter of AAMN for Nevada's male nurse workforce to actively participate in.

The Doctor of Nursing Practice (DNP) practices at the most advanced levels of nursing delivering evidence-based direct care, managing systems, and leading quality initiatives impacting organizations

and policy at organizational, intraorganizational, and industry levels (Ahmed et al., 2013; Borkowski, 2009; Dahnke & Dreher, 2011; Institute of Medicine, 2011). Doctors of Nursing Practice (DNPs) are recognized as leaders in health care who demonstrate commitment and dedication for innovative changes that maintains urgency, sets consistent direction, reinforces expectations, and provides resources and accountability for the nursing profession and U.S. health care system as recommended by the Patient Protection and Affordable Care Act (PPACA), IOM, and RWJF (Ahmed et al., 2013; American Association of Colleges of Nursing, 2014b; Borkowski, 2009; Institute of Medicine, 2011). The purpose of this DNP-student led initiative is to charter Nevada's first local chapter of AAMN likely improving the proportion of men who are nurses in Nevada ultimately reducing the state and overall national shortage of nursing personnel.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### An Evidenced-Based Approach to Fall Risk Assessment and Management in an Outpatient Imaging Center: Morse Fall Scale

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*Dalphy Blalock, MSN, BSN, RN, USA*

#### Purpose

The purpose of the presentation is to broaden healthcare provider's awareness of risk of falls in an outpatient imaging center and to promote an evidence-based tool that improves patient safety, enhances quality of care, and addresses the IOM safety initiative.

#### Target Audience

The target audience for the presentation includes all healthcare providers that practice in any ambulatory or outpatient practice setting as clinicians, administrators, or professional setting.

#### Abstract

**Purpose:** The purpose of this evidenced-based project is to explore the use of the Morse Fall Scale (MFS) risk assessment tool as an intervention to decrease patient falls in an out-patient imaging center.

**Significance:** Falls pose serious consequences to patients, healthcare providers, and society in general, as they lead to serious injuries such as head trauma, fractures, and even death (Johnson, et al., 2011). In addition to the physical impact on the patient's overall well-being and their families, there is an enormous financial burden to them and society in general. Direct medical care costs imposed on healthcare organizations is forecasted to reach an excess of \$43 billion dollars by year 2020 (Johnson et al., 2011). Added to that mix is the Institute of Medicine's (IOM) initiative for patient safety.

**Literature review:** A literature review using systematically reviewed data (Level I/II) was implemented to determine best practices for reducing fall incidences in an out-patient imaging setting.

**Results:** After two months of using the MFS, 550 patients were examined and 416 of those patients, 76% of the population, scored a zero risk for falls. However, 87 patients, 16% scored low risk, and 47 patients, 9% scored high risk for falls. In that initial two month assessment, one-fourth of the patient population assessed is at risk for falls, implicating a need for a standard tool to assess for falls and a policy and procedure to reduce falls and promote safety.

**Conclusion:** Will continue to monitor for fall risk for six months and implement a policy based on the efficacy of the Evidence-based practice project.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### Chronic Perceived Stress, Social Isolation, and Perceived Loneliness as a Symptom Cluster among Dementia Caregivers

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*Mariya Alekseyevna Kovaleva, BSN, RN, USA*  
*Sydney A. Spangler, PhD, MSN, CNM, RN, USA*  
*Kenneth Hepburn, PhD, USA*

#### Purpose

The purpose of this presentation is to provide a literature review on the experience of unpaid dementia caregivers, by focusing on the effect of chronic stress on neuroendocrine and neuroimmunological regulation (an endogenous mechanism) and social isolation and perceived loneliness as exogenous factors that are pertinent to this population.

#### Target Audience

The target audience of this presentation is nurses who regularly interact with informal caregivers of patients with Alzheimer's disease or another dementia. Additionally, this presentation is intended for nurses who work in academia and whose research and/or teaching involves issues of dementia caregivers.

#### Abstract

**Background:** Caregivers of persons with dementia are at risk for chronic perceived stress, social isolation, and perceived loneliness. Chronic perceived stress disrupts neuroendocrine and neuroimmunological pathways (endogenous mechanisms). Social isolation is a common exogenous factor for this population that may lead to perceived loneliness and exacerbate chronic perceived stress and its sequelae.

**Purpose:** Review the experience of dementia caregivers through the lens of the interaction of pertinent endogenous mechanisms (influence of chronic stress on neuroendocrine and neuroimmunological functioning) and exogenous factors (social isolation and perceived loneliness).

**Methods:** Ninety-seven articles were reviewed using PubMed, CINAHL, EMBASE, and PsycINFO databases and reference lists.

**Results:** Chronic perceived stress disrupts neuroendocrine and neuroimmunological regulation and leads to chronic low-grade inflammation, which is implicated in the development of multiple chronic conditions, including cardiovascular disease, atherosclerosis, arthritis, osteoporosis, cancer, periodontal disease, diabetes, depression, frailty, and functional decline. Social isolation among caregivers may be a result of significant changes that caregiving imposes on caregivers' multiple spheres of life, including employment and family. Social isolation may evoke perceived loneliness; both conditions may contribute to a caregiver's restructuring his or her life in a way that exacerbates depressive symptoms, chronic perceived stress, and promotes neuroendocrine and neuroimmunological disruption.

**Conclusions:** Among dementia caregivers, social isolation may play a role in increasing caregivers' chronic perceived stress. Chronic perceived stress and social isolation may form a symptom cluster. Perceived loneliness may be a marker of this symptom cluster. Components of the proposed cluster may reinforce one another and together play a role in the development of chronic diseases to which dementia caregivers are vulnerable.

**Implications for nursing practice and research:** It is imperative to recognize dementia patients' family caregivers as "patients" too. Early recognition of caregivers at risk for perceived loneliness - a potential marker of a symptom cluster of social isolation and chronic perceived stress - may allow nurses to

implement interventions that would improve caregivers' well-being, increase their health-related quality of life, decrease their caregiver burden, and prevent the risk of the development of chronic illnesses. As a result, early recognition of caregivers at risk for the proposed symptom cluster may ultimately promote higher quality of care for dementia patients and delay their institutionalization. Healthcare professionals may remain the single reliable source of support for dementia caregivers and thus may allow them to mitigate the adversity associated with chronic perceived stress, social isolation, and perceived loneliness.

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# RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

## Breast is Best: Increasing Healthcare Provider Knowledge and Confidence

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*Emily A. Lee, MSN, BSN, RN, FNP-C, CLC, USA*

### Purpose

The purpose of this presentation is to increase breastfeeding knowledge and confidence in HCPs who care for pregnant women. An effective preventive measure a mother can take to protect the health of her infant is to breastfeed. Breastfeeding success rates among mothers can be greatly improved through support from HCPs.

### Target Audience

The target audience of this presentation is healthcare providers (HCP) and students including physicians, nurses, advanced practice nurses, nurse midwives, lactation consultants, and lactation counselors.

### Abstract

**Background:** The purpose of this project was to increase breastfeeding knowledge and confidence in healthcare providers (HCPs) involved in the care of pregnant women in rural Obstetrical clinics. Obstetrical healthcare providers are responsible for the care and well-being of pregnant women and their fetuses. One of the most highly effective preventive measures a mother can take to protect the health of her infant is to breastfeed. The breastfeeding success rate among mothers can be greatly improved through active support from their families, friends, communities, and healthcare providers.

**Methods:** The project sites were three separate rural obstetrical clinics in middle Tennessee. Informed Consent was obtained from providers participating in the project. A Pre-Knowledge and Confidence Questionnaire on Breastfeeding was administered to the healthcare providers. An educational program from the American Academy of Pediatrics (AAP), "Breastfeeding Residency Curriculum" consisting of PowerPoints, case studies, and the use of reference tools was presented to all participants. Three presentations were conducted at each site. Healthcare providers counsel pregnant women about breastfeeding using the American Congress of Obstetricians and Gynecologists (ACOG) Perinatal Practice Guidelines. . The healthcare providers documented their counseling efforts in the patient's Electronic Medical Record (EMR). Patient charts were reviewed for comparison of pre-implementation to post-implementation breastfeeding counseling documentation by providers. The three month pre-implementation review included patient visits from January 2014 through March 2014. In developing a project baseline, this pre-implementation chart review established the number of times patients received breastfeeding counseling and prenatal visits from the healthcare providers. Once the educational program was implemented, another chart review was conducted, in the same manner as the pre-implementation review. The post-implementation review incorporated the period of April 2015 through June 2015. A comparison was made between the two reviews to determine any effect of the educational intervention on the providers counseling and documentation. At the end of the three month project, a Post- Knowledge and Confidence Questionnaire on Breastfeeding was presented to the healthcare providers.

**Results:** It is projected that healthcare providers who complete the American Academy of Pediatrics (AAP) "Breastfeeding Residency Curriculum" will display enhanced breastfeeding knowledge and confidence, and will exhibit positive changes to breastfeeding practice patterns. Short-term project goals include a 25% increase in utilization of ACOG breastfeeding recommendations (based on retrospective chart review), and a 25% increase in HCP breastfeeding knowledge through pre/post-testing, and a 25% increase in HCP confidence in breastfeeding counseling abilities through pre/post-testing. Long-term goals after completion of the educational program include a 50% increase in utilization of breastfeeding recommendations from ACOG, an increase in the number of patients with intent to breastfeed, and an



increase in the number of patients who attempt to breastfeed prior to discharge from the hospital after delivery.

Conclusions: The breastfeeding success rate among mothers can be greatly improved through active support from their healthcare providers. More breastfeeding education is required for healthcare providers to become both knowledgeable and confident in their skills to promote breastfeeding and manage the breastfeeding client.

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## **RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session**

### **Compare and Contrast the Clinical Learning Experiences of Prelicensure Baccalaureate Nursing Students, in a Traditional Group Clinical, Preceptored Clinical and the DEU Model, Utilizing the Cles-T Evaluation Tool**

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*Lesley L. Connolly, BSN, RN, USA*

#### Purpose

to seek an answer to the question; What is the students' perception of the best way to educate nursing students in the acute care setting?

#### Target Audience

nurse educators, nursing students and acute care clinical instructors/RN's.

#### Abstract

Access of acute care sites for clinical education of nursing students is becoming a real problem for nursing schools around the world. Nursing schools provide clinical experiences in a variety of different ways. Some nursing schools offer group clinical experiences, where a number of students, usually six to ten, are grouped with one faculty on one unit in an acute care setting. Others offer a preceptored model where one student is paired with one registered nurse (RN) on an acute care unit and still others are offered an experience on a dedicated education unit (DEU) where they work side by side with RN's, techs and their faculty support person. All of these experiences provide the student nurse an opportunity to complete nursing assessments and skills with real patients. The purpose of this study was to compare and contrast the clinical learning experiences of prelicensure baccalaureate nursing students, utilizing the CLES-T evaluation tool. An examination of literature supports the preceptored clinical experience and the formation of a DEU as the most common and preferred clinical setting for the student to gain the most confidence, improve communication skills and develop critical thinking skills while in the acute care setting. The proposed nursing research study will provide insight into the development of a DEU in one of our local hospitals and answer the question; what is the best way to educate nursing students in the acute care setting?

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# RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

## Improving Nurse Engagement with Dedicated Education Units

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### Purpose

to disseminate information about an innovative project meant to stimulate nurse engagement in the work environment. The impetus of this project was to establish an academic-practice partnership with an acute care hospital in Central Indiana, implement a Dedicated Education Unit (DEU) and evaluate the effects on nurse engagement.

### Target Audience

faculty, nurses, academic administrators, and practice leaders. This scholarly work requires a partnership between academia and practice so it is imperative that all stakeholders develop open and honest communication channels, encompass a thorough understanding of the DEU Model, and establish clear and mutually agreed upon goals.

### Abstract

Now more than ever, healthcare delivery systems need knowledgeable, practice ready, engaged nurses as members of every healthcare team; however a lack of engaged nurses and practice ready new graduates has forced health system and academic leaders to form partnerships. These academic-practice partnerships, intended to strengthen nursing practice, are crucial to address the monumental demands of value-based purchasing and the recommendations of the Future of Nursing Committee. Recently, an acute care facility in central Indiana and a local university established an academic-practice partnership to implement a Dedicated Education Unit (DEU). Although the original intent of the DEU was to enhance the clinical learning experience of student nurses, the academic-practice leaders involved with implementation of the DEU believes the project would positively affect nurse engagement and patient satisfaction.

The research question for the project is “Does implementing a dedicated education unit in an acute care setting improve nurse engagement?” Three objectives related to implementation of the DEU project were identified: Nurse engagement will improve on the DEU; nurse engagement will be higher on DEU units than on a control unit; and patient satisfaction scores will improve on the DEU.

The theoretical framework for this scholarly project encompassed one theory and three models to provide the structure and guidance required for a well-designed study. These include Lewin’s Change Theory, the Logic Model, the JD-R Model of Work Engagement and the DEU Model of Clinical Education

The study site chosen for the DEU Project is an acute care hospital in north central Indiana. The DEU Project uses a convenience sample involving approximately 50 nurses. There are 13 nurses on the medical surgical (MS) unit and 14 nurses on the coronary care progressive unit (CCPU). In addition, there are approximately 20 nurses on the telemetry medical surgical (TMS) unit, which serves as the control unit.

The instrument selected to answer the research question is the Utrecht Work Engagement Scale (UWES). Work engagement is the construct in the UWES instrument and the three grouped underlying dimensions are vigor, dedication and absorption. Researchers have used the UWES instrument to measure work engagement among a variety of occupational groups.

The DEU Project utilizes a two-prong approach to answer the research question and measure the objectives. The hypothesis is that the DEU Project will result in improved nurse engagement. The first evaluation approach is a quasi-experimental design since there is a control unit. The second evaluation

approach is a mixed-method correlational pre – post survey design for the units participating in the DEU Project. Two types of surveys are used to measure outcomes, UWES and an investigator-developed DEU survey. Patient satisfaction data using Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) will also be trended. Triangulation of data from the above two surveys and trending of HCAHPS scores provide sufficient evidence to answer the research question.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### Clinical Performance Evaluation Tool Assessment: Faculty and Student Perceptions

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*Christopher P. Kemnitz, PhD, BSN, BS, AS, RN, PHN, USA*

#### Purpose

The purpose of this presentation is to present the results of a qualitative assessment on the use of the Clinical Performance Evaluation Tool, a QSEN based clinical evaluation tool for nursing students. Perceptions and attitudes of students and faculty having used the tool during medical surgical rotations will be discussed.

#### Target Audience

The target audience of this presentation is primarily nursing faculty and instructors at two and four year nursing college or university programs who are actively involved in nursing student clinical performance assessment and evaluation.

#### Abstract

The goal of this study was to investigate faculty and student perceptions related to the use of the clinical performance evaluation tool (CPET) in a baccalaureate undergraduate nursing program. The CPET was developed to measure Quality and Safety Education for Nurses (QSEN) competencies specifically within the context of nursing student clinical performance. Clinical evaluation of undergraduate nursing students is ubiquitously recognized as a difficult and long-standing problem for nursing faculty. The CPET was chosen as a clinical evaluation tool at the research institution because of its theoretical foundations and perceived relevance to the nursing program. However, many faculty and students had voiced concerns related to the utility of this particular evaluation tool. The CPET incorporates clear and adaptable methods for clinical evaluation of nursing students based upon the QSEN competencies and was selected by the research institution specifically for those reasons. However, it is not clear whether such a clinical evaluation tool is functionally effective and limited evidence has been published supporting its use in educational practice. Six fulltime nursing faculty and six undergraduate nursing students were recruited for this qualitative study. Participants were asked a series of five questions related to their use of the CPET during medical/surgical clinical rotations. These questions addressed the participants impressions of the evaluation tool, how well they thought the tool was preparing students to become competent nurses, what participants found most useful versus most challenging about the tool, and their impressions of how they would best like to be evaluated in the clinical setting. Respondent interviews were transcribed and analyzed categorically and several recurring themes were found. The recurring themes pointed out primarily that it is not the CPET as an evaluation tool that is problematic, rather students and faculty were found to be ambivalent towards the tool, the tool was used inconsistently, students and faculty were not oriented in how to effectively use the tool, and the tool was used in isolation and did not follow the student as they grew throughout the program. Faculty uniformly recognized that the QSEN competencies were useful in guiding clinical evaluation, feedback and dialogue, and remediation with the students. However, there was no evidence of consistent use and application of the CPET. Student and faculty concerns that were identified in this study suggest that before any nursing program implements a clinical evaluation rubric, the most important first step might be to closely evaluate the proposed evaluation tool, ensure it aligns with existing curricular goals and outcomes and ensure that the clinical evaluators are all trained in how to consistently and appropriately use the evaluation tool. Students should be regularly oriented to the tool also and be made aware of its purpose. These recommendations are in alignment with current best practices in evaluation as reported in the literature. The CPET was recognized as a valuable tool by faculty primarily because of its QSEN foundation. In order to help students see the relevance of the tool and use it most effectively consistency in the implementation and application of the tool should be considered as a high priority.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### Skin Cancer and Tanning Bed Use in the Young Female Population

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#### Purpose

To identify the effects of the customers' rationalizations and motivations of tanning bed use and skin cancer development among young adult females through a critical review of peer-reviewed publications.

#### Target Audience

National and international students, nurses, educators, and other health care professionals.

#### Abstract

**Background:** The incidence of skin cancer from indoor tanning-beds has been rising over the past several decades. In the United States, "an estimated 114,900 new cases of melanoma were diagnosed in 2010, with nearly 8,700 resulting in death" (Banerjee, Hay, & Greene, 2013, p. 577). Increased use of tanning beds, increased time outdoors, and better screening are all factors contributing to new incidence of skin cancer. This is a knowledge based problem with implications to clinical effectiveness.

**Objective:** The purpose of the critical review is to find peer-reviewed publications about the effects of the customers' rationalizations and motivations of tanning bed use and skin cancer development among young adult females. **Methods:** Cox proportional hazards models, cognitive rationalization scale, and latent profile analysis were used to investigate frequency of tanning bed use, cognitive rationalization for tanning bed use, and the effectiveness of intervention efficacy in lowering tanning bed use. **Results:** Although the studies were evaluating different aspects of tanning bed use and skin cancer incidence, the results were congruent in the findings. One study determined that the frequency of tanning bed use among females during high school and college increased their incidence of skin cancer. Another study sought to show how the cognitive dissonance theory correlates with cognitive rationalizations used by those to justify tanning bed use despite knowledge of associated health risks. Other results concluded that targeted interventions significantly reduce indoor tanning use, specifically among low-knowledge subgroups. **Discussion:** All three articles appear to be useful in identifying increased incidence of skin cancer and tanning bed use in the young female population. More research is needed to determine how best to convey the damaging effects of tanning bed exposure to young females as well as alternatives to tanning, including a better understanding of motivation of tanning bed use by this population.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### Blazing Trails, Building Fences, and Raising Towers: A Historical Review of Nurse-Midwifery and Childbirth in the United States

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*Eileen J. B. Thrower, MSN, BSN, APRN, CNM, USA*

#### Purpose

To review the history of childbirth and nurse-midwifery in the United States, including economic, political, and social factors impacting the development and expansion of nurse-midwifery thereby providing insight into the current status of nurse-midwifery, childbirth, and maternity care in this country.

#### Target Audience

The target audience of this presentation is nurses and other health care professionals interested in historical research, as well as those interested in the current state of maternity and midwifery care in the United States.

#### Abstract

**Background:** The United States compares poorly among the world's nations in terms of maternal and infant mortality. Public health experts increasingly argue for midwifery care as an important approach to improving the quality of maternal and newborn care. Despite this growing consensus, nurse-midwives attend only 8 % of births in the United States.

**Purpose:** To review the history of childbirth and nurse-midwifery in the United States, including the economic, political, and social factors impacting the development and expansion of nurse-midwifery, providing insight into the current status of nurse-midwifery, childbirth, and maternity care in this country.

**Methods:** A review of current literature related to the history of childbirth and nurse-midwifery was conducted using CINAHL and Academic Search Complete databases.

**Results:** Issues of financial status, gender, political power, and race impacted the development of nurse-midwifery, providing implications for current research.

**Conclusions:** Childbirth evolved from an in-home, social event among women to a hospital based, solo experience attended by men. Traditional midwifery declined as attendance of childbirth was overtaken by physicians trained in obstetrics. The profession of midwifery was practically eliminated by the 1950s, with the exception of midwives caring for poor, underserved women in the rural south and immigrant women in the northeast and southwest regions of the United States. Nurse-midwifery developed in response to high maternal and infant mortality rates, expanding as women sought non-traditional care within the hospital setting.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### Pilates Cadillac for Chronic Low Back Pain: A Pilot Study

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#### Purpose

The purpose of this presentation is to inform the primary care clinician of the usefulness and effectiveness of Pilates exercise for chronic low back pain. Pilates exercises are performed using specialized equipment and exercise mats. Pilates can be prescribed by physicians and nurse practitioners.

#### Target Audience

The target audience for this presentation are advanced practice nurses who prescribe therapeutic treatment for musculoskeletal conditions. An academic and administrative audience are target to communicate the usefulness of Pilates as a treatment option and a billable modality.

#### Abstract

**BACKGROUND:** Musculoskeletal health problems such as low back pain contribute significantly to morbidity in the general population and contribute to the high costs of health care in the industrialized world. Pilates is an evidence-based form of therapeutic exercise found to improve low back pain and is underutilized in the healthcare setting.

**PURPOSE:** The purpose of this pilot study is to investigate the feasibility, acceptability, and effectiveness of Pilates exercise on the Cadillac exercise machine as a therapeutic intervention for chronic low back pain and disability.

**METHODS:** The study was quasi-experimental one-group pre test post test pilot study evaluating the effectiveness of a Pilates protocol using the Cadillac exercise machine to decrease levels of pain, and increase function. Data were extracted from a SPSS analysis of a pain visual analog scale (VAS) and Oswestry disability index (ODI).

**RESULTS:** The results indicate that the Pilates intervention was effective for reducing pain and improving function. VAS before the intervention were  $M = 41.83 \pm 13.12$  and after the intervention were  $M = 11.08 \pm 19.49$ . The mean difference calculated was  $30.75 \pm 20.27$ ,  $CI = 43.63, 17.87$ ,  $p < 0001$ . ODI scores before the intervention were  $M = 23.83 \pm 16.57$  and after the intervention  $M = 12.58 \pm 12.29$ , respectively. The mean difference calculated from the paired t test from before and after the intervention was  $11.25 \pm 13.20$ ,  $CI = 19.64, -2.86$ ,  $P < .02$ .

**CONCLUSIONS:** The results of this study will inform clinical practice recommendations and direct subsequent research.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### Integration of Evidence for Genetic Risk of Abnormal Neurodevelopment in Preterm Infants

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*Rita H. Pickler, PhD, RN, FAAN, USA*

*Cindy M. Anderson, MSN, BSN, PhD, RN, USA*

#### Purpose

to synthesize recent evidence of genetic associations with atypical neurodevelopmental outcomes that may pose additional risk to preterm infants who do not have rare, genetic disease.

#### Target Audience

researchers interested in neurodevelopment among preterm infants.

#### Abstract

**Problem:** Preterm infants are at elevated risk for a host of atypical neurodevelopmental problems, including disorders that appear later in life. A growing body of evidence supports a genetic link to risk for atypical neurodevelopment even among infants who do not have apparent genetic disease; however, no genomic risk profiles are currently used, despite the potential benefit of early intervention for those at risk.

**Purpose:** The purpose of this integrative review was to synthesize recent evidence of genetic associations with atypical neurodevelopmental outcomes that may pose additional risk to preterm infants who do not have rare, genetic disease.

**Search Strategy:** Electronic database searches were conducted in PubMed and CINAHL using the terms "neurodevelopment" and "genetic." Searches were limited to English-language, peer-reviewed primary research or meta-analysis reports published between July 2009 and July 2014 involving living human participants. As neurodevelopmental outcomes related to preterm birth may not appear until later in life, the search was not limited to infants, however, articles were excluded if there was no explicit genetic link with neurodevelopment or if no association was found with neurodevelopmental outcomes in novel gene targets.

**Results of literature search:** 28 original research reports and 1 meta-analysis were included (n = 29).

**Synthesis of Evidence:** Articles included in the analysis used a wide range of study designs, genomic approaches, outcome measures, and methodologies; an integrative review design and PRISMA reporting guidelines were used to synthesize these diverse data. Multiple large genetic deletions and polymorphisms of 43 genes were associated with neurodevelopmental outcomes. Articles were ranked based on quality parameters, as multiple studies demonstrated methodological or reporting concerns.

**Implications for Practice:** The creation of genetic risk profiles for complex disorders of neurodevelopment would allow screening and early intervention among infants with the added neurodevelopmental risk of prematurity. This is presently hindered by inconsistent genetic association evidence, methodological considerations, reporting issues, and lack of replication. However, several avenues of investigation offer promising targets for future research, including the candidate genes Met, NRG3, and SLC6A4 and large genetic deletions, each of which were reported to have associations to neurodevelopmental outcomes in multiple, high-quality studies.

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# RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

## Building Better Bones for a Better You: Osteoporosis Prevention for Adolescent Girls

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Joanna Christina M. Trice, MSN, BSN, RN, PHN, USA

### Purpose

The purpose of this presentation is to present findings of a thesis project in which an educational session about osteoporosis prevention was designed and implemented. The sample population included adolescent girls in a girls club. This presentation includes the background, problem, purpose/goal, theoretical framework, methodology, findings, conclusions, recommendations/implications, and limitations.

### Target Audience

The target audience of this presentation is individuals in service, educators, and faculty. The target audience will be interested in the successful methodology for educating adolescent girls about osteoporosis prevention.

### Abstract

**Introduction and Background:** Osteoporosis is a serious bone disease occurring with the loss of bone mass and weakening of bone tissue. According to Healthy People 2020, there are approximately 5.3 million Americans aged 50 years and older with osteoporosis. Although this disease affects both men and women, it is much more common in women. Individuals with osteoporosis often experience bone fragility leading to bone fracture, particularly of the hip, spine, and wrist. Bone fractures are the most serious health complications of osteoporosis as they are associated with severe pain, loss of stature, limited mobility, and even death. Healthy People 2020, estimates 50% of all women will experience a bone fracture resulting from osteoporosis during their lifetime. Medical expenses associated with osteoporosis related fractures are extremely costly. The National Osteoporosis Foundation, projects by 2025 osteoporosis will cause nearly three million bone fractures at a cost of \$25.3 billion annually.

**Problem Statement:** Osteoporosis was commonly thought to be a disease of older adulthood. However, osteoporosis truly begins in childhood and adolescence. By the age of 18, females achieve peak bone mass, which contributes to bone strength. Therefore, it is best to begin osteoporosis prevention during childhood and adolescence to build bone mass and promote life long bone health. However, gaps in knowledge about osteoporosis and methods of prevention are present, particularly among adolescent girls. Providing osteoporosis prevention education to this population is essential to reduce the risk of osteoporosis development later in life.

**Purpose and Goal:** The purpose of this thesis project was to design and present an educational session about osteoporosis prevention directed towards adolescent girls. The goal of this thesis project was to bring awareness of osteoporosis and to stimulate motivation for a health promotion change.

**Theoretical Framework:** The theoretical framework for this thesis project was based on Albert Bandura's social-cognitive learning theory. Bandura's theory involves four basic steps for social-cognitive learning. First, the observer watches the behavior modeled by another person. Second, the observer recalls the behavior. Third, the observer has to mimic the behavior correctly. Lastly, the observer is motivated to learn and carry out the behavior. Bandura's social-cognitive learning theory provided the basis for this thesis project to optimize learning, comprehension, and motivation.

**Methodology:** This thesis project consisted of a 40-minute educational session directed towards adolescent girls. The sample of participants included eight adolescent girls ( $n = 8$ ) between the ages of 12 to 15 years old, who were involved in a girls club. The educational session provided an extensive

overview of osteoporosis, risk factors, associated health complications, and methods of prevention. Dietary modification through adequate consumption of calcium and vitamin D and participation in weight-bearing exercise were the primary methods of osteoporosis prevention discussed. Due to the unique learning needs of adolescent girls, learning activities that were age-appropriate, hands-on, interactive, and relevant were incorporated into this educational session. These learning activities included meal planning, reading nutrition labels, re-demonstrating weight-bearing exercise, and creating a calcium-rich snack. Data collection instruments included a demographic questionnaire, pretest, and posttest. The demographic questionnaire consisted of seven questions regarding age, grade, previous osteoporosis prevention patient education, milk intake, daily exercise, and personal exercise preference. The pretest and posttest consisted of the same nine questions having to do with essential osteoporosis related facts, calcium, vitamin D, weight-bearing exercise, personal perception of osteoporosis prevention importance, and motivation to prevent osteoporosis. Participants were asked to complete the pretest and demographic questionnaire prior to the start of the educational session. Once the educational session concluded the participants were asked to complete the posttest. Results from each participant's pretest and posttest were compared to determine changes in knowledge of osteoporosis, personal perception of osteoporosis prevention importance, and motivation to prevent osteoporosis. Data from the demographic questionnaire, pretest, and posttest were analyzed using descriptive statistics, a paired t-test, and IBM SPSS version 21 software.

**Findings:** Analysis of the demographic questionnaires revealed 75% of participants were not educated about osteoporosis prevention by their physician. The majority of participants (62.5%) drank one to two glasses of milk per day. Only 25% of participants exercised on a daily basis. In one day, most participants exercised for 30 minutes (37.5%) or 1 hour (37.5%). Interestingly, participant 2 responded with "not at all" in regards to frequency of exercise and "I don't exercise" in regards to duration of exercise. Additionally, participant 2 did not provide any response when asked about personal exercise preference.

Analysis of the pretests and posttests revealed 100% of participants knew osteoporosis is a bone disease. Knowledge of the best time to begin osteoporosis prevention increased from 87.5% at pretest to 100% at posttest. Knowledge of the recommended daily calcium and vitamin D intake levels increased from 0% at pretest to 100% at posttest. Knowledge of calcium-rich food increased from 50% at pretest to 100% at posttest ( $p < 0.04$ ). Knowledge of exercise best suited for osteoporosis prevention increased from 37.5% at pretest to 100% at posttest. Knowledge related to frequency of performing osteoporosis prevention exercises during the week increased from 75% at pretest to 100% at posttest. At pretest, only 62.5% of participants deemed preventing osteoporosis now as very important. In contrast, at posttest 100% of participants deemed preventing osteoporosis now as very important. Moreover, at posttest each participant's motivation to begin osteoporosis prevention was either increased or reinforced.

**Conclusions :** The data confirms achievement of this thesis project's goal. Participants were made aware of osteoporosis and motivation for a health promotion change was stimulated. Therefore, this educational session and the means in which the education was delivered were successful.

**Recommendations and Implications:** In the future, educators, community health nurses, and school nurses may utilize the foundations of this educational session as a guideline to deliver effective osteoporosis prevention education to adolescent girls. Additionally, foundations of this educational session may be incorporated into standard health and nutrition curriculum for adolescents in middle school and high school.

It is concerning that the majority of participants were not educated about osteoporosis prevention by their physician. Future nursing research is still warranted to determine existing barriers preventing the delivery of osteoporosis prevention education to adolescent girls by physicians. Additionally, other methods of delivering effective education (e.g. interactive websites, smart phone applications) must be studied to determine best practices for teaching adolescent girls. Lastly, future longitudinal research studies must be conducted to determine if motivation to perform osteoporosis prevention methods is still sustained at various intervals (i.e. weeks, months, and years) after the educational session has ended.

**Limitations:** Limitations of this thesis project involved the small sample of participants utilized, as this sample may not be representative of most adolescent girls. Participants in this thesis project were part of a girls club. These participants may have been more motivated and educated, which may have skewed the data collected. Future research that replicates this thesis project but utilizes a much larger sample is warranted so that a more diverse population is represented.

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## RSG STR - Rising Stars of Research and Scholarship Invited Student Poster Session

### Activities of Daily Living in Residents of Nursing Home and Assisted Living Facilities: A Multilevel Analysis

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*Jay Unick, PhD, MSW, USA*

*Elizabeth Galik, PhD, CRNP, USA*

*Barbara Resnick, PhD, RN, CRNP, FAAN, FAANP, USA*

#### Purpose

The purposes of this study were to examine the trajectory of functional performance in ADLs over time, the variance in functional performance that is attributable to individual and institutional variations, as well as the impact of individual and institutional characteristics on functional performance among residents living in Long-term Care.

#### Target Audience

The targeted audience is the nursing researchers, institutional caregivers as well as policy makers who are interested in the trajectory of functional performance of activities of daily living over time as well as the effects of resident and institutional characteristics on functional performance among Nursing home and Assisted Living residents.

#### Abstract

**Background** The ability to perform activities of daily living (ADLs) is the most basic function for older adults living in long-term care (LTC). Various personal and institutional factors can be associated with functional performance in ADLs among LTC residents.

**Purpose** The purposes of this study were to examine the trajectory of functional performance in ADLs over time, the variance in functional performance that is attributable to individual and institutional variations, as well as the impact of individual and institutional characteristics on functional performance among residents living in LTC settings.

**Methods** This study was a secondary analysis of longitudinal data of 788 residents from 8 Nursing Home (NH) and 16 Assisted Living (AL) facilities from four cluster-randomized controlled trials. The independent variables included time nested within resident (level 1), resident characteristics including demographics, balance, cognition and length of stay in the long-term care setting (level 2), and facility characteristics including type of intervention and facility (level 3). The dependent variable was resident functional performance of ADLs (level 2) measured by Barthel Index. Covariates were determined based on prior research and bivariate analysis of the data. Multilevel modeling approach was used to distinguish resident and facility level variations on functional performance. Both Random Intercept (RI) and Random Coefficient models were examined, and model fit was compared using likelihood ratio difference. Inter-class correlation was reported to demonstrate the percentage of variance attributable to the resident and facility level variations, as well as the variance explained by covariates.

**Results** The 3-level RI model with covariates was a better fit to the data. Functional performance of ADLs declined over time, decreased as residents' balance and cognition deteriorated and among those who lived longer in the long-term care facility. Functional performance of ADLs was higher among male, white and AL residents with higher education compared to their counterparts, while such difference decreased between male and female and increased between AL and NH residents over time. More than 78% of variance in function was accounted for by the resident (28%) and facility level (50.5%) variation, while the individual and institutional covariates captured around 20% of the variance, mostly from the facility level.



**Discussion** This study provided preliminary information to support the effects of individual and institutional characteristics on functional performance among long-term care residents. Attentions that are paid to improve balance, alleviate progression of cognitive decline, and reduce the length of stay in NH settings may hold promise for maintaining or improving functional performance in ADLs.

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# **Scientific Poster Presentations Session 1 (SCI PST 1)**

## SCI PST 1 - Scientific Poster Session 1

### Presence of Perverse Violence in the Dependent Elderly

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*Jesus Acevedo-Alemán, PhD, Mexico*

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#### Purpose

The purpose of this presentation is to identify the presence of perverse violence in dependent elderly and the impact this will have on them.

#### Target Audience

The target audiences of this presentation are those researchers and clinical nurses interested in the caregiving population of the older adult and the global attention in nursing.

#### Abstract

**Background:** In many parts of the world the abuse of the elderly goes almost unnoticed. Until recently, this serious social problem hidden from public view and was regarded as an essentially private matter. Even today, mistreatment of the elderly remains a taboo, usually underestimated and neglected by societies around the world. However, there is growing evidence that this is a major public health and society problem and it was described in 1975 in British magazines using the term "granny battering". The statistics on abuse of the elderly is data unrealistic because most older adults do not report the assault mainly because those are usually from the same family

**Purpose:** To identify the presence of perverse violence in dependent elderly and the impact this will have on them. Describe signs and symptoms of perverse violence.

**Methods:** Co-relational quantitative descriptive study to disseminate the presence of this type of violence in the elderly dependents, and the impact this will have on them, being them more susceptible to violent behavior by not being able to carry out various activities of daily living both as instrumental and literature reflecting it. To carry out the relevant measurements in the study, Barthel scale will be employed, and a instrument to identify the perverse practice of violence in those participants whose first instrument throw as a result functional dependency. The presentation is guide by the theory of Virginia Henderson Nurse, since most of the needs presented by the individual according to the theoretical, are found to assess function on different scales.

**Outcomes:** Collected data will be analysed with Statistical Package for Social Sciences 21.

**Conclusion:** Demonstrate the prevalence of perverse violence in older dependent and its high impact to their functionality, avoiding this malpraxis in nursing staff.

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## SCI PST 1 - Scientific Poster Session 1

### Learned Hopelessness Factor for Depression and Functional Death in Elderly

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*Jesus Acevedo-Alemán, PhD, Mexico*  
*Daniel Sifuentes Leura, RN, Mexico*

#### Purpose

The purpose of this presentation is determine the relationship between learned hopelessness and depression as risk factor and predictor of functional death in the elderly.

#### Target Audience

The target audiences of this presentation are those researchers and clinical nurses interested in the caregiving population of the older adult and the global attention in nursing.

#### Abstract

**Background:** The learned hopelessness produces negative encouragement for individuals that can take them to lose their motivation, hope to reach goals and give up to the future. The ideas of hopelessness in the elderly produce negative thoughts like his life is meaningless, passive desire to die, and suicidal thinking; same as hopelessness, depression is a common mental disorder in the elderly that when it becomes chronic or recurrent hinders seriously the coping performance of the daily life and as a risk factor that could cause disease and functional decline in its most severe stage produce a functional death.

**Purpose:** To determine the relationship between learned hopelessness and depression as a risk factor and predictor of functional death in the elderly.

**Material and Methods:** This study will focus on non-experimental quantitative research with cross design with explanatory scope as Hernández, Fernández and Batista classified it. The study population will consist of older adults belonging from the Centro Estatal del Adulto Mayor of Saltillo, Coahuila, Mexico. Sampling will be for convenience, depending on the older adults attending the consult at the center in one week. The Yesavage Geriatric Depression Scale will be the measure instrument which consists of 30 items, the Beck Hopelessness Scale, which contains 20 items, and the Barthel Index 10 items to measure functionality. The variables that will be measured are hopelessness, depression and functional death.

**Outcomes:** The results will be measured for data collection with the Statistical Package for the Social Sciences version 2.1 together with graphics for sociodemographic variables, and Pearson correlation coefficient to establish the relationship between the study variables.

**Conclusion:** Find how the learned hopelessness is a risk factor for depression and at time, a functional predictor of death in the elderly. Will discuss the importance of avoiding the functional death in older adults.

**Key words:** Learned hopelessness, Depression, Functional decline, Functional death, Elderly

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## SCI PST 1 - Scientific Poster Session 1

### Explaining Ethical Sensitivity from the Social Representations of Nursing Students and Professors

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#### Purpose

Explain ethical sensitivity from social representations constructed during patient care provided by nursing students and professors. Define the meaning and modeling of ethical sensitivity from the perspective of nursing students and professors.

#### Target Audience

nursing students and professors

#### Abstract

Nursing education requires development of awareness and ethical sensitivity in appropriate decision making for quality care of the patient, helping professionals to understand their role and responsibilities. However, in México were not located studies about factors that influence ethical sensitivity in nursing students and professors. Social representations of nurses may be a factor explaining ethical sensitivity. Since beliefs, attitudes, emotions, knowledge and values give a particular way in the acting of the nurses with their patients.

**Objectives:** Explain ethical sensitivity from social representations constructed during patient care provided by nursing students and professors. Define the meaning and modeling of ethical sensitivity from the perspective of nursing students and professors.

**Methodology:** A qualitative method was used with social representations approach (Moscovici; 1983; Jodelet, 2002). A theoretical sampling, considering data saturation criteria was used.

**Sample:** 23 students and 10 professors of nursing from Monterrey, México participated.

**Results:** The main categories of the meaning of ethical sensitivity emerged: Beliefs, Attitudes, Emotions and Values of ideal models of behavior and ultimate goals. Beliefs factors that obstruct quality care were reported: Human and material resources, professional competence, work routines and behavior of the patient for their disease condition. Factors that promote quality care; Confidence given by the patient, ethical sensitivity of nurses. Ethical sensitivity was defined as an ability to listen and attend the needs of the patients, a skill that one is born with but also can be developed. It was also mentioned that ethical sensitivity was essential for a holistic care. Empathy was identified as essential component of ethical sensitivity. Positive attitudes were identified: Be more accepted by the patient, and a faster recovery of the patients, negative attitudes as envy or competence with colleagues. They identified emotions as feeling the anguish or sadness of the patients. They also narrated the important values in quality care as responsibility, respect, equity as well as the consequences of ignorance of Bioethics and values in nursing practice.

**Conclusions:** The main category was ethical sensitivity that derives from beliefs, attitudes, emotions and values. All of them, give a meaning to ethical sensitivity according to the social representations of nursing students and professors.

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## SCI PST 1 - Scientific Poster Session 1

### Family and Alcohol Consumption in University Students

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#### Purpose

To identify family history consumption and its relation and influence on alcohol consumption in students

#### Target Audience

professional Nursing

#### Abstract

Alcohol consumption is considered a public health problem due to the high use prevalence, mortality and mental disorders associated to this, particularly in young people. Objective: To identify family history consumption and its relation and influence on alcohol consumption in students. Methods: The study was descriptive, correlational and predictive. The population were university students. Stratified random sampling allocation was proportional to the size of the stratum. Within each stratum was used one-stage random cluster sampling. The sample was composed of 680 college students, with 90% statistical power. The instruments used were the Family History Inventory of Alcohol Consumption and Disorder Identification Questionnaire due to Alcohol Consumption. Results: The present family history of alcohol consumption influenced in a major way the consumption of alcohol by students ( $B = .080$ ,  $p = .001$ ). Conclusions: Family history of alcohol consumption influences alcohol consumption of students. The contribution of this study is to propose a predictive model which in the future will help in the creation of nursing interventions aimed at this population and their families.

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## SCI PST 1 - Scientific Poster Session 1

### Caring in Traditional and Non-Traditional Nursing Students

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#### Purpose

The purpose of this presentation is to share the research findings in traditional and non-traditional nursing students determining if there are significant differences in caring.

#### Target Audience

The target audience for this presentation would include nurse educators who facilitate classroom and clinical nursing students whom are identified as being traditional or non-traditional students.

#### Abstract

The purpose of this study was to examine traditional and non-traditional nursing students to determine if there are significant differences in caring. A descriptive comparative design was conducted using a convenience sampling with nursing students in an associate degree nursing program in northeastern Ohio. A demographic survey and the Caring Efficacy Scale (CES) were given to the students to complete. Data was analyzed to determine the measures of central tendency including frequencies, means, and standard deviation (SD). Independent t-tests were used for the mean responses and SD utilized to measure the dispersion of the data. The total number of students participating was 249. Traditional students were identified as 29.7% of the total while the non-traditional students were 70.3% of the group. The total scores for the CES of the traditional students were 157.24 with a SD of 13.31 and non-traditional students' total scores were 158.63 with a SD of 14.49. Results indicated that there were no significant differences identified between the two groups. Despite the findings, nurse educators must analyze the types of students who are entering nursing programs while assessing for those with caring as a part of their personality and interest for joining nursing. Without caring, patient outcomes may be affected. The results of this study indicated that caring, as the key to the nursing profession, is a needed attribute for those entering and pursuing care for individuals they are assigned to nurse.

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## SCI PST 1 - Scientific Poster Session 1

### Predicting Nurse Faculty Members' Intent to Stay in the Academic Organization: A Structural Equation Model of a National Survey of Nursing Faculty

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Antonio Gutierrez, PhD, MA, BA, USA

#### Purpose

The purpose of this presentation is to investigate the relations between several factors regarding the academic context among a nationally representative sample of U.S. nursing faculty in academic organizations across the U.S. serving at either a CCNE- or NLNAC-accredited institution of higher education.

#### Target Audience

The target audience of this presentation are nursing faculty and academic nursing administrators.

#### Abstract

**Purpose/Aims:** Our objective was to investigate the relations between several factors regarding the academic context among a nationally representative sample of U.S. nursing faculty in academic organizations across the U.S. serving at either a CCNE- or NLNAC-accredited institution of higher education.

**Rationale/Background:** Nursing programs are under pressure from their universities to demonstrate greater accountability as demonstrated by high quality graduates, innovative research and strategic partnerships with the community. This is accomplished through the efforts of the nursing faculty and there is a shortage of them. A recent survey indicated an 8.3% shortage of faculty across nursing programs in the United States with a major wave of retirements anticipated in the next few years. Concurrently there is an ever-growing need to produce more graduates. Nursing faculty are being pressed to do more in their teaching and in their research and service efforts. Nurse administrators are trying to both recruit and retain quality faculty who are able to handle such diverse demands. This provides a compelling reason to investigate factors in the faculty work place that may predict their intent to stay.

**Methods:** Standard confirmatory factor analysis was used to assess the validity of a proposed measurement model and structural equation modeling was used to evaluate the validity of a structural/latent variable model.

**Results:** Several direct and indirect effects were observed among the constructs under investigation. Of special importance, perceptions of nurse administration's support and perceived teaching expertise positively predicted U.S. nursing faculty members' intent to stay in the academic organization.

**Implications:** Understanding the way that nursing faculty members' perceptions of the various factors common to the academic context interact with intent to stay in the organization is essential for faculty and nursing administrators. This information can assist in obtaining more resources for faculty development, lobbying for additional faculty in order to meet the teaching, research and service missions of the organization, and personalizing relationships with each individual faculty member to understand their needs and acknowledge their efforts.

This study funded by a grant from the American Nursing's Foundation.

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## SCI PST 1 - Scientific Poster Session 1

### The Lived Experience of Moral Distress in Nursing Academe

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#### Purpose

The purpose of this presentation is to describe the lived experiences of nursing faculty in academe that have experienced moral distress in their role as an educator.

#### Target Audience

The target audience of this presentation is faculty in all roles and levels of nursing education.

#### Abstract

**Background:** Practice dilemmas, labeled as moral distress, have appeared in the nursing literature as a topic of discussion and concern for over 30 years. Less extensively documented has been the occurrence of moral distress in nursing education. As Ganske (2010) has noted, anecdotal reports of moral distress are frequent heard in schools of nursing and higher education, but research and literature exploring the depth and breadth of moral distress in academe is scant. These gaps make development of supportive structures, policy, and interventions impossible.

Situations noted to lead to ethical dilemmas in nursing education have been termed “seeds of moral distress;” namely, academic dishonesty, grade inflation, incivility, poor clinical performance, and unprofessional behaviors. Several authors have speculated on why moral distress in nursing education has received so little attention. Unsurprisingly, opinions center on nursing’s unique characteristic of caring; where nurse educators are unable to separate their educator role from that of their care provider role. While some dialogue has centered on the need to remain cognizant of the separate roles of nurse-as-caregiver and nurse-as-educator, even less attention has been given to the reluctance of educators to act on their ethical concerns, despite an established code of ethics for nurse educators.

**Methodology:** The purpose of this phenomenological investigation was to describe the lived experience of nurse educators who self-identified as having experienced moral distress in their role as an educator. Hour-long phenomenologic interviews were conducted with 10 current and former nursing faculty members who met the inclusion criteria. Criteria for study inclusion consisted of: Possess a Master’s degree in nursing and have been employed as a nurse educator for more than 12 months. Data analysis was ongoing utilizing Giorgi’s approach.

**Findings:** Three themes emerged from the analysis. Environmental turmoil, violation of ethical comportment, and physical & emotional symptomology were the thematic categories which accounted for the deleterious effects of moral distress. Participants in this study expressed that conflicts in the academic environment leading to feelings of moral distress were those that violated the participants’ personal and/or professional ethics, values, and morals. Participants experiencing moral distress often experienced common physical symptoms and/or emotional responses. Physical symptoms expressed by participants were increased heart rate, tension, insomnia, and gastrointestinal disturbances. Emotional responses included feelings of helplessness, hopelessness, guilt, anger, sadness, and frustration.

While most respondents in this study identified negative physical and emotional responses to moral distress, several participants also identified a feeling of strength. This strength developed after the incident creating the moral distress had been resolved or the faculty member had chosen to leave their position. Practice and policy recommendations elicited from the research data call for administrative leadership which proactively supports reviews of morally distressing situations in academe, incorporation of the AACN Four “As” in academic environments, mentoring relationships among new and experienced faculty, as well as well-defined policies to guide faculty.

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## SCI PST 1 - Scientific Poster Session 1

### How Parents Discuss Dying with Their Child with a Life-Limiting Illness Who Require Long-Term Ventilation

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*Cheryl Crisp, PhD, MSN, BSN, ASN, RN, PCNS-BC, CHPPN, CRRN, USA*

#### Purpose

describe the paucity of information available on the subject of talking about dying with children with life-limiting illnesses who require chronic ventilation.

#### Target Audience

nurses involved in pediatrics, end-of-life care, home care, and/or who are responsible for ethical decision making in practice.

#### Abstract

The purpose of this presentation is: 1) describe the ethical issues surrounding palliative care in children with life-limiting illness requiring long-term ventilation and their families, and 2) to explain the importance of discussing dying with children with a life-limiting illness who require long-term ventilation and their families.

Major advancements in the field of medical technology have significantly improved the lifespan of children in this very unique population. As those advancements continue and children survive, questions begin to arise about what happens when the child who requires long-term ventilation is nearing the end-of-life. What types of discussions need to happen? Who makes the medical decisions for the child? Is the child included in crucial conversations about end-of-life, or does anyone even discuss dying with them. Families often do not know what to do. Should they tell their child? Should the child be allowed to participate in these discussions? Do children want to leave a legacy for when they are no longer present?

This presentation invites the learner to think about these questions. It also provides information on the importance of discussing dying with children with life-limiting illness who require long-term ventilation and their families. Some suggestions about how to elicit these conversations is also provided.

Importance to the science of nursing: Technology continues to improve and with it the possibilities of extending life are rapidly expanding. As more people live sustained by technology, more ethical issues about end of life care and decision-making will also increase. It is important for nurses to be proactive in their thinking about these types of issues. It is also important for nurses to provide support for the children and families facing these issues. Families often turn to their nurses when they need answers, and as nurses we must be prepared to assist these children and families to have some of these difficult discussions as the child nears the end-of-life to maintain the best life possible for the child and family even unto death.

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## SCI PST 1 - Scientific Poster Session 1

### Motivation through Sports Related Physical Activity and Alcohol Consumption

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#### Purpose

To identify the type of alcohol consumption by sex, and to identify the relationship of the days and minutes of motivation through sports related physical activities and alcohol consumption

#### Target Audience

The target audience of this presentation is academic and professional nursing

#### Abstract

**Objective and Methodology:** Alcohol consumption and abuse is part of government's health agendas; it is a causal factor of over 200 diseases and injuries, and is estimated that each year 320,000 deaths worldwide occur in teenagers because due to it. Sports related physical activities may be a protective factor in alcohol consumption, and could be related to intrinsic and extrinsic motivations. Objective: To identify the type of alcohol consumption by sex, and to identify the relationship of the days and minutes of motivation through sports related physical activities and alcohol consumption. The study was descriptive and correlational. The population was composed of 4,719 adolescents from two high schools in Nuevo Leon, Mexico. The sample size was calculated by considering a contrast between a null hypothesis of no correlation with a significance level of .05 and of .90 power, with a non-response rate of 10% and a design effect of 1.15, considering a sample of 415 adolescents. The sampling was random and stratified with a proportional assignment stratum size. The instruments utilized were: Motives for Physical Activity Measure-Rivesed (MPAM-R) of Ryan, et al., (1997) and AUDIT The Alcohol Use Disorders Identification Test (Babor et al., 2001).

**Results:** the type of alcohol consumption by sex showed that a significant difference ( $X^2 = 16.1$ ,  $p < .001$ ) was higher in the sensible consumption of alcohol in girls than in boys, and that the dependent and harmful consumption of alcohol was higher in boys than in girls. The days ( $r_s = .253$ ,  $p < .001$ ) and minutes ( $r_s = .270$ ,  $p < .001$ ) dedicated to sports related physical activities correlated positively and significantly with the intrinsic and extrinsic motivations for sports related physical activities. They also correlated positively and significantly with days ( $r_s = .254$ ,  $p < .001$ ) and minutes ( $r_s = .253$ ,  $p < .001$ ) dedicated to sports related physical activities and alcohol consumption (AUDIT).

**Conclusions:** The days and minutes used for sports related physical activities are related to motivation for sports related physical activities and alcohol consumption.

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## SCI PST 1 - Scientific Poster Session 1

### Daily Challenges for Teen Moms: Strategies to Enhance Infant-Centered Feeding to Reduce Infant Obesity Risk

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*Alice Hoffman, BS, USA*  
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#### Purpose

The purpose of this study is to promote infant-centered feeding among adolescent mothers to reduce obesity risk through a novel social media intervention platform. Our emerging intervention addresses one of the conference's priorities, enhancement of patient outcomes through transformative nursing practice.

#### Target Audience

The target audience for this topic would include researchers and practitioners to provide a forum for an exchange of ideas to enrich the achievement of knowledge to promote and sustain collaboration among diverse communities and enhance patient outcomes through transformative nursing practice.

#### Abstract

**Purpose:** Rapid weight gain in the first six months of life is associated with a sharply increased risk of obesity later in life and subsequent health consequences. Unhealthy mother-infant feeding practices contribute to rapid/excessive infant weight gain. Lower-income, adolescent, first-time mothers are also less likely to engage in infant-centered feeding (shared regulation of feeding within the mother-infant dyad) characterized by maternal responsiveness (positive maternal recognition and responses to infant cues), positive feeding styles (maternal guided approach to infant feeding), and healthy feeding practices as recommended by the American Academy of Pediatrics. Infant-centered feeding is needed to reduce rapid/excessive gain in the first six months of life. Infant-centered feeding fosters infant feeding self-regulation, which is associated with healthy growth (weight and length) and is crucial in reducing childhood obesity risk and adverse health conditions later in life. Few published intervention studies on the prevention or reduction of obesity in infants exist. Practical early intervention strategies must be developed to promote infant-centered feeding among adolescent mothers. The proposed intervention addresses a deficit in the literature on infant-centered feeding to reduce rapid/excessive infant weight gain that exists for this high-risk population. Adolescent mothers' feeding behaviors are most directly related to infant weight gain in the first year of life. Compared to adult mothers, adolescent mothers are less knowledgeable, less responsive, more controlling, and less skilled in infant feeding, which interferes with infants' self-regulation, natural weight trajectory, and healthy growth during the first year of life. The purpose of this study is to test a new social media intervention (Tools 4 Teen Moms [T4TM]) and to determine the preliminary efficacy and the feasibility, acceptability, and satisfaction of T4TM. This poster presents data on website usage, as means of acceptability and satisfaction with the social media intervention.

**Methods:** A two-group randomized control trial is being implemented with a targeted sample of 100 low-income, first-time adolescent mothers, ages 15 to 19 years old, with infants (0 to 6 months of age) to obtain evidence for efficacy, feasibility, acceptability, and satisfaction related to T4TM. Participants are randomly assigned to the intervention group (n = 50) or control group (n = 50). Adolescent mothers must be a primary caretaker of the infant who feeds her infant at least once a day. Adolescent mothers are recruited from Maternal Infant Health Programs, a program for pregnant women and infants who are Medicaid-eligible, promotes healthy pregnancies, positive birth outcomes, and healthy infants through home and office visits during the first year of life. The intervention consists of six weeks of daily challenges via the T4TM website within four urban, Michigan counties. Tools4Teen Moms challenges are being delivered for six weeks starting when the infant is four to six weeks old. T4TM includes cell phone text message reminders, an infant feeding website, and a Facebook interface to increase infant-centered

feeding. Participants perform daily behavioral challenge activities, which consist of daily challenges for six weeks via the T4TM website. Daily challenges focus on promoting maternal-infant feeding interaction and healthy feeding practices. Data are collected at three time points (baseline, when the infant is 10-12 weeks old, and six months old), using self-report and anthropometric measures. Data analysis for challenge feasibility: For those in the intervention group, the number and percent of participants who completed all the challenges will be determined. Acceptability and Satisfaction: The results of the satisfaction survey will be summarized and evaluated for overall satisfaction. Open-ended questions will be transcribed to identify key reasons for satisfaction levels and suggestions for improvement.

Results (Preliminary): Currently, the participant age range is 16 to 19 years with a mean of 18 years; 33% of participants identify themselves as Hispanic/Latina, 27%, identify as Black/African American, 20% White, 7% Asian, and 13% as multiracial. Most participants (87%) are not currently employed. At the time of data collection 33% of participants were currently breastfeeding, while 67% were not; of the 67% who were not currently breastfeeding, 50% had breastfed their baby at some point. Birth weight of babies in the study ranges from 5.58-9.19 lbs (mean = 7.29 lbs).

Preliminary results indicate engagement with the T4TM website and challenges. Participants visited the website an average of 28/42 days. Many participants have retroactively completed challenges, meaning they visited the "Past Challenges" to complete challenges that had been posted earlier that week. The average minimum challenge exposure for completed participants thus far is 31/42. Preliminary results show that participants engage with quizzes available on the T4TM website; participants have completed an average of 3/4 quizzes.

Feedback from participants indicates enjoyment of the intervention. All participants agreed that they found the website helpful, they learned a lot about infant feeding from this program, and they would recommend T4TM to a friend for infant feeding advice. Participants agreed that they were satisfied with the challenges presented in the T4TM intervention. One participant expressed her opinion of the program: "It's a good program; I like it because it teaches me new things about becoming a great mother, and I really appreciate this program. Thank you so much!"

Conclusions: This study is in progress. Preliminary evidence supports use of text messaging and daily challenges to engage adolescent mothers in healthy infant feeding practices. Nursing can augment education with skill application via social media.

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## SCI PST 1 - Scientific Poster Session 1

### Becoming Someone Different: A Grounded Theory Study of How Nurses Integrate Pregnancy and Full Time Employment

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*Paul Gregory Quinn, PhD, MSN, BSN, RN, CNM, RN-BC, NEA-BC, CEN, CCRN, USA*

#### Purpose

The purpose of this presentation is to inform nurse leaders and scholars about the unique experiences of pregnant registered nurses in the clinical arena developed through a grounded theory study.

#### Target Audience

The target audience of this presentation is nurse managers, administrators, or senior leaders and the clinicians and nurse researchers who encounter pregnant nursing staff regularly.

#### Abstract

In the United States, 40% of the contemporary nursing workforce is comprised of women of childbearing age, 65% of whom are employed full-time. Hence, the likelihood of pregnancy occurring for this population at some point in their employment is high. A holistic exploration of how nurses integrate pregnancy and full-time employment has been lacking. The purpose of this research was to explore how primiparous nurses managed pregnancy and full-time employment. Using a grounded theory approach, nurses who were pregnant and delivered their first baby, while employed full-time on 12-hour work shifts, provided a firsthand account of how they incorporated pregnancy with employment.

Nurses, as social actors, experience many interactions in their workplace environment. The basic social process, becoming someone different, emerged to explain those interactions and allowed a substantive grounded theory to be developed. From that exploration, the researcher will present the basic social process, becoming someone different, and the four core categories that arose from the analysis:

- 1) looking different, feeling different – to explain how the physical and emotional changes of pregnancy result in nurses looking and feeling differently about themselves as nurses;
- 2) expectations while expecting – where the nurse, with previous experiences and ideas about what is expected of her and what she expects from others, changes how she sees herself, based upon her interactions in the workplace with her peers and coworkers;
- 3) connecting differently – explains how the nurse, while pregnant, develops new relationships and interactions with the people in her environment, specifically her peers, coworkers and patients, and
- 4) transitioning labor – where, despite challenges from interactions within the workplace from coworkers or tasks, the participant nurses began to focus on their eventual maternity leave and working as long as possible up to the time of delivery in order to prolong that maternity leave

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## SCI PST 1 - Scientific Poster Session 1

### Unacknowledged Conditions and Workplace Bullying

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*Laura C. Dzurec, PhD, MS, BS, RN, PMHCNS-BC, ANEF, USA*

#### Purpose

to identify and develop response options to subtle, often-unacknowledged communication patterns that typify workplace bullies' actions.

#### Target Audience

those individuals who work in complex workplaces.

#### Abstract

Where it exists and is allowed to fulminate, workplace bullying is known to have significant and devastating effects on individual employees and on the workplaces that employ them. The purpose of this study was to examine the interplay of often-unacknowledged conditions of workplace bullying--those conditions that subtly drive individuals to become victims of their bully counterparts--as they collectively act to perpetuate workplace bullying acts. Themes apparent in a broad, international literature were accessed through the author's use of hermeneutics and recursive metasynthesis. The sampling frame for this study incorporated both findings of the previous studies of our research team and findings from papers referenced to conduct those studies. Organizational and personal factors representing 'unacknowledged conditions' that facilitated workplace bullying were apparent in the themes emerging from this analysis. These themes included characteristics describing personal states and traits of both bullies and their intended victims; qualities of organizations as wholes that contribute to the perpetuation of workplace bullying acts; behaviors and actions of administrators that tacitly and/or implicitly sanction workplace bullying; significance of organizational and governmental policy to address the typically-unstated drivers of workplace bullying; and features of bullying outcomes that result when, collectively, these 'backseat drivers' commingle, whether overtly or covertly, to facilitate the devastating acts of workplace bullying. Implications for structuring practical and effective programs of intervention, based on findings of the analysis, are presented.

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## SCI PST 1 - Scientific Poster Session 1

### A Mixed Methods Study Assessing the Effectiveness of Wise Guys

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#### Purpose

to describe a mixed-methods approach to assessing the effectiveness of Wise Guys, a male-focused sexual health curriculum, and to present two previous pilot studies that validate the need for mixed methodologies.

#### Target Audience

nurses interested in teens, teen sexual health, and reproductive decision-making.

#### Abstract

Youth in the state of study report high levels of involvement in sexual activity and unintended pregnancies contributing to a high statewide infant mortality rate. In response, our team plans to implement a mixed-methods study to evaluate an evidence-based, interactive curriculum, Wise Guys, designed to promote healthy relationships and sexual behavior in young men ages 14-17. Two pilot studies were conducted with local Wise Guys groups suggesting positive changes in knowledge, attitudes, and behaviors. These empirically based investigations revealed significant weaknesses in quantitative data collection with teens and challenges to accessing authentic teen perceptions via survey methods. In an effort to address such challenges, the current study will include focus groups to delineate teens' thoughts on the most salient aspects of Wise Guy which in turn will be used to develop a stakeholder-informed survey instrument. The survey will be administered via REDCap, a computer-based medium. Additional focus groups, member checks, and a video journaling component with content analysis will provide rich data to be interpreted with survey data to determine the value of Wise Guys. Community engagement in the research process, tool development, web-based data collection, focus groups, video journaling methods, and data analysis will provide the infrastructure for future prevention and intervention research, as well as help to improve future evaluation efforts. This poster highlights the previous local pilot studies and their limitations, and the proposed mixed methods study design. Health promotion programs specific for teens can only be accurately evaluated through developmentally appropriate, technology-based, engaging, and valid methods of evaluation. This research pilots the involvement of youth and use of youth perceptions to determine the effectiveness of the Wise Guys program and the feasibility of mixed methods approaches as means to evaluate teen programming.

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# SCI PST 1 - Scientific Poster Session 1

## Moral Stress in Health Care Professionals

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### Purpose

The purpose of this presentation is understand the social representations that build physicians and nurses respect to which ethical climate factors may cause moral stress.

### Target Audience

The target audience of this presentation is professional nursing

### Abstract

**Introduction:** With the advent of modernity, today's world debates between what is objective and subjective, between the global and the individual. Achieving modernity in Mexican society, determines the presence of demographic and health transitions, characterized by the increase in infant (neonatal) mortality, aging of the population, the polarization of health problems, which are becoming more complex, resulting the vast majority in deep ethical dilemmas. Changes in the pattern of culture derived from modernity, characterize the individualistic society in less solidarity and more unequal. (Martínez, 2006; Rodríguez, 2009)

The health care professionals face a complex load (moral stress) in their professional practice in health services because they are confronted with moral and ethical challenges created by discrepancies between what they know is right, in other words the ideal and what the health system allows them to do.

**Objective:** Understand the social representations that build physicians and nurses respect to which ethical climate factors may cause moral stress.

**Conceptual Framework:** Moscovici states that social representations are a theoretical construct that stands among the social, psychological and the image that reproduces what is real. The perceptions and concepts are products, derivatives modes to meet the iconic and symbolic respectively.

**Methodology:** Qualitative study within social representations framework of the perception of ethical climate and moral stress that physicians and nurses perceive and experience through individual semi-structured interviews where they deepened into the subject in 2 to 3 sessions with the key informants.

**Results:** Were identified beliefs which lead to moral stress when confronted with ethical dilemmas as: Patient prognosis, lack of resources, lack of training and camaraderie, demands from family of the patient. Also were identified positive and negative emotional and affective states that are triggered and cause from satisfaction for moral fulfillment to moral stress.

**Recommendations:** To carry out a request to authorities in order to classify moral stress as a pathology that can actually cause temporary or permanent disability.

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## SCI PST 1 - Scientific Poster Session 1

### An Exploration of Medical Professionals' Perspectives on Medical Futility

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*Ming Yi Hsu, PhD, MSc, RN, LPN, Taiwan*

#### Purpose

The purpose of this presentation is to introduce Taiwan nurses' and physicians' perspective on medical futility.

#### Target Audience

The target audience of this presentation is medical professionals, clinical care givers, educators, and medical policy developers.

#### Abstract

**Background:** Advanced medical technology helps extend the lives of critical patients. Under certain circumstances, medical interventions only prolong patients' life without ensuring an acceptable quality of life. Therefore, futile treatments are considered wasteful from the perspective of the national health insurance system. Because the term "medical futility" is used in many different ways, it is difficult to define and, therefore, also difficult to assess.

**Purpose:** The purpose of this research was to explore nurses' and physicians' perspective on medical futility.

**Methods:** A phenomenology approach and purposive sampling was applied. Participants were 7 Intensive Care Unit (ICU) nurses working in medical centers in central Taiwan who had more than one year working experience that included experience taking care of critical patients. Following Jovchelovitch and Bauer (2000), a 4-phase narrative interview procedure was used, and data analysis was applied using the Colaizzi (1978) method. Five physicians who worked at ICUs or had experience taking care of critical patients were invited to participate in one-to-one interviews. After the physicians had fully expressed their perspectives on medical futility, medical futility case stories which had been developed from previous interviews with ICU nurses were introduced to the physicians. Four major themes emerged, including definition of medical futility, types of medically futile patients, ethical considerations regarding medical futility, and professional positions on medically futile treatment and nursing care. The trustworthiness of the study was examined using Lincoln and Guba (1985) principles.

**Contributions:** The results of this research could help medical professionals to understand medical futility in clinical situations. The case stories developed from the study's narrative interviews will also be of value in clinical health care, multi-professional communication, and life-ethics education.

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## SCI PST 1 - Scientific Poster Session 1

### An Exploration of ICU Nurses' Medical Futility Experiences While Taking Care of Critical Patients

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*Ming Yi Hsu, PhD, MSc, RN, LPN, Taiwan*

*Lien-Ying Chiang, MSN, BSN, RN, LPN, Taiwan*

#### Purpose

The purpose of this presentation is to introduce Taiwan ICU nurses' medical futility experiences while taking care of critical patients.

#### Target Audience

The target audience of this presentation is medical professionals, clinical care givers, educators, and medical policy developers.

#### Abstract

**Background:** Advanced medical technology can often extend the lives of critical patients, but it has its limitations. Under certain circumstances, medical interventions only prolong patients' life without ensuring an acceptable quality of life. It is imperative to develop a policy of medical futility for such patients. However, there is no consensus among medical professionals in Taiwan as to what constitutes medical futility.

**Purpose:** The purpose of this study was to explore ICU nurses' medical futility experiences while taking care of critical patients.

**Methods:** A phenomenology approach, purposeful sampling, and snowball sampling were used to recruit nurses at one medical center and one regional hospital. In-depth, semi-structured interview were conducted, and each interview was tape recorded. The eight nurses who participated in this study worked at Intensive Care Units (ICUs) and had more than one year working experience that included taking care of critical patients. The trustworthiness of the study was examined using Lincoln and Guba (1985) principles. Data were analyzed using the Colaizzi (1978) method. Five major themes emerged, including ICU nurse's definition of futility, the process by which critical patients advanced to medically futile patients, considerations of medical futility, nursing care for medically futile patients, and facing the medically futile patient.

**Contributions:** The study findings will further understanding of medical futility in critical care and provide information valuable to improved clinical care, education, and medical policy development.

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## SCI PST 1 - Scientific Poster Session 1

### Safety Climate: Perception of Professionals in an Emergency Unit

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#### Purpose

The purpose of this presentation is to evaluate the perception of the safety climate of professionals working in an Emergency Unit of the State of São Paulo.

#### Target Audience

The target audience of this presentation is interested in the study of safety climate, specifically in medical emergency services.

#### Abstract

**Introduction:** The emergency medical services, characterized as challenging and dynamic environments, are considered particularly prone to adverse events for several reasons, including the fast pace and frequency of complex conditions and life-threatening, the fact that health professionals meet both a great number of patients with poor clinical information without limits to the kind of problems or conditions and under time pressure<sup>1-4</sup>. In 2004, the World Health Organization defined as a priority the development of research based on scientific evidence with best practices focused on patient safety. Since then, several studies have emerged in order to assess the climate of safety in health institutions<sup>5-6</sup>. The Safety Climate can be defined as a temporary measure the state of the institution's safety culture and can be measured by individual perceptions of the organization's attitudes to safety culture<sup>7</sup>. Among the methods of measurement, the most widely used is the number, which takes place by means of scales and questionnaires that assess the attitudes, the climate of teamwork, job satisfaction, working conditions and stressors of individuals<sup>8-9</sup>. The instrument in the context of care for emergency care can provide information about the main points that need to be improved.

**Objective:** To evaluate the perception of the safety climate of professionals working in an Emergency Unit of the State of São Paulo.

**Methods:** survey, transversal, descriptive and quantitative approach. To assess the security climate was used the "Safety Attitudes Questionnaire (SAQ) - Short Form 2006", validated and translated to Portuguese language<sup>6</sup>. Medical professionals, registered nurses, nursing assistants, psychologists, nutritionists, admin support and other professionals who work in this hospital for at least 6 months, with a minimum of 20 hours of work per week, were the study population. 139 professionals participated in the study. The data were entered into an electronic spreadsheet Microsoft Excel by double entry for further processing and analysis. Data processing were performed using Statistical Package for Social Sciences (SPSS) version 17.0.

**Results:** The instrument is divided into two parts: the first consists of 41 items that address the six domains, and the second part aims to collect professional data (gender, professional category, work experience and the work unit, adult or pediatric). The six domains are: "climate of work team", "security climate", "work satisfaction", "stress", and "perception of hospital management", "perception of unit management" and "work conditions". Answers were given in 5 points according to the Likert scale. The final score of the scale varies from 0 to 100, whereupon 0 is the worst perception of security attitudes by health professionals and 100 is the best perception. The majority of study participants agreed partially or totally with the presented questions. Most professionals (79,6%) informed that they like their work. Fifty point seven percent (50,7%) professionals believe less effective at work when fatigued. 36,7% professionals disagree that the levels of staffing in this clinical area are sufficient to handle the number of patients. There was a female predominance among professionals working in the hospital and professionals aged 21 and over in the unit operating time.

**Conclusion:** The satisfaction of the professional, the dialogue and support staff of the administration are factors that contribute to ensuring patient safety, especially in emergency medical services, especially in emergency services, considered particularly problematic with regard to patient safety, making it more vulnerable to incidents and adverse events. Know the perception of professionals about the patient safety climate contributes to the improvement of health care and to reduce risks to patients.

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## SCI PST 1 - Scientific Poster Session 1

### Using Self-Efficacy and Transformative Learning Theories to Examine Interprofessional Collaborative Practice at End-of-Life in the ICU between Nurses and Physicians

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#### Purpose

The purpose of this presentation is present the findings of a research study using Self-Efficacy Theory and Transformative Learning Theory as theoretical frameworks to explore nurses and physicians perceptions about Interprofessional Collaborative Practice (IPCP) in end-of-life care situations and examine factors associated with IPCP.

#### Target Audience

The target audience of this presentation are nurse administrators, nurse educators, critical care and non-critical care nurses and physicians who care for patients as their illness trajectory shifts to the dying process in the acute care setting.

#### Abstract

**Background:** Research has documented that the health care system provides inadequate care for the dying patient at end of life (Papadimos et al., 2011). In order to provide appropriate end-of-life care for the patient it is imperative that the nurse be able to recognize that the patient is dying, communicate that assessment to the health care team and contribute to the plan of care by way of interprofessional communication and interprofessional collaborative practice (IPCP). Efforts to change and improve the effectiveness of collaboration and communication between nurses and physicians are evident on an international scale according to Institute of Medicine (2001) and the National Patient Safety Goals Hospital Program (2008). The Accreditation Council for Graduate Medical Education recognized the importance of nurse-physician relationships and has designated team functioning as a competency area to be addressed by residency programs (Baldwin, 2010). The Joint Commission for the Accreditation of Healthcare Organizations recognized communication as important to patient safety and set improved effectiveness of communication among care givers as a safety goal (2009). The Joint Commission identified the need to improve the timeliness of communication between care givers suggesting that this too may further improve patient safety (Manojlovich & Antonakdos, 2008). Effective team work requires mutual respect among members, effective communication, and shared participation and responsibility in the decision making process which are the foundations of the core competencies of IPCP (Interprofessional Education Collaborative Expert Panel, 2011).

Qualitative research suggests intensive care settings that have higher levels of interprofessional collaboration have lower mortality, shorter length of stays, lower intensive care readmission rate, less nurse-physician conflict, and lower job related stress for nurses (Curtis & Shannon, 2006). A practice setting that favors nurse-physician communication and collaboration is strongly related to better nurse and physician job satisfaction and even more importantly better end-of-life care for patients. Better communication between nurses and physicians leads to better satisfaction and positive outcomes for dying patients and their families (Puntillo & McAdam, 2006). Decision making is a major function and responsibility associated with end-of-life care practice. Florin, Ehrenberg & Ehnfors, (2006) conducted a study that investigated nurses' perceptions of the decision making. They found that nurses and physicians involved in the patients care reported that patients and their surrogates noted they would like to have more conversations with the nurses and have them provide more information. Researchers Tan, Lee, O'Connor, Peters & Komesaroff, (2013) reported findings from a six month study that end of life decisions were made 24 hours before death. However, when the decision making process actively involved healthcare professionals, the patient and family, for patients who were seriously ill and near end of life, the patient's wishes were identified and there was less risk of delaying end of life discussions in the illness trajectory. Active involvement in the decision making process about the treatment plan can set the

foundation for increasing understanding and respect of team members feelings, knowledge, and desire to participate more fully in end-of-life care and the decision making process (Yaguchi et al., 2005).

**Purpose:** The study will use the principles of Self-Efficacy Theory and Transformative Learning Theory as theoretical frameworks to explore nurses and physicians perceptions about IPCP in end-of-life care situations and examine factors associated with IPCP.

**Methods:** A cross-sectional, survey design will be used. The setting for this study will be multiple hospital intensive care units (ICUs, ie. step down ICU, MICU, SICU, CCU) in public and private hospitals that have the similar patient populations, including patients requiring prolonged mechanical ventilation (PMV). From the chosen intensive care units, a convenience sample of nurses and physicians who volunteer will be the participants for the research study. Inclusion criteria will be all full and part-time (at least 20 hours per week) registered staff nurses that provide bedside care and physicians who are responsible for managing the care of patients in the intensive care unit. Licensed practical nurses certified medical assistants, nursing assistants and technicians, social workers, nurse practitioners, and physician's assistants will be excluded from the study. This study is interested in the collaborative practices between the bedside staff nurse and the physicians treating these patients. Per diem status nurses and non-active physicians on the medical service of the unit will also be excluded. For this research study, a minimum of 110 participants with complete surveys will be needed for the study's sample.

A 87 item likert-like scale, internet web-based survey will be used to collect data. This study will use separate surveys for nurses and physicians. Quantitative data will be collected by using existing validated and reliable instruments that measure four independent and one dependent variable. The independent variables to be measured are professional valuing, attitudes toward collaboration, communication, and decision making. Self-reported independent variables that will be included are professional education and training and years of ICU experience. The dependent variable to be measured is interprofessional collaboration.

**Data Analysis:** Descriptive and inferential statistics will be used to analyze the data. Descriptive statistics will be used to describe demographic characteristics of study participants. A score will be generated for each independent variable and dependent variable. These scores will be examined for central tendency and distributions for the total sample and for nurses and physicians separately including amount of professional education and training and years of ICU experience. For continuous variables, the mean and standard deviation will be reported. An independent t-test analysis will be conducted to test differences in satisfaction with professional valuing, attitude towards collaboration, communication, decision making, and interprofessional collaboration between physicians and nurses. Pearson's correlation will be used to test the relationship between demographic characteristics, amount of professional education, years of ICU experience, professional valuing, attitude towards collaboration, communication and decision-making. Multiple regression analysis will be used to identify significant factors associated with IPCP.

**Possible Implications:** The results of this research can be used to determine problematic areas that impede IPCP and identify how nursing research, practice and education can impact and facilitate change in academic preparation of nurses and physicians and improve clinical practice for care of the dying patient. The core competencies identified for interprofessional education and collaborative practice as educational program objectives can be integrated into a health science curriculum for implementation into didactic and clinical content as well as continuing education for professionals. The evaluation of achievement of these core competencies would include the use of validated and reliable outcome measurements in a structured didactic learning environment. Implementation and evaluation of achievement of outcomes can be measured in simulated and clinical patient care settings which should include collaboration with nursing and medical disciplines. The goal of this research is to add to the body of knowledge about educational and practice measures that could be implemented into a health science curriculum to improve how professionals engage in IPCP as well as utilizing IPCP as a foundation to improving knowledge and care of the dying patient.

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## SCI PST 1 - Scientific Poster Session 1

### Evaluating Interprofessional Teamwork during a Large Scale Disaster Simulation

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*Lori Graham, PhD, USA*

#### Purpose

to evaluate interprofessional teamwork using three instruments to measure IPE Core Competencies during a large scale disaster simulation.

#### Target Audience

healthcare professionals (nurses, nurse practitioners, nurse educators)

#### Abstract

Healthcare teams are essential today for positive patient outcomes (Zwarenstein, Goldman, Reeves, 2009). Currently, educators face the difficult task of incorporating as many interprofessional education (IPE) activities as possible to prepare students for the 21st century healthcare. IPE Core Competencies have helped define our efforts. However, finding instruments to measure those simulations are just as important.

In 2013, a Texas university's IPE team came together to develop three instruments to measure IPE student simulations. Specifically, these instruments measured IPE experiences during Disaster Day (an IPE simulation event held each year). Each instrument captured the IPE Core competencies; however, each instrument evaluated a different area. The three instruments included:

1. IPE Team Observation Instrument
2. Standardize Patient Team Evaluation Instrument
3. IPE Team's Perception of Collaborative Care Questionnaire

In 2014, IRB approval was obtained to use the instruments to measure IPE activities during the 2014 Disaster Day Simulation (over 500 participants). Data was collected and analyzed. There were statistically significant differences ( $p < 0.05$ ) when comparing team perceptions and standardized patient perceptions. The findings from this study can be used to further our knowledge in the evaluation process of IPE teams and ultimately improve patient outcomes.

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## SCI PST 1 - Scientific Poster Session 1

### Practice Model for Interprofessional Teaching-Learning of Anatomy at a Higher Education Institution in South Africa

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#### Purpose

The purpose of this presentation is to share my practice model for interprofessional teaching-learning of anatomy. This practice model is unique as it was the first research study conducted on the interprofessional teaching-learning of anatomy at a higher education institution in South Africa without a medical school/faculty.

#### Target Audience

The target audience of this presentation is health educators as well as the clinical practice interested in collaboration and working towards interprofessional teaching-learning.

#### Abstract

The teaching-learning of basic medical sciences generally, and anatomy particularly, have been “diluted” in the health science curricula globally during the past two to three decades. This reduction in anatomy teaching-learning has started showing the consequences in clinical practice, patient care, and health science education (Memon, 2009:125). Turney (2007:104) supports this, saying that between 1995 and 2000, there was a seven-fold increase in claims associated with anatomical errors. This results in public and media pressure for doctors and other health care practitioners to have a sound knowledge of anatomy.

The main aim of this research was to develop a practice model for interprofessional teaching-learning of anatomy at a higher education institution in South Africa to facilitate deep-holistic lifelong learning. The research design utilised a theory-generative, quantitative and qualitative design (Brink, 2006:10-11; Mouton & Marais, 1996:159) to explore (Mouton & Marais, 1996:45) and describe (Mouton & Marais, 1996:46) teaching-learning of anatomy in a specific context (Klopper, 2008:68).

The study was conducted in two phases with two steps under each phase, including three objectives. Phase one consisted of the identification of concepts, description and definition of the three objectives. Step 1 under phase one consisted of identifying main and related concepts and this process was completed for objectives one and two, namely to assess interprofessional students' (IPS) and peer group's (PG) opinions on the teaching-learning approach to anatomy; and to explore interprofessionals' perceptions of the importance of anatomy in clinical practice. All data gathered, synthesized and concepts identified from objectives one and two lead to step 2 of phase one, that is to say concept descriptions and definitions that were completed through objective three, which was to describe a conceptual framework for interprofessional teaching-learning of anatomy.

Phase two (model construction), step 1 (to construct relational meaning of main and related concepts) and step 2 (model construction through theory synthesis) was completed from the concept descriptions and definitions identified in phase one. This practice model will be implemented in the health sciences faculty of the higher education institution where the researcher is working.

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## SCI PST 1 - Scientific Poster Session 1

### Learning Methods Related to the Design of Learning Environments for Clinical Mentors, as Viewed from the Perspective of Educational Supervisors

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*Kaori Ikeuchi, MS, RN, Japan*

#### Purpose

The purpose of this presentation is to convey a learning methods related to the design of learning environments for clinical mentors, as viewed from the perspective of educational supervisors in japan.

#### Target Audience

The target audience of this presentation is nurse educators.

#### Abstract

**Aim:**To identify learning methods related to the design of learning environments for clinical mentors, as viewed from the perspective of educational supervisors in Japan.

**Background:** In the healthcare environment, it has recently become important to train clinical mentors to support nursing students and newly graduated nurses. Learning environment design is a process of designing a learning community and is classified into organization, activities, and tools.

**Methods:** Seventy-four educational supervisors (staff responsible for planning and managing nursing education programs provided by hospitals) from 89 hospitals in Japan participated in the survey. The participants chose their preferred learning methods for clinical mentors from "learn from experts," "learn with peers," and "learn on my own" for 36 items related to the learning environment design (according to organization, activities, and tools), and the respective learning method ratios of respondents were calculated using descriptive statistics.

**Results:** In organizational design, at least 70% of the educational supervisors chose the "learn from experts" method for mental health countermeasures, structure of the nursing education system, management of the organization, preparation of the education system, and guidelines for nursing ethics, and the "learn with peers" method for cooperation between instructors. In activity design, at least 70% of the educational supervisors chose the "learn from experts" method for coaching techniques, logical thinking, use of learning theory, and education evaluation techniques. In tool design, at least 70% of the educational supervisors chose the "learn from experts" method for data analysis and the "learn with peers" method for preparation of a checklist. The proportion of educational supervisors who chose the "learn on my own" method did not reach 70% for any of the items.

**Conclusions:** As a preferred learning method for clinical mentors, the "learn from experts" method was chosen most frequently, which was particularly noticeable in organizational and activity design. In the future, clinical mentor education programs should take these learning methods into consideration in learning environment design.

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## SCI PST 1 - Scientific Poster Session 1

### The Effects of the Clinical Learning Environment on Japanese Nursing Instructors' Support in Facilitating Students' Metacognition: A Comparison between University and Vocational School Instructors

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*Yukari Katayama, PhD, RN, Japan*  
*Mayumi Negishi, MPH, BS, RN, USA*

#### Purpose

The purpose of this presentation is to describe the effects of the clinical learning environment on nursing instructors' support in facilitating students' metacognition between university and vocational school instructors in Japan.

#### Target Audience

Nursing instructors, clinical nursing staff and administration, nursing students, and researchers interested in nursing education will benefit from this presentation.

#### Abstract

**Aim:** This study aimed to compare university and vocational school instructors regarding the effects of the clinical learning environment on Japanese nursing instructors' support in facilitating students' metacognition.

**Background:** Metacognitive knowledge and activities are valued in clinical learning. The clinical learning environment helps determine the quality of the clinical experience of the nursing student. It is necessary to investigate how educational activity can promote students' metacognition in the clinical learning environment.

**Methods:** Participants were 145 university instructors (67.1% response rate) and 110 vocational school instructors (56.4% response rate) from nursing programs in Japan. The Clinical Learning Environment Diagnostic Inventory—which measures the affective, perceptual, symbolic, behavioral, and reflective aspects of the clinical learning environment—and a questionnaire regarding support that facilitates students' metacognition—consisting of items to measure metacognitive knowledge and metacognitive activities—were administered. The data were analyzed using IBM SPSS Statistics to compare the clinical learning environment and the support to facilitate students' metacognition between two groups (university instructors and vocational school instructors). Simultaneous analysis of multiple groups was conducted between the two groups using AMOS. The study was approved by the Ethical Review Board of School of Nursing, Osaka Prefecture University, Japan.

**Outcomes:** The results indicated that university instructors were significantly higher than the vocational school instructors in all subscales for the Clinical Learning Environment Diagnostic Inventory. The university instructors had higher values of support that facilitates students' metacognitive knowledge for students' problem solving compared to the vocational school instructors. In structural equation models with latent variables, "support that facilitates students' metacognitive knowledge" was influenced by the "clinical learning environment" as perceived by the instructors, and "support that facilitates students' metacognitive activities" was affected by "support that facilitates students' metacognitive knowledge." Multiple-group structural equation modeling between the two groups was tested with equality constraints placed on each path coefficient. The fit indices for the hypothetical model were goodness-of-fit index = .904, adjusted goodness-of-fit index = .867, and root mean square error of approximation = .037. The standardized parameter estimates of path coefficients indicating degrees of influence of the "clinical learning environment" on "support that facilitates students' metacognitive knowledge" were .42 for the university instructors and .56 for the vocational school instructors. The critical ratio for the difference

between these parameters for the two groups was not significantly different. The path coefficients (standardized parameter estimates) of “support that facilitates students’ metacognitive knowledge” on “support that facilitates students’ metacognitive activities” were .88 for the university instructors and .96 for the vocational school instructors. The critical ratio for the difference between these parameters of the two groups was significantly different ( $P < 0.05$ ).

**Implications:** Results revealed that the “clinical learning environment” affected the instructors’ “support that facilitates students’ metacognitive knowledge,” which in turn affected the “support that facilitates students’ metacognitive activities.” These effects were seen in both university instructors and vocational school instructors. In particular, the vocational school instructors seemed to have a more consistent effect on the clinical learning environment regarding their support to facilitate students’ metacognition. It is assumed that enhancing the clinical learning environment will lead to the instructors’ support facilitating students’ metacognition.

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## SCI PST 1 - Scientific Poster Session 1

### Methods of Sharing Clinical Decisions within Nursing Teams to Improve the Quality of Nursing

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*Yasuko Hosoda, PhD, RN, Japan*  
*Etsuyo Sonoda, MS, RN, Japan*

#### Purpose

The purpose of this presentation is to clarify how clinical decisions made by expert nurses in Japan are communicated to nursing teams in order to improve the quality of nursing.

#### Target Audience

The target audience of this presentation is clinical nurses and nurse educators.

#### Abstract

**Aim:** To clarify how clinical decisions made by expert nurses in Japan are communicated to nursing teams.

**Background:** Nurses' clinical decisions are important for maintaining the quality of nursing care and for preventing medical errors. Furthermore, in medical settings where treatment is being given on a continuous basis, it is extremely important how clinical decisions by nurses are communicated to nursing teams who support patients 24 hours a day. Nurses' decisions are shared with the team through methods such as record making and oral communication. However, varying levels of competence exist among nurses, and not all communications can be publicly and explicitly confirmed. Accordingly, in such situations it is assumed that outstanding nurses use their ingenuity to communicate clinical decisions to nurses within the team so that important clinical decisions can be faithfully shared. These are experienced daily by nurses, and shedding light on these daily experiences can help to integrate practical nursing knowledge in the area of clinical judgments in decision-making in nursing teams.

Compared to international standards in leading countries, the ratio of nurses to patients in Japan is extremely low. New standards for nurse allocation were established in 2006, but there are still particularities, the nurse to patient ratio during night shifts has remained at about 1 to 20. On the other hand, the mean length of inpatient stay has decreased in recent years; specifically by more than half over 20 years, from 20 days down to 10. Until now, it was possible for nurses to understand the situation of patients even when nurses were few in number, due to the extremely long period of stay, but this is now very difficult. Attrition rates of nurses in Japan have always been high, and there are big gaps in nurses' skills and experience, including the issue of a lack of nurses in their 30s. The number of nursing assistants is being increased, but in nursing education and in nurses' beliefs, it remains the case that the daily help for patients is perceived as work for nurses to do directly. In Japan, the difficulties of training new nurses and the decline of clinical decision-making abilities of nursing teams are critical issues. This study offers insights into ways in which expert nurses in Japan are striving to support medical treatment and nursing.

**Methods:** Participants were expert nurses who were directly engaged in patient care and who belonged to nursing teams working on a shift system. Data were collected through semi-structured interviews. In the interviews, nurses were asked to speak about how they would communicate important clinical decisions to other nurses in their team when making such decisions when providing nursing care by looking at specific nursing case examples. Analysis involved transcribing interviews verbatim, coding the actions taken by expert nurses when communicating to other nurses, and categorizing codes by examining similarities and differences. The study was approved by the ethical review board of Kyoto Tachibana University.

**Results:** Interviews with 8 nurses from 3 hospitals were analyzed. Mean duration of interviews was 75 minutes. The mean length of nursing experience of the analyzed participants was 20 years. All nurses had work experience in at least 3 wards and half held positions of rank equivalent to deputy head nurse.

From the data, a total of 27 codes were obtained as actions taken by nurses when communicating to team members. These codes were subsequently condensed into 6 categories. Specifically, these categories were:

Avoid proceeding on decisions made by oneself or one other single person”, for example, ‘I informally consult others orally about my decision’ or ‘I check many times as we go along rather than making a final single decision’; “Integrate each individual staff’s actual practice as it is”, for example, ‘I watch carefully what happens when someone else makes a decision different from mine’ or ‘I anticipate doctors’ ideas and actions when communicating nurses’ decisions’; “Proceed in accordance with the decisions of superior nurses”, for example, ‘I actively seek the decisions of superior nurses’ or ‘I make an effort to go and confirm things face-to-face with superior nurses rather than relying on written records’; “Take experts’ decisions as opportunities to learn”, for example, ‘I show my decisions as examples for other nurses’ or ‘I communicate in consultation with predetermined people to make it easier to consult’; “Create an environment in which the observations and awareness of new nurses are respected”, for example, ‘I try to make it possible for new nurses to express their intuitive ideas without hesitation’ or ‘I get nurses of lower rank to just communicate the facts of what they have observed to reduce the burden of decision-making’; “Support the desire to cooperate with each other”, for example, ‘I place myself between new and veteran nurses and interpret and communicate what both sides are saying’ or ‘Through communication, we share the situation of the patient and the suffering involved in medical treatment’. The interpretation drawn was that at the core of these categories is “maintaining harmony in the nursing team in order to maintain better care”.

**Discussion:** Expert nurses used a wide variety of methods to communicate their own decisions to other nurses while taking into consideration the competence and position of each individual nurse. In concrete terms, expert nurses respected the position of each nurse, and created a space in which each nurse could participate naturally by distinguishing each stage of the judgment process from observation to practice, employing various methods to maintain team harmony. It seems that expert nurses do not merely communicate the results of decisions, but place emphasis on ensuring that each nurse is involved in the decision-making process. Also, it seems that expert nurses do not just communicate the decision content based on knowledge and information, but also take into account others’ emotions when communicating.

In a shift system, it is not possible for nurses to directly cover gaps in competence among nurses in charge of other shifts at care settings, and thus nurses in charge of each shift are required to maintain some tension and autonomy. In order to connect decisions made to actual care in practice implemented by nurses in charge to the maximum extent, expert nurses encourage deep understanding that enables other nurses to take action enthusiastically. However, this remains at the individual level of effort made by expert nurses, and organizationally is an insecure nursing practice.

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## SCI PST 1 - Scientific Poster Session 1

### Missed Nursing Care in Hospitalized Patients in Two Health Institutions

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#### Purpose

Disseminate findings of missed nursing care research in hospitalized patients from two health institutions, where missed care and its contributing factors were determined from the nurses' and patient's perception.

#### Target Audience

Nursing staff that work in different health institutions, nursing administrators, nursing leaders, teachers, and nursing students.

#### Abstract

**Introduction:** Patient safety is a priority worldwide and the effectiveness of health systems in different countries is being reconsidered (WHO, 2010). The aim is to prevent patient injury as a result of the care provided or omitted by health personnel. In this care process all health professionals are involved; however, nursing stands out because of its close and continuous contact with patients (Kalisch, Landstrom & Hinshaw, 2009). Therefore, nursing administrators face the challenge of ensuring that their staff, in the different health institutions, both public and private, provides quality care and safety.

It is essential that nursing staff perform all care activities that their assigned patients need to achieve quality and safety; when activities are not performed this is called missed nursing care or errors of omission (Kalisch, 2006; Kalish, Tschannen & Lee, 2012), which favors the presence of harm to the patient, and increases costs and hospital stay (Ausserhofer, Zander, Busse, Schubert, De Geest, Rafferty et al. 2014).

The theoretical basis of this study is the missed nursing care model (Kalisch, 2006), where the different types of nursing that are missed or omitted during care are identified; likewise, organizational factors that contribute to missed care are presented. The most common are attributed to human resources, material resources, and communication (Ball, Murrells, Rafferty, Morrow & Griffiths, 2014). Therefore, this study aims to determine missed nursing care and their contributing factors from the perception of nurses and patient in two health institutions: one public and one private. This study contributes to nursing knowledge, mainly because it includes the perception of the patient and the nursing staff, who are the main individuals involved in care. These results will provide a basis for nursing administrators to design and implement effective strategies that improve the quality and safety of care.

**Method:** The study design was descriptive (Grove, Burns & Gray, 2013). The population corresponded to nurses and patients hospitalized in two health institutions, one from the public sector and another from the private sector in Monterey, Nuevo León and San Luis Potosi, San Luis Potosi, Mexico, respectively. Thirty-two nurses from the public hospital and 160 from the private hospital participated. Patients were randomly selected, 180 from the public hospital and 160 from the private hospital. A patient assigned to each of the participant nurses was considered. Data collection was done by applying the MISSCARE Nursing Survey (Kalisch & Williams, 2009) to nurses and patients. This survey consists of 64 items in three sections: demographic and labor data of nurses, missed nursing care, and reasons for missed nursing care. This study complies with the ethical guidelines set forth in the Regulations of the General Law on Health in Matters of Health Research (Secretaría de Salubridad y Asistencia, 1987). For data analysis, descriptive statistics were used. Characteristics of the participants were profiled, indices were designed with values from 0 to 100 for each of the dimensions of care as well as factors contributing to missed care; a higher score meant greater care (the difference between the score obtained and the

maximum, which equals 100, corresponding to missed nursing care) and greater significance for the reason for missed care.

**Results:** Regarding the characteristics of nurses in the two institutions, women predominated in the private hospital 86.3%, and 81.3% in the public hospital; regarding age range, in the private hospital a range of 18-25 years predominated, while in the public hospital range of 31-35 years was reported. With regard to the level of education, in the private hospital 53% reported being a general nurse; in the public just over half had bachelor's degree training.

In relation to patient characteristics, in the two institutions, similar results in gender were found: in the private institution women predominated with 55% and in the public institution it was 47.8%. Regarding level of education, there was a higher percentage of university education in the private institution (50% in the private vs. 18.7% in the public institution). In terms of age, in the private institution more than half of the participants reported an age over 51 years; in the public institution and age range of 47-56 years predominated.

In both institutions, the patient perceived greater omission in relation to nursing care. The greatest omission from the patient's perspective corresponded to discharge planning and patient education (mean = 44.00, SD = 25.86 public institution; mean 55.00, SD = 28.38, private institution) and the lowest omission in ongoing care evaluations (mean = 20.74, SD = 3.68 public institution; mean = 11.07, SD = 0.30 private institution).

The nurses perceived greater omission of basic care interventions (mean = 41.52, SD = 17.03, public institution; mean = 19.18, SD = 4.60, private institution) and less omissions in ongoing care evaluations (mean = 17.78, SD = 13.73, public institution; mean 5.44, SD = 0.64, private institution). The nursing staff of the public institution perceived greater omission in care.

Regarding the factors that contribute to missed nursing care according to the perception of nurses in both the private and the public institution, those related to human resources predominated (mean = 80.67, SD = 17.06, private institution; mean = 82.46 SD = 12.94, public institution), followed by material resources (mean = 69.72, SD = 23.45, private institution; mean = 73.17, SD = 17.92, public institution) and communication factors (mean = 65.16, SD = 21.55, private institution; mean = 65.62, SD = 19.45, public institution).

Regarding the perception of the patient, while in the private institution missed care was attributed only to aspects of human resources, in the public institution they perceived human resources as the first problem, followed by material resources and communication.

**Conclusions:** The study results helped identify the care that is missed or omitted during hospitalization as well as factors related to its omission. It is noteworthy that greatest omission of care is perceived by patients in both institutions and by the nurses in the private institution. The findings of the study helped identify errors of omission in a complementary way between the parties involved in the care process. This knowledge allows the nursing administrator, first, to propose action strategies aimed at reducing these areas of opportunity and promote continuity of care with a positive impact on the quality and safety of care; moreover, it strengthens aspects related to human resources, a key factor that contributes to missed care.

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## **Scientific Poster Presentations Session 2 (SCI PST 2)**

## SCI PST 2 - Scientific Poster Session 2

### Chinese Nursing Students' Perceptions of Case Study Use as a Teaching and Learning Strategy

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#### Purpose

The purpose of this presentation is to examine Chinese nursing students' perception of the use of case studies in nursing education. Lecture serves as the primary method of teaching in Chinese nursing schools. Case studies incorporated with lecture help students become active learners and relate topics to real world situations.

#### Target Audience

The target audience of this presentation are nurse educators and researchers interested in leading and transforming nursing education globally to prepare professional nurses to meet healthcare needs.

#### Abstract

**Background:** Chinese nursing education is in a process of transformation aimed to prepare professional nurses to meet the demands of health care. Lecture often serves as the primary method of teaching in Chinese nursing schools. However, lecture is passive and prevents critical thinking. Case studies when incorporated with lecture can help students to become active learners and relate topics to real world situations. The purpose of this study was to examine Chinese nursing students' perception of the use of case studies in nursing education.

**Methods:** Data analysis consisted of associate (n = 21) and baccalaureate (n = 83) undergraduate nursing students in China (N = 104). Students ranged in age from 19- 25 years and 97% were female. Students were presented with case study scenarios in class and were required to work with group members to solve and answer questions, present group findings, and engage in open dialogue. Following the completion of the course students were administered a 5-point likert survey (Strongly Agree=5; Agree=4; Neither Agree nor Disagree=3; Disagree=2; Strongly Disagree=1) that assessed the students' perceived satisfaction with the use of case studies in the classroom setting. The survey was anonymous and no identifying information was collected. Descriptive statistics were calculated using SPSS v. 17.0.

**Results:** The results indicated students displayed high satisfaction with the use of case studies. Students indicated working with their classmates on clinical case studies helped their understanding ( $4.66 \pm 0.51$ ); will help them to be successful on the national nursing examination ( $3.98 \pm 0.76$ ); and will help them to be better nurses ( $4.56 \pm 0.58$ ). Students also indicated they could apply what they learned ( $3.85 \pm 0.62$ ) and they gained new knowledge to use in nursing ( $4.44 \pm 0.58$ ).

**Conclusion:** Chinese nursing students had positive perceptions and were highly satisfied with the use of case studies as a teaching and learning strategy. Globally, as nurses are faced with more complex issues, challenging and acutely ill patients, advancing technology and ethical dilemmas it is important that students are equipped and presented with teaching and learning strategies that enhance learning and improve patient outcomes.

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## SCI PST 2 - Scientific Poster Session 2

### Minimizing Strain: How Nurses Sustain Their Image as "Good Nurses"

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#### Purpose

The purpose of this presentation is to explain how nurses are practicing with an aging population within healthcare systems that contribute to sub-optimal care and still sustain their image of themselves as "good nurses."

#### Target Audience

The target audience would be practicing nurses, academics, leaders, and educators.

#### Abstract

Older adults are the population most likely to access healthcare due to an increasing incidence of chronic illnesses with age. As a result, nurses are managing the care of an older population within healthcare institutions which perpetuate societal ageist perspectives. Moreover, basic nursing education does not adequately prepare nurses to care for an aging population and little is known about how nurses are managing care of hospitalized older adults. A grounded theory study guided by symbolic interactionism examining a nursing perspective of caring for hospitalized older adults provides valuable insights into how nurses are practicing with an aging population. Nurses are prioritizing keeping their patients safe at all costs in institutions; they perceive the increased care requirements of older patients are under-recognized and inadequately resourced. To cope, they are re-defining nursing actions they perceive as morally distressing in order to preserve their image of themselves as "good nurses," who are working within healthcare systems that are inadequately supporting them in providing what they define as "good care" to their older patients. Much can be learned about how to improve care of hospitalized older adults by listening to nurses' perspectives about how healthcare systems are contributing to sub-optimal older adult care and engaging nurses in conversations about their nursing practices that are ethically distressing.

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## SCI PST 2 - Scientific Poster Session 2

### The Relationships of Conscience, Ethical Climate and Moral Distress in Registered Nurses Working in the Acute Care Setting

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#### Purpose

The purpose of this presentation is to describe an investigation on nurse attitudes regarding the use of conscientious objection and their perceived rights to refuse to participate in morally objectionable procedures. Factors leading to an intent to turnover or changing clinical specializations due to moral distress will be discussed.

#### Target Audience

The target audience of this presentation are clinical nurses, nurse leaders and/or administrators and academic faculty.

#### Abstract

**Background/Significance:** Health care providers, including nurses, are often faced with ethical dilemmas on a daily basis and experience conflicts between their professional oath, a desire to care for the suffering, and a fiduciary duty to serve when weighed against the ever expanding body of legal and regulatory requirements. This is compounded further when resulting moral dilemmas ensue because of factors involving: quality of life issues, deciding when, or if, life should be terminated and determining how best to honor a patient's or family member's health care decisions—which may inevitably conflict with the moral or religious beliefs of the care provider. Nurses often struggle with how to balance their own personal beliefs with patient care decisions in various work environments. They are responsible for multiple aspects of the healthcare delivery process. Oak (1996) discusses that nurses are accountable to the facility that employs them, to the physician with whom they work, to the patient whom they provide care, to the family to whom they must respond, to the nursing profession which they belong, and to the familial, cultural, and religious communities that shape their sense of identity. In each of these areas, it is possible for moral conflicts to arise causing the nurse to encounter multiple ethical challenges and a stress of conscience (Corley & Selig, 1994; Cronqvist, Theorell, Burns, & Lutzen, 2004; Corley, 1995; Kelly, 1995; Glasberg, Eriksson, & Norberg, 2007; Peter, Macfarlane, & O'Brien-Pallas, 2004).

In general, the rights of nurses consist of human and civil rights, rights based on health care legislation, rights based on professional ethics, and earned rights (Kangasniemi, Viitalahde, & Porkka, 2010, p. 630). Currently, they, along with their physician counterparts, possess their right to conscientious objection to procedures or services which they may deem as morally objectionable. Such protections exist due to the Church Amendment, also known as the "Conscience Clause", which was passed in 1973 by the U.S. Congress (Wicclair, 2011). While the right to conscientious objection was initially aimed at protecting physicians and nurses who morally objected to participation in abortion services, it has expanded over the years to include other factors of reproductive rights such as late term abortion, stem cell research, and end of life care issues associated with withdrawal of hydration and nutrition, euthanasia, assisted suicide and the discontinuance of other technological life-saving medical treatments (Curlin, 2007; Lindsay, 2007; Ersek, 2005; Epstein, 2010 ).

The national implication regarding the use of conscientious objection remains an unsettled area of bioethics (Pope, 2010, p. 11) and an intense national debate is occurring. Recently the issue regarding a health care provider's right to conscientious objection has come under greater scrutiny (Roberts, 2014; Pate, 2009; Rienzi, 2012; Kane, 2009; Dresser, 2005; & Lindsay, 2007) and some have called for its discontinuance based on views regarding: 1) the need for fair and equitable care (Savelescu, 2006; Card, 2007; Brock, 2008; Savelescu, 2007; & Meyers & Wood, 1996), 2) addressing the needs of the medically indigent, and 3) to remove the potential access barriers to care. Another concern is that changes in professional roles, referred to as "task shifting" or "task sharing" (such as what transpires when a nurse transfers the care of a patient to another nurse due to his/her moral objections) have frequently not

succeeded in the past, sometimes compromising health care quality and safety (Crisp & Chen, 2014, p. 955).

Registered nurses are experiencing ethical dilemmas with greater regularity in the health care setting and the potential for being placed in situations where the nurse's conscience may be compromised or placed at risk due to a patient fidelity requirement is increasing. A few research studies have examined the general role of stress of conscience in nurses primarily in the critical care settings (Caitlin, Volat, Hadley, Bassir, Armigo, et al, 2008; Glasberg, Eriksson, & Norberg, 2007; van Zuuren & van Manen, 2006; Ferrell, 2006; DeVillers & DeVon, 2012; Wiegand & Funk, 2012 ) and its effect on burnout and moral distress. However, research to date has not provided a clear picture regarding how nurses view the importance of their options to claim a conscientious objection to certain care procedures that they may deem as morally objectionable. Moreover, the possible implications of what nurses might choose regarding their career status or specializations if such rights were modified or even possibly eliminated in the future are not well understood.

**Methods:** The purpose of this research design was to gather quantitative data to determine what, if any statistical relationship exists between the use of conscientious objection, moral distress and intent to turnover among acute care nurses working in obstetrical and critical care departments. Thus, a quantitative non-experimental correlational study design using a random sample of 500 staff nurses working full time was chosen. Corley's Moral Distress Theory and the Stress of Conscience Model were used as the framework design. Using a Pearson's correlation coefficient, four primary research questions were used to guide this study. Preliminary results reveal a higher correlation on the importance of using conscientious objection by nurses working in the obstetrical setting than in the critical care setting. A significant relationship exists among nurses who describe a high importance to religious or spiritual practices and the use of conscientious objection. Moral distress was found to be high in both clinical settings. Data showed that nurses (>70%) in this sample did not tell their employers about their views on conscientious objection during moral dilemmas as prior to their hiring for employment.

**Conclusions and Implications for Practice:** Nurses want to know how to maintain fidelity to patients and their families, follow orders from their physician colleagues, work in a family-centered interdisciplinary team, yet be able to follow their consciences when the care ordered appears to be harmful (Caitlin et al, 2008, p. 106) or involves the ending of life. However, the study findings could greatly influence how the professional nursing community views the challenges which may be associated with conscientious objection and moral distress. It is hoped that the results will offer insight into the registered nurses' attitudes about the importance of conscientious objection and whether there may be a causal link to staff retention and turnover for healthcare organizations. Nursing turnover has a profound fiscal impact on healthcare organizations in terms of associated costs, perceptions of quality of care, and places a heightened pressure on nurses to work in an increasingly fractured and unsatisfactory environment (Lee, Dai, Park & McCreary, 2013; Hairr, Salisbury, Johannsson & Redfern-Vance, 2014). With increased technological demands, increased patient acuity, and the complex phenomena of the ongoing nursing shortage, retaining experienced nursing staff at the bedside is of the utmost importance (Aiken, Clark, Sloane, Sochalski & Silber, 2002). The findings provide empirical data on when nurses may opt to change certain clinical specializations where ethical dilemmas are becoming more common instead of choosing to leave their employer or the nursing profession.

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## SCI PST 2 - Scientific Poster Session 2

### Elderly and the Use of New Technologies as a Communication Support

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#### Purpose

The purpose of this presentation is to habilitate elderly for using new technologies.

#### Target Audience

The target audience of this presentation are those reserarchs and clinical nurses interested in educating elderly for preventing ageing ill.

#### Abstract

In today's society the New Technologies of Information and Communication (NTICs) , impact on Nearly All Tasks Everyday Population . NTICs provide the ability to understand How does new High Technology works and how it can be used . The NTICs support the independent life for older adults to facilitate the interaction of users through the Use of spoken language, writing and computational vision including bodily gestures. Elderly who gain the knowledge and skills of New Technologies on Daily Life Have Another Alternative to communicate, interact with relatives or friends, establish and expand networks of social support and thus promote their self-esteem. Using Internet provides speed Communication for all network computers arrival , the People Have the Opportunity to Be Always Available Anywhere and any Moment . Elderly Digital Literacy includes Knowledge of Computer Hardware , Software , Internet use , cell phones, personal digital assistant ( PDA ) and Other Digital Devices.

Objectives: To evaluate and promote the potential of older adults, facilitate learning and inclusion of NTICs. To identify the ederly NTICs use , implement an intervention that contemplates enabling the NTICs Elderly use.

Methods: A quasi- experimental Quantitative descriptive correlational study. Sampling Convenience by older adults attending a consultation at "Centro de Salud Girasol" in Saltillo, Coahuila.

Results: Results will be measured by Statistical Package for Social Sciences version 21 (SPSS) , Charts will be used for sociodemographic variables , and Pearson correlation coefficient to establish the relationship between the variables of study .

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## SCI PST 2 - Scientific Poster Session 2

### Interprofessional Teams Integrate Spirituality into Patient Care: Lessons Learned

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#### Purpose

The purpose of this presentation is to share findings of a study conducted to determine how healthcare professionals experience the incorporation of spiritual conversations in their patient care and to identify facilitators and barriers to incorporating spirituality into person-centered care. Lessons learned by the interprofessional researcher team will be shared.

#### Target Audience

Healthcare professionals and researchers interested in incorporating spirituality into clinical practice.

#### Abstract

**Background:** Care of advanced cancer patients and other patients with life limiting illnesses frequently focuses on the physical aspects of disease management. Individuals are inconsistently invited to share their spiritual and psychosocial needs, or discuss how their lives have changed as a result of their circumstance. And yet, seriously ill patients have indicated that the possibility of continued spiritual suffering adds to the distress associated with their illness. Spirituality, broadly defined as that which gives meaning and purpose to life, often is a central issue for patients at the end of life or those dealing with cancer and chronic illness. Growing evidence has demonstrated that spirituality, whether expressed through religious or secular means, is an important component of patient care that affects patient healthcare decision making and healthcare outcomes. Despite a strong evidence base that spirituality is important to patients, clinicians are sometimes reluctant to make spiritual care a core component of patient care. Some healthcare professionals are concerned that such discussions require a substantial time commitment and others feel ill prepared to address spiritual needs.

**Purpose:** This research aimed to (1) explore the value of including spiritual conversations in routine patient care; (2) identify facilitators and barriers to incorporating spirituality into person-centred care; and (3) determine ways healthcare professionals can effectively incorporate spirituality into person-centered care.

**Setting:** Three inpatient hospital units in Alberta, Canada served as the setting for this research: a hospice unit, a tertiary palliative care unit, and a geriatric assessment unit.

**Methods:** Healthcare professionals (physicians, registered nurses, nurse practitioners, social workers, occupational therapists, and physical therapists) were invited to participate in this descriptive exploratory research project. Nine (9) health care professionals (1 physician, 4 registered nurses, 1 nurse practitioner, 1 social worker, 1 occupational therapist and 1 physical therapist) agreed to participate. After a half-day educational event, they intentionally integrated spirituality into their care of 24 patients who had consented to be part of the project. Data regarding the experiences of the healthcare professionals and the outcomes of their care were gathered during focus groups and chart reviews.

**Results:** Findings indicate positive impacts at the organizational, clinical/unit, professional/personal and patient levels when healthcare professionals include spirituality in patient care. The findings specifically focus on strengths, challenges, and opportunities regarding the inclusion of spirituality in patient care at the various levels within the healthcare organization. Recommendations for practice and further research are offered and the challenges of conducting this research will be discussed to inform future research projects in this area.

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## SCI PST 2 - Scientific Poster Session 2

### Multidisciplinary Team Response to Support Survivors of Mass Casualty Disasters

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*Lisa Smith, MLS, USA*

#### Purpose

The purpose of this presentation is to describe a systematic review undertaken to synthesize evidence about the effectiveness of multidisciplinary response teams used to support individuals who survive a mass casualty disaster.

#### Target Audience

The target audience of this presentation is any health professional interested in methods of providing support for individuals who survive a mass casualty disaster.

#### Abstract

Background and Purpose: Disaster response begins at the local level, but when needs are immense, promoting effective care and recovery for survivors may require activation of multiple systems from other parts of the country or even the world. Mass casualty disasters pose unique challenges, as survivors may be dealing not only with their own physical and/or psychological trauma, but also with the loss of family members and friends (Adams, Smith, & Weeks, 2013). One technique humanitarian response organizations may use to integrate services is formation and deployment of multidisciplinary response teams. Team members include individuals trained to respond to and provide referrals for the physical health, mental health, and financial needs of disaster survivors; additionally, the Integrated Care Team (ICT) model utilized by the American Red Cross may include individuals trained to respond to spiritual needs (Hassmiller, Adams, & Weeks, 2013). The poster describes a systematic review undertaken to synthesize evidence about the effectiveness of multidisciplinary response teams used to support individuals who survive a mass casualty disaster. Specific objectives of the review are to identify effectiveness of multidisciplinary team response on the 1) resolution of immediate needs and 2) support perceived by survivors of mass casualty disasters.

Design: Systematic review

Inclusion criteria: Studies published between 1995 and 2012 evaluating effectiveness of multidisciplinary response teams on the well-being of survivors of mass casualty disasters. These dates were selected because the ICT model was formalized following the April 1995 bombing of the Alfred P. Murrah Federal Building in Oklahoma City, Oklahoma, USA.

Methods: The systematic review involves a three-step search strategy: 1) An initial limited search of MEDLINE, CINAHL, PsycINFO, EMBASE, and SocIndex, followed by analysis of text words in the title and abstract and index terms describing the article; 2) A second search using identified key words and index terms in the same data bases, with the addition of MEDNAR and Sociological Abstracts; and 3) a search of the reference list of all identified reports and articles for additional studies. Identified studies will be assessed for relevance and any selected for retrieval will be assessed by two independent reviewers for methodological validity using standardized critical appraisal instruments from the Joanna Briggs Institute Meta-Analysis of Statistics Assessment and Review Instrument (JBI-MASARI). Data from papers to be included in the review will be extracted by two reviewers independently using the standardized data extraction tool from JBI-MASARI. Quantitative data will be pooled in statistical meta-analysis using JBI-MASARI when possible; when not possible, findings will be presented in narrative form.

Results: Although multidisciplinary teams in health care are prevalent, the use of multidisciplinary response teams in disaster have been less frequently studied, and authors acknowledge the difficulty of

assessing quality and effectiveness of disaster response programs (Gill & Gershon, 2010). A preliminary search of multiple data bases for development of our systematic review protocol revealed that the majority of articles describing team response to disasters or their effectiveness were published between 1995 and 2010, with only a few published more recently (Briggs, 2010; Gill & Gershon; Meredith, Zazzali, Shields, Eisenman, & Alsabagh, 2010; Rosen, Greene, Young, & Norris, 2010). We would therefore have anticipated locating existing quantitative systematic reviews on the topic, yet we were unable to do so; we also found very little international literature. We hope to discover additional sources through our search strategy. The detailed search process for the systematic review is ongoing and will be complete by June 2015.

Implications: Disaster-related literature suggests the need for integrated assessment of disaster survivors and collaborative response efforts (Pfefferbaum, et al., 2012). The review's detailed search strategy was designed to uncover and synthesize available literature on the effectiveness of multidisciplinary response teams. Our systematic review seeks to provide a guide for future planning, deployment, and evaluation of these specialized teams that can be crucial to local, regional, or global response to mass casualty disasters.

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## SCI PST 2 - Scientific Poster Session 2

### Perception of Role Strain among Male Critical Care Registered Nurses: A Quantitative Descriptive Approach

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#### Purpose

The purpose of this presentation is to present findings from a quantitative descriptive research study completed as part of the requirements for a doctoral education in nursing.

#### Target Audience

The target audience of this presentation include: registered nurses, nurse educators, nurse researchers, nursing theorists, and nursing students.

#### Abstract

Little research has been conducted to examine the experiences of males working in female-dominated professions. The purpose of this study was to examine and describe role strain among male RNs in critical care settings. This quantitative study utilized a descriptive design to examine the four causes of role strain – role conflict, role overload, role ambiguity, and role incongruity. The target population was male RNs in critical care settings in a northeastern state of the United States. The sample for this quantitative descriptive study was obtained from the Board of Registration in Nursing in this northeastern state database. The Sherrod Role Strain Scale (SRSS), a 5-point Likert scale survey, was the instrument used to examine participants' perceptions of the four causes of role strain. Data analysis of the results included descriptive and inferential statistics. Inferential statistics involved the use of repeated measures ANOVA testing for significant difference in the causes of role strain between male RNs employed in critical care settings, and a post hoc comparison of specific demographic data using multivariate analyses of variance (MANOVAs). The findings of this study were significant for two causes of role strain: role ambiguity ( $M = 2.88$ ,  $SD = 0.23$ ); and role overload based on ethnicity ( $M = 2.87$ ,  $SD = 0.27$ );  $F(1, 35) = 9.77$ ,  $p = .004$ . The varied standard deviation exhibited in the participants' scores warrants further exploration and research. This study will serve as the foundation for future studies related to role strain in the healthcare setting.

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## SCI PST 2 - Scientific Poster Session 2

### Interprofessional Education: Using Simulation to Teach Error Disclosure

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#### Purpose

To demonstrate outcomes of interprofessional education to teach medical error disclosure to prelicensure nursing, pharmacy and dental medicine students using a simulation experience.

#### Target Audience

Health professions faculty; Deans and directors of health professions programs; clinicians; risk managers and other health care administrators

#### Abstract

The Institute of Medicine has reported staggering statistics of medical errors in hospitalized patients in the United States. Full disclosure of medical errors to patients is a new topic in the literature. Health professionals often fear disclosing errors to patients due to a myriad of legal, professional, and administrative constraints and consequences (Robinson & Hughes, 2008). While much of the error disclosure training literature focuses on medical students and physicians, (Barrios et al., 2009; Gilles, Speers, Young, & Fly, 2011; Gunderson, Smith, Mayer, McDonald, Centomani, 2009 ; ) very little is reported on undergraduate and/or pre-licensure health professions training (Noland & Rickles, 2009; Thompson & Tilden, 2009). Currently, in the United States, health professions students are trained in "silos," absent a team or collaborative approach. Recently, healthcare safety organizations have advocated for a focus on enhancing quality and patient safety education in pre-licensure health professions students (IOM, Health Professions Education: A bridge to quality, 2003). Six health professions organizations have described interprofessional core competencies to guide the development of learning experiences across health disciplines (Interprofessional Education Collaborative Expert Panel, 2011). Interprofessional education is defined by the World Health Organization (WHO) as "when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes (2010)." Interprofessional education in the health professions is essential to building teamwork, enhancing communication among providers and patients, and ensuring patient safety (Brock et al., 2013). Widespread patient error in U.S. hospitals associated with substantial preventable mortality and morbidity, as well as major quality issues, has revealed the inadequacies in costly systems of healthcare delivery (IOM, 2000, 2003). Developing effective collaborative, health professional teams and redesigned systems is critical to achieving care that is patient-centered, safer, timelier, and more effective, efficient, and equitable (IOM, 2000; Reeves, Perrier, Goldman, Freeth & Zwarenstein, 2013). However, expecting health professionals to work together if they are not educated together proves challenging.

A collaboration of one university's School of Dental Medicine, Nursing, and Pharmacy schools developed a one-day inter-professional simulation focusing on the disclosure of a healthcare error using theater students as standardized patients. Funding for this initiative was obtained through the SIUE Excellence in Undergraduate Education internal grants program. Teams of eighty dental, nursing, and pharmacy students were formed from a convenience sample of students in the spring semester courses of each discipline. Students completed pre-test knowledge and attitude assessments, independently viewed a video and power point discussing error disclosure before the simulation experience. On the day of the simulation experience, health professional students were formed into interdisciplinary teams of four-five students. Ice-breaker exercises were conducted to familiarize the participants to one another's roles and work to build a team mind-set. Each team was given the scenario describing the facts of a medical error

with a hospitalized patient, adapted from the work of the University of Washington, Center for Health Science Inter-professional Education, Research and Practice and the Josiah Macy Foundation. The teams were given instructions on how to approach the disclosure of a medical error with a patient. The teams were then placed in a simulation experience where the theater student took on the role of the injured patient's family member. Unknown to the team was the response of the family member. University senior level theater students were trained to respond in three manners: a pleasant manner, a very upset and grief-stricken manner, and in an angry manner. Following the simulation experience, health team students were de-briefed regarding their responses to the patient's family member, how well the team functioned, what they did well, and what they did poorly. The students completed another assessment of the knowledge and attitudes toward error disclosure. Lastly, the students completed a reflection of the simulation experience and their responses to the event.

The purpose of this poster presentation will be to demonstrate outcomes of interprofessional education to teach medical error disclosure to prelicensure nursing, pharmacy and dental medicine students using a simulation experience. Demographic data describing the student's healthcare discipline will be collected. Instruments will be used to assess student knowledge and attitudes about error disclosure pre and post simulation. Pre and post mean scores on knowledge and attitudes towards error disclosure using a Likert scale will be compared with a T-test and MANOVA. Cronbach's Alpha will be used to assess reliability of the instruments used in this study. A thematic analysis will be conducted to determine themes revealed in student reflective writings. A sustainable model of interprofessional education will be recommended based on analysis of the barriers and facilitators of this project.

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## SCI PST 2 - Scientific Poster Session 2

### Nurse Religiosity and the Provision of Spiritual Care

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#### Purpose

to present data from a large, online survey that explores nurse opinions regarding the appropriateness of initiating spiritual or religious (S/R) discourse, S/R self-disclosure, and prayer, and related factors.

#### Target Audience

Any nurse clinician, educator, or administrator; researchers who study spirituality and health.

#### Abstract

**Background:** Many nurses are religious. Indeed, religious motivations often prompt individuals to be nurses. Likewise, religious beliefs provide nurses with cognitive structures that comfort them as they continually witness patients' suffering. Professional ethics codes, however, admonish nurses to never proselytize their religion while caring for patients. Indeed, the power differential in the clinician-patient relationship and non-ecclesiastical role of the nurse support the argument that clinicians should not impose their religious beliefs at the bedside.

Nurses are increasingly expected to screen for spiritual distress and intervene to promote spiritual well-being in clinical settings. There is, however also the possibility for this boundary between a nurse's personal religiosity and professional care to become blurred. Lack of professional skills in the area of spiritual care may lead to misunderstandings how to navigate the communication with a patient in the area of spirituality in a way that is wholesome and warrants ethical boundaries.

It is unrealistic to assume that a nurse can—or should—leave personal beliefs in a locker when at work. Thus, it is important to consider how a nurse's personal spiritual and religious beliefs affect nursing care, rather than if they do.

**Purpose:** This poster will present findings from a larger study investigating how nurse spirituality and religiosity (S/R) affects spiritual care. In particular, data about nurse opinions regarding the appropriateness of initiating S/R discourse, S/R self-disclosure, and prayer will be presented. Demographic and work-related factors associated with these opinions will also be explored to determine if there is a profile for nurses who are apt to initiate such discourse or avoid such discourse while providing patient care.

**Methods:** This study involves a cross-sectional design allowing for a convenience sample of over 600 Journal of Christian Nursing readers and website visitors who will complete an online survey. Data for this poster will be responses to an investigator-designed opinion survey and "Information About You" questionnaire that solicits data about a variety of demographic and work-related variables. These quantitative data will be analyzed using measures of central tendency, appropriate bivariate analyses to determine associations, and regression analyses to identify factors that predict initiators and avoiders of S/R discourse with patients.

**Implications:** In spite of the prevailing call for nurses to conduct spiritual assessments and support patient spiritual well-being, there is inadequate discussion about the ethics of such care. Findings can be used to guide administrators and educators—and ultimately, nurse clinicians, as findings will provide evidence about how personal religiosity affects patient care—for better and/or for worse. This evidence will need to shape curricula and policy so that patient and nurse religious beliefs can be safely supported in a pluralistic society.



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## SCI PST 2 - Scientific Poster Session 2

### The Healthcare Coach Role and Its Impact on Healthcare at Palomar Health

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#### Purpose

The purpose of the presentation is to describe research on satisfaction, benefits, and challenges in the healthcare coach role developed to facilitate care transitions.

#### Target Audience

The target audience of this presentation is researchers, hospital healthcare providers and clinicians, communality and home health nurses, leaders, administrators, healthcare coaches, nurses, and nursing educators.

#### Abstract

Patient transitions between healthcare agencies are fragmented often creating a gap in services, medical errors, and unnecessary repeated hospitalizations. To manage and improve transitions of care Palomar Health (PH) developed an innovative comprehensive community-based plan, the Community-Based Care Transition Program (CCTP), with the nurse in the role of the healthcare coach. Researchers at California State University San Marcos, School of Nursing partnered with healthcare leaders from PH to research satisfaction with the healthcare coach role in the program. The research methodology is a cross sectional design. Survey data regarding healthcare coach role evaluation will be collected from inpatient staff nurses, home healthcare nurses, case managers, physicians, and healthcare coaches. Research findings will describe challenges and benefits of the healthcare coach role. The presentation will focus on research on this innovative program and future recommendations for the healthcare coach role.

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## SCI PST 2 - Scientific Poster Session 2

### Faculty Perceptions of Innovation and Change Dynamics in Interprofessional Education

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*Ada Demb, EdD, USA*

#### Purpose

The purpose of this presentation is to describe nursing and medical faculty perceptions of essential factors in interprofessional education (IPE), particularly structural aspects and innovation/change dynamics, as revealed in the findings of a phenomenological study of faculty IPE experience, and to describe implications for nursing and medical education.

#### Target Audience

The target audience for this presentation is nursing educators; however the findings are of interest to any health professions faculty in settings where interprofessional education is practiced or desired, and also of interest to health professionals in practice settings where health professions students engage in clinical experiences.

#### Abstract

The effectiveness of interprofessional teams is critical to the safe and effective delivery of health care. Improvements in team behavior rely on collaboration, and, result in reductions in medical error. Educators in the health professions are consequently encouraged to embed interprofessional education (IPE) into their curricula. However, integrating IPE presents structural, curricular and human factor challenges.

Nurses and physicians comprise the dominant dyad in health care teams, therefore insights from nursing and medical faculty are essential for guiding IPE strategy. IPE research has focused heavily on learners, in pre-licensure and continuing education settings, but less is known about IPE from the faculty point of view. A phenomenological study of nursing and medical faculty perceptions regarding key factors in IPE was conducted to that end. This poster presents findings focused on the structural and change aspects revealed in that study.

Collaboration and cooperation theories guided development of the study and construction of the research questions, a semi-structured interview guide, and data analysis. Faculty were asked to reflect on the pedagogical and environmental factors that helped students learn interprofessional teamwork and collaboration, and to describe their experiences. Interviews were conducted with 32 faculty from three Midwest universities. Approximately half the participants were nursing and half medical faculty. Data were analyzed thematically, and the perceived realities of the two faculty groups explored and compared for common themes.

Two major thematic categories, student-centered, and environment and cultures, were used to organize 6 emergent themes: curricular methods/pedagogy, clinical environments, student roles/role understanding, educational program structures/cultures, faculty engagement/competency and development, and curricular change considerations. Findings related to the six major themes are reported elsewhere (Loversidge & Demb, 2014). During the data analysis, the researchers noticed strong references to innovation and change threaded throughout the participant's descriptions of their lived experiences and felt this warranted a secondary analysis of the data. Innovation and change theories guided the secondary analysis. Two rounds of data coding, reduction, and analysis were conducted using NVivo10.

Findings revealed faculty perspectives related to IPE innovation and change. Participants discussed processes they engaged in or observed that advanced or hindered IPE and focused on aspects of academic medical center structures, the presence of committed leadership, curricular restructuring, curricular funding, inter-college and departmental relationships and partnerships, and authentic/comprehensive faculty engagement. Changes in education and practice partnerships

emphasizing the cultivation of positive collaborative environments were considered essential. Not only does IPE require innovative pedagogy and faculty proficiency, but supportive academic structures and clinical environments are also necessary. Achieving real change toward embedding IPE in curricula was described as an achievable but formidable task: an effort requiring both innovation and organizational change. These findings reveal implications for nursing and medical educators, which include addressing the structure of relationships between colleges and departments in academic medical centers, developing processes essential for realizing fundamental curriculum change, and managing forces for improving faculty engagement in IPE.

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## SCI PST 2 - Scientific Poster Session 2

### ECG Memento®, an Innovative Approach to Adult Bereavement Care: A Pilot Study

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Amanda Brubaker, BSN, RN, CCRN, USA

#### Purpose

The purpose of this presentation is to examine the impact of the electrocardiogram, ECG Memento®, (laminated 3" ECG tracing) as a transitional object for families moving to bereaved status; and, evaluate nursing practice and satisfaction about bereavement care using the ECG Memento®.

#### Target Audience

The target audience for this presentation are clinical nurses, educators and students.

#### Abstract

**Background:** Twenty percent of Americans take their last breath in the ICU. About 14% of people 85 and older die in the ICU. In no other country do so many people die in intensive care. Prior to the twentieth century, people used to die at home. The patient and family members prepared for death, said good-bye, completed end of life (EOL) closure tasks and created memories. The significance of objects in relation to death and grief has poignant accounts in the literature, particularly among the pediatric literature. The concept of Attachment Theory, Continuing Bonds and Object Linking has been used for bereavement support, to aid the mourning process. Families of deceased infants, children and teenagers are offered mementos, such as locks of hair, foot prints, etc. Yet, according to the IOM (2001), there is a paucity of data available to validate the benefits of these interventions among adults. This research evaluated the impact of using the ECG rhythm strip as a Memento, to provide the grieving or bereaved family members a transitional object, to displace the experience of grief.

**Purpose:** This study examined the effectiveness of the ECG Memento®, as a transitional object for families who have experienced the loss of a loved one in the ICU/ICCU, as they transitioned from anticipatory to bereaved status. We also examined the role of the staff nurse and their experience/satisfaction facilitating the use of the ECG Memento®, as a mediating object to facilitate and meet the emotional and psychological needs of the families.

**Methods:** A prospective, posttest, survey design was used to observe and describe the effect of the ECG Memento®, on the anticipated bereavement process among families who have lost a loved one in the intensive care units (ICUs) or intermediate cardiac care unit (ICCU).

**Sample:** A convenience sample of 50 patients/families (dyad); actively dying, with a "Do Not Resuscitate (DNR)" Comfort Care, Hospice order; or who are recently deceased, will be study eligible. Families provided consent and agreed to participate in post-discharge bereavement survey. We also recruited 50 nurses who have provided care to enrolled patients/families during the EOL process and death, to take the Quality of Dying and Death Questionnaire for Nurses (QODD).

**Instruments:** Families completed the Satisfaction and Bereavement Experiences Questionnaire (SBEQ), to examine their perceptions of the EOL experience and utility of the ECG Memento®, 5-6 weeks after the patient death. Whereas, the nurses completed the QODD, to examine their experience of EOL care and the death experience within 2-3 weeks post-care of a study patients. Ratings were based on how nurses thought these experiences affect the quality of the patient's dying and death. We also examined the severity of illness, and predicted mortality of patients at admission, using the Charlson Comorbidity Index (CCI) score.

**Results:** Preliminary: 12/50 patients-66% male; mean age 73; mean-ICU stay 7.3 days; 58% > 3 days. Family member-91.7% female; age <50 years (33%); 50-70> (66%); SBEQ: Completed-(41%) spouse; (58%) children; Scores (1=very satisfied, 4=very dissatisfied); Hospital Experiences 1.6 (1.01) SD; Personal Responses 1.8 (0.9SD); Ritual Experiences 1.4 (0.8SD), Post Hospital Experiences 2.1 (1.2SD). Families found ECG Memento<sup>®</sup> (16.7%) extremely helpful; (50%) viewed ECG daily; (50%) found very helpful/viewed 2-3 days/week: (25%) rarely viewed it. 22 nurses completed QODD; 11.8 years ICU experience; >57.5% Baccalaureate; Nurses rated patient dying experience- 14% pain controlled; 19% breathing comfortably; 50% dignity/self-respect; 68% time with loved ones; 87.5% spiritual support. RN QODD (0-10 scale); mean 8.6 (1.8SD).

**Conclusion:** Impact of this novel, pilot study, shows the 'ECG Memento<sup>®</sup>' provides a tangible link to aid families with grieving, yet, larger studies are needed. 100% nurses described ECG Memento<sup>®</sup> as well received, but, only 40% felt patient symptoms controlled.

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## SCI PST 2 - Scientific Poster Session 2

### South African Health Care Provider Perceptions of Barriers to Effective Neonatal Resuscitations in Delivery Settings

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#### Purpose

The purpose of this presentation is to explore perceptions of barriers to neonatal resuscitation from the standpoints of South African health care providers. A constructivist grounded theory approach guides the qualitative interviews of three health care providers who are responsible for neonatal resuscitation in a delivery setting.

#### Target Audience

The target audience of this presentation is the researcher who has an interest in exploring neonatal resuscitation in South Africa, a region in which improvements in neonatal mortality rates have shown less improvement than some other similarly resourced areas.

#### Abstract

The purpose of this qualitative study is to explore the facilitators and barriers to effective neonatal resuscitation for neonatal care providers in South Africa from their South African contexts, to identify potential areas for improvement in the study setting, an area in which improvement has occurred in the past decade, but has not met expectations, despite interventions.

The rationale underlying this inquiry is the need to develop an understanding of factors that affect neonatal resuscitation from the standpoints of healthcare providers from their specific cultural contexts for the discovery of significant issues at multiple levels of care delivery that may remain undiscovered in strictly quantitative research. Additionally, this preliminary exercise can provide useful information regarding constructivist grounded theory (CGT) as an appropriate means of qualitative inquiry in this cultural context.

#### **Specific Aims:**

**Aim 1:** Using semi-structured in-depth qualitative interviews with three health care providers at the University of Johannesburg, South Africa, identify facilitators and barriers to effective neonatal resuscitation upon delivery, and categorize themes that may be consistent with those in a different setting.

**Aim 2:** Using a constructivist grounded theory approach, perform initial, focused open coding with constant comparative analysis, and then theoretical coding of data employing categorizing and memo writing to identify intermediate categories from coded data and final theoretical concepts.

**Aim 3:** Generate theory from the perspectives of participants from their South African contexts regarding neonatal resuscitation and to collect preliminary data to determine the utility of constructivist grounded theory as a means to explore more extensive observational comparisons, and testable hypotheses for future research.

**Expected Results:** The results will reveal useful information identifying multiple level factors affecting neonatal resuscitation that will guide future hypotheses and interventions with the aim of improving neonatal outcomes.

**Conclusion/Implications:** Findings from this study will address a critical element of the neonatal resuscitation process, the multiple level factors affecting neonatal resuscitation as experienced by neonatal resuscitation providers from their situational and cultural contexts, while addressing the Millennium Development Goal 4 which calls for a two-thirds reduction in under five mortality by the year 2015 (2).

**BACKGROUND AND SIGNIFICANCE:** Global estimates of neonatal deaths range from 2.9 million deaths to 3.6 million deaths per year, with the majority occurring due to lack of appropriate resuscitation upon birth (1). Worldwide, there is a call by the WHO for a two-thirds reduction in childhood mortality rates by 2015. In 2013, 6.3 million children under the age of five died, with the highest risk of death for a child being in the first 28 days of life (2). Preterm birth, intra partum related complications such as asphyxia or apnea (20%), and infections constitute the major causes of death in the neonatal period (2). Some of the highest neonatal mortality rates are in sub-Saharan Africa, where neonatal mortality rates have improved in the past 15 years, though less in the countries with the highest NMR (3). Although the United States possesses some of the highest level of resources in neonatal resuscitation (NR), such technological advances have not translated to better outcomes than other high resource countries. NMR in the United States are high when compared to other developed countries, with the US ranking 26<sup>th</sup> with NMR more than twice as high as such rates in Finland, Japan, Portugal, and Sweden (4). Interprofessional collaboration in neonatal resuscitation is necessary in various settings, both high resource settings and lower resource settings for the best outcomes. However, various multiple factors at the individual, interpersonal, environmental, policy, and societal levels can impede or facilitate effective resuscitation in delivery settings. Cost effective interventions such as resuscitation education can significantly reduce neonatal mortality rates, however, some barriers to intervention implementation may exist (3). This qualitative study employing constructivist grounded theory will use qualitative interviews to categorize themes that emerge from interview data to identify the facilitators and barriers to effective NR as described by the participants. The information from this qualitative study will provide the foundation for interventions addressing multiple level factors that impede effective resuscitation efforts that may significantly improve neonatal outcomes. Additionally, information from this study may provide insight to barriers to effective NR that may be common in low, moderate, and high resource settings.

**Neonatal Resuscitation and Simulation-Based Training:** While most neonates require only tactile stimulation, drying, and clearing of the airway, 10% of neonates will require some assistance with breathing at birth, with approximately 1% requiring extensive resuscitation (5). Timely intervention within the first moments of life can reduce the likelihood of birth asphyxia, which contributes to a 27-30% of neonatal deaths in resource-limited countries (6). In resource limited countries, several factors contribute to the lack of improvement of neonatal outcomes over the past 15 years, such as other higher national health priorities, localized training efforts, lack of training for midwives, lack of essential equipment, and failure to initiate resuscitation steps in a timely manner (6). Simulation-based learning programs such as the WHO Essential Newborn Care course, and the Helping Babies Breathe Course, may reduce early neonatal mortality and improve neonatal outcomes worldwide (6, 7) but are still being evaluated without positive outcomes (8). One study by Ersdal et al. (1) in Tanzania revealed that sporadic simulation based training may not lead into improvements in clinical practices and outcomes. In the United States, the American Academy of Pediatric Neonatal Resuscitation Program (NRP) provides providers with comprehensive information and skills for neonatal resuscitation to providers. However, studies show that NRP training does not necessarily translate to excellent performance in neonatal resuscitation (9). Simulation based training is potentially an excellent means to promote collaboration across the disciplines, and low cost simulators such as NeoNatalie (approx. \$50) provides an opportunity for practicing and evaluating core neonatal resuscitation competencies (10). However, simulation based learning is a teaching strategy that is in its infancy and needs to be adapted to settings with differing resources internationally. Moreover, researchers are still developing methods to evaluate the effectiveness and transferability of simulation based learning in neonatal resuscitation to clinical areas. Acknowledgement of the existing barriers and facilitators to effective neonatal resuscitation is a first step to developing sustainable interventions that take into the multiple level systemic issues as experienced by clinicians.

Many barriers exist to effective neonatal resuscitation efforts, regardless of the setting. Barriers at the individual, interpersonal, environmental, community, societal, and policy levels can impede effective neonatal resuscitative efforts in low, moderate, and high resource settings, negatively impacting clinical outcomes. Examination of facilitators and barriers to effective neonatal resuscitation as experienced by care providers at multiple levels is essential to develop sustainable training programs that are more likely to make a positive impact on patient outcomes. This preliminary study takes an exploratory approach to examining the multi-level factors affecting effective neonatal resuscitation in this setting to provide useful



information to guide the formation of a sustainable intervention program. It is unclear how the variations of birth attendants (11) appropriate technology (12), and less success with simulated interventions (1) documented in sub-Saharan countries affect this South African site, which is not low resource. Additionally, this preliminary description will provide the basis for comparing and contrasting themes to determine their relationship to those in different settings.

An integrative review providing information about measurement instruments for assessing effective teamwork and collaboration in neonatal resuscitation in delivery room resuscitations in high resource settings found that few studies with well-documented psychometrics assess interprofessional collaboration and teamwork in neonatal teams with diverse skills. Moreover, many of the existing studies have been done within the discipline of medicine, although most delivery room NRs occur in interprofessional teams, often without a physician team member. Even fewer of the studies reviewed considered the multiple level factors affecting effective resuscitative efforts in the delivery room, raising the following questions for further exploration about neonatal resuscitation:

- What are the perceptions of facilitators and barriers to neonatal resuscitation in delivery room settings as identified by the health care professionals responsible for NR?
- What multiple level supports can improve NR in delivery room settings as identified by health care professionals who provide neonatal resuscitation?
- What (if any) are the similarities in facilitators and barriers to NR in the delivery room in low, moderate, and higher resource settings?

Answering these key questions is paramount for the development of sustainable interventions (and appropriate measures to assess their effectiveness) that can be applicable in various resource settings for improvement of neonatal outcomes. Since neonatal resuscitation guidelines and recommendations are internationally standardized, assessment of facilitators and barriers to effective implementation of these standards is necessary in different settings for significant improvements of neonatal outcomes to occur, particularly in areas that have shown less improvement in neonatal outcomes in the last decade.

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## SCI PST 2 - Scientific Poster Session 2

### Family Decision about the Treatment Options at the Sudden Change for a Patient with Serious Stroke Condition

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*Misae Ito, PhD, RN, RMW, MSN, PhD, Japan*

#### Purpose

When a patient has serious stroke, family will make a decision whether cardiopulmonary resuscitation is performed or not on admission. The purpose of this presentation is to clarify how the family made a decision about the treatment options at the sudden change for a patient with serious stroke condition.

#### Target Audience

The target audience of this presentation are the clinical nurses who are interested in ethical dilemma in critical care, or cultural aspects of patients.

#### Abstract

**OBJECTIVE:** When a patient has serious stroke, family will make a decision whether cardiopulmonary resuscitation is performed or not on admission. It is expected the family is unable to make a decision. The purpose of this study was to clarify how the family made a decision about the treatment options at the sudden change for a patient with serious stroke condition.

**METHODS:** The families of a patient in this study were recruited with an introduction from the physician in charge of the patient who had stable conditions with serious stroke, were independent before admissions, and explained the treatment options including Do Not Attempt Resuscitation at the sudden change on admission. The participants were agreed with the study participation orally and in writing, and asked by interviewing the structured and semi-structured items made by the investigators originally after approving the ethical committees from Kawasaki University of Medical Welfare and the hospital where the investigators recruited the participants. The interviews were recorded by IC recorder with their agreements. Data were analyzed verbatim by the content analysis.

**RESULTS:** One-third patients told the families about a life prolonging remedy in advance orally, and one-third families desired all life prolonging remedies not complying with the instructions of the doctors. Thoughts of the families making decisions on the treatment options at the sudden change for the patients were categorized into the following five categories: 'difficulty in understanding the life-prolonging treatment once'; 'to think whether to do life-prolonging treatment by the patient condition'; 'I cannot but entrust a doctor'; 'To have no doubts how to make decision'; and 'To recall the patient's wishes.'

**CONCLUSIONS:** It's necessary for nurses to understand how the family understand and feel the patient's situations, and how they have the patient's wishes when they are required the decision-making of the treatment options at the patient's sudden change. Nurses also have to collaborate with a physician in an interprofessional team.

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## SCI PST 2 - Scientific Poster Session 2

### Head Impact Biomechanics in Pediatric Patient Falls

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#### Purpose

to examine the biomechanical aspects of pediatric patient falls in which head to floor contact is made. Analyses include contact velocity, acceleration, contact force, and head injury potential. These findings are compared to hospital Quality Improvement departments' ratings of level of harm.

#### Target Audience

Hospital administration Hospital staff Researchers

#### Abstract

**Problem.** Hospitalized patient falls, defined as any unplanned descent to the floor [or onto an object] with or without injury, are medical errors that have captured the attention of health care quality, regulatory, and third party payers. Despite hospital-wide fall prevention programs, patients continue to fall with some regularity from their beds, cribs, chairs, toilets, and examination tables. Quality Improvement staff use the national MERP index to assign the level of medical error and corresponding patient harm to each fall event. Two levels of error include: 1) the capacity to cause error; and, 2) an error occurred. Harm is defined as "impairment of the physical, emotional, or psychological function or structure of the body and/or pain resulting therefrom", ranging from 1 (capacity to cause error, no harm) to 9 (error that contributed to or caused patient death). Falls that involve head to floor contact are of greatest concern because of the potential for concussion. Unless there is loss of consciousness or skull fracture, the majority of hospitalized children are not examined or followed after discharge for signs of traumatic brain injury after a fall in the hospital. A measure of harm more sensitive than MERP scores is the head injury criterion (HIC), a function of head acceleration rate and the duration of acceleration, is an estimate of the potential for concussion or traumatic brain injury from an impact.

**Purpose.** The primary aim of this study was to evaluate the head injury potential of pediatric patients who fell and made head to floor contact. The secondary aim was to compare hospital-assigned levels of harm to each fall event with calculated head injury potentials.

**Methods.** We used forensic accident reconstruction methodologies and Newton's laws of motion (inertia, acceleration, action-reaction) to calculate the magnitude of forces applied to a child's body from a fall, and to estimate the HIC15 potential for concussion. According to the Federal Motor Vehicle Safety Standards and Regulations, HIC15 threshold levels are: age 5 years to adults 700; ages >2 to 5 years 570; ages 1 to 2 years 390; and <1 year 225. Biomechanical analysis of pediatric patient falls was conducted for 49 hospitalized patients, ages 11 months to 17 years, who fell from a crib, bed, chair, table, or couch, and made head to floor contact. Data for analysis were obtained from event reports and medical records.

**Results.** The children fell onto commercial-grade vinyl-covered concrete floors from a height of 72 cm (couch, chair, bed) to 149 cm (crib) in 0.31 to 0.63 seconds, an average of only one half (0.52) of a second. The force with which the children's heads contacted the floor ranged from 2 to 6.9 times their body mass in kg. The children's HIC15 potentials ranged from 26.4 to 1302.1. Seven children (14.3%) had head injury potential scores greater than their threshold for age. The median hospital harm index score for these pediatric fall events was 4="no harm based on monitoring or intervention" assigned to 36 children; 10 were rated 3="no harm," 2 were rated 5="temporary harm." The only child that received follow-up care for real or potential head injuries had a skull fracture and was assigned a score of 8="intervention necessary to save life." A Spearman correlation between HIC15 potentials and error/harm scores ( $r = -0.251$ ,  $p = 0.041$ ) showed a significant negative relationship to HIC15 levels. Of the 7 children with HIC15 greater than threshold, one was assigned a MERP score of 5 (temporary harm),

and the others received a score of 4 (no harm based on monitoring or intervention). None of these children received follow-up care for real or potential head injuries after discharge.

**Conclusions:** Parents or providers have less than one second to stop a child from falling from their beds, cribs, tables, chairs or couches. Hospital-assigned levels of harm do not adequately reflect the potential for head injury calculated from biomechanical principles. The children with head injury potential scores greater than their threshold for age should have received parent instructions about signs and symptoms of concussion and follow-up care. When fall prevention interventions are unsuccessful, hospitals must develop interventions to prevent or minimize fall-related injuries. Two components of HIC15 calculations are height of the fall and the surface coefficient of restitution, or “stiffness,” which reflects the amount of energy absorbed by the floor-person system. Height-adjustable hospital cribs would be a good investment to protect our most vulnerable infants and toddlers. Research shows that floor mats significantly attenuate head injury potential by absorbing some of the force of the fall. The authors are developing an algorithm for use in clinical settings to estimate head injury potential for early identification of concussion from pediatric patient falls.

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## SCI PST 2 - Scientific Poster Session 2

### Investigation of Cultural, Social, and Religious Aspects of Saudi Arabia and Neighboring States and Implications for Best Practice in Health Education and Promotion

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#### Purpose

The purpose of this presentation is a systematic and evidence supported analysis of health related practices and recommendations for best practice in Saudi Arabia and neighboring Gulf States conducted by a health care professional who is intimately acquainted with the area.

#### Target Audience

The target audience of this presentation includes those health professionals who are concerned in examining a model for systematic inquiry into health related practices and beliefs, and those health care professionals who anticipate practicing in that region or with persons from that culture.

#### Abstract

Gulf culture has been examined in a variety of mediums but a thorough survey of its structure for use by health care practitioners and nurses in particular has not been made. Since the majority of health care in that location is provided by non-Saudis, this work should be a major assistance to health care professionals in that locale. It should further be of assistance as a guide for inquiry to professionals who are working in cultures which they are seeking to understand.

By examining the cultural, social, and religious features of the target population some perspective has been gained into the variety of lives of its people. There are common threads which run through the fabric of the Gulf which gives a starting point for considering the health care needs of the people living there. It can also assist those who practice there to understand these needs.

The central themes which emerged from critical care nurses caring for Saudi clients were family and kinship, cultural and religious influences, and the nurse-patient relationship (Halligan, 2006). When clients ranked aspects of care assurance, information, cultural, and spiritual needs were the dominant needs. Nurse support and proximity were least important to them. After viewing the patterns of the culture, the healthcare professional will understand the lack of priority attached to support and proximity since it is a common practice for clients to have a family companion to meet these needs.

Within the theme of cultural and spiritual needs family members of clients in intensive care units mentioned looking for information, maintaining reassurance, spiritual healing, maintaining close proximity, and most importantly respect and care of the body of an expired family member. However, care of the body was ranked in fifth priority by health providers (Al-Mutair, Plummer, Clerehan, & O'Brien, 2013).

Specific values are contained in the ANA Code of Ethics (ANA, op cit.) which have resulted in the concept of cultural competency. The inherent dignity of the individual, autonomy and the right to self-determination are important concepts when caring for any clientele. Taken from social work values, confidentiality, self-awareness, client individualization, and non-judgmental attitude are part of the values which nurses who wish to be effective in caring must work toward (Galanti, 1991).

Evidence-based research needs to be coupled with values and ethics to form a powerful formula which can be used in any culture to provide culturally competent caring and best practice. When these elements are combined with specific language and lifeways training during pre-service and ongoing orientation a comprehensive orientation for caring for culturally diverse clients emerges.

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## SCI PST 2 - Scientific Poster Session 2

### The Impact of End-of-Life Care Training on Medical-Surgical Nurses

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#### Purpose

The purpose of this presentation is to bring to light the necessity of end-of-life care training for medical-surgical nurses in order to improve the quality of care for the growing number of older and chronically diseased patients that will die while hospitalized in these types of units.

#### Target Audience

The target audience of this presentation is practicing medical-surgical nurses, nurse educators in acute care, administrative/managerial support persons for bedside medical-surgical nurses, and pre-licensure nurse educators.

#### Abstract

According to the Centers for Disease Control (CDC), the number of Americans age 65 years and older will double in the next 25 years. This translates to approximately 20% of the United States population being age 65 years or older by the year 2030. The CDC also reports that the predominant cause of death for older Americans has shifted from infectious disease to chronic disease. Currently, two out of three older Americans have multiple chronic diseases. These patients are often in and out of hospitals for intermittent treatments. However, even if the issues are acute in nature, they are occurring in the presence of multiple advancing diseases that together could result in a fatal event.

The National Center for Health Statistics reported that in 2010 one-third of the 2.5 million recorded deaths occurred in hospitals. Of those deaths, 75% were people age 65 and older. The Bureau of Labor Statistics reported in 2013 that of the 2.6 million registered nurses in the United States, 1.5 million were employed in hospitals. Of these professionals, the majority work in acute care areas often referred to as medical-surgical units. Therefore, it is easy to see that most registered nurses will likely experience the death of a patient while on duty during their career.

When one obtains a license to practice as a registered nurse, it is implied that you are trained to care for ill persons throughout the lifespan, which includes death. Currently, in the State of California, there is no specific requirement for nursing schools to teach end-of-life (EOL).

The aim of this study was to investigate the impact of EOL care training and other environmental variables on the lived experience of medical-surgical nurses caring for dying patients. The majority of research with regard to EOL has concentrated on the areas of intensive care and oncology. This research intended to bring to light the necessity of EOL care training for medical-surgical nurses in order to improve the quality of care for the growing number of older and chronically diseased patients that will die while hospitalized in these types of units.

A qualitative, phenomenological study was conducted utilizing a purposive sampling of registered nurses who have cared for a dying patient while working in a medical-surgical unit of a hospital, excluding oncology, in the United States. A total of 31 nurses completed a one-time survey of up to 20 closed and open-ended questions via an internet-based third party data collection service. The first incident of caring for a dying patient was reported to be between pre-licensure and two years of practice by 87%. The vast majority also reported having experienced losing a patient to death while on duty in a medical-surgical unit. Only 55% stated they had some sort of basic training in EOL in pre-licensure school or from an employer. All participants who had training indicated that it was valued and made some difference in their provision of care. More consistent and required EOL training needs to take place both pre-licensure and in continuing education. A vast majority of all participants (91%) desired future EOL care training primarily in the area of communication with the family. Time management and support, both emotional and institutional, were additional issues of concern for nurses caring for the dying.

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## SCI PST 2 - Scientific Poster Session 2

### Meta-Analyses of Epigenetic Factors in the Prevention of Congenital Heart Defects: MTHFR C677T Human Gene Variations across Generations from Parents to Children

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#### Purpose

The purpose of this study is to disseminate current evidence on MTHFR gene mutations in children and their parents and related epigenetic factors in the prevention of the children's CHD, through meta-analyses.

#### Target Audience

The target audiences include nursing and inter-professional colleagues who are interested in learning about population genome health and epigenetics risk factors for the prevention of CHD.

#### Abstract

The purpose of this study is to disseminate current evidence on Methylene tetrahydrofolate reductase (MTHFR) gene mutations in children and their parents, and related epigenetic factors in the prevention of the children's congenital heart defects (CHD), through meta-analyses.

MTHFR gene plays an important role in the methylation pathway for health and wellbeing across generations in the development of CHD. The association between the polymorphisms of MTHFR and CHD is contentious, thus we conducted meta-analyses on MTHFR gene mutations and related epigenetic factors across generations in the development of CHD. Quality scores for the studies, and inter-rater evaluation on data coding was completed to ensure data accuracy for pooled meta-analyses.

Preliminary results included 4039 cases and 6849 controls from 31 studies for children, 817 cases and 836 controls from 16 studies for mothers, as well as 246 cases and 300 controls from 6 studies for fathers, of children with CHD. Based on children's and their parents' genotypes, MTHFR 677 TT homozygous mutation type was associated with increased risk ( $p < 0.05$ ), whereas 677 CC wild genotype was protective for children from CHD ( $p < 0.05$ ). Maternal folate supplementation during preconception and gestation was associated with a decreased risk of CHD ( $RR = 0.60$ ,  $p < 0.01$ , 5 studies, 761 cases and 1428 controls). On the other hand, no supplementation of folate during preconception and gestation for mothers was associated with an increased risk of CHD ( $RR=1.26$ ,  $p < 0.05$ ). Maternal smoking was potentially associated with the development of CHD (3 studies, 799 cases and 1113 controls,  $RR = 1.156$ ,  $p = 0.053$ ).

Future studies are needed to examine epigenetic factors associated with MTHFR gene variations in the prevention of CHD across generations.

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## SCI PST 2 - Scientific Poster Session 2

### The Relationship between Nursing Specialty Certification and Surgical Site Infection Rates in Acute Care Hospitals

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*Diane K. Boyle, PhD, MSN, BSN, RN, FAAN, USA*

*Emily Cramer, PhD, USA*

#### Purpose

disseminate preliminary findings for the study “The Relationship between Nursing Specialty Certification and Surgical Site Infection Rates in Acute Care Hospitals”.

#### Target Audience

Clinicians, nurse leaders, and researchers interested in the relationship between nursing workforce characteristics and patient outcomes.

#### Abstract

There is limited research examining whether nursing specialty certification improves patient outcomes. Researchers have not studied the relationship between specialty certified nurses and one of the most common complications of surgical care, surgical site infections (SSI). Urban [1] estimated that costs per SSI vary from \$400 for superficial SSI to \$30,000 per SSI of serious organ or space infections. Other costs are more difficult to translate into financial terms, such as pain, distress, functional impairment, and mortality.

Our study purpose is to examine the relationship between nursing specialty certification rates and SSI rates in US acute care hospitals using merged data from the National Database of Nursing Quality Indicators® (NDNQI®) and the National Healthcare Safety Network (NHSN). Our study rationale is that identification of specialty certification as a factor that reduces SSI would be supportive of promoting specialty certification among nurses caring for surgical patients globally, which is consistent with the language and intent of the Institute of Medicine ‘Future of Nursing’ [2] report. Specific aims are:

1. Examine the relationship between the percent of perioperative area nurses holding specialty certification (CAPA, CPAN, CNOR/CRNFA) and hospital surgical site infection rates.
2. Examine the relationship between the percent of surgical intensive care unit, surgical unit, and medical-surgical combined unit nurses holding specialty certification (any national specialty certification) and hospital surgical site infection rates.
3. Examine the relationship between the number of wound and ostomy certified nurses and hospital surgical site infection rates.
4. Explore whether the perceived autonomy of specialty certified nurses moderates the relationship between specialty certification rates and hospital surgical site infection rates.
5. Explore whether the processes of decision making and nurse – physician relations mediates the relationship between specialty certification rates and hospital surgical site infection rates.

Our study methodology is a retrospective, secondary analysis of merged data from NDNQI and NHSN. All NDNQI hospitals in the US that submitted quarterly administrative staffing data and annual RN survey data for the year 2014 are being invited to participate in the study by downloading their NHSN SSI csv files to NDNQI.

Variable selection for our study is informed by Donabedian’s framework in which the structure and processes of care influence the outcomes of care [3,4]. Structure refers to setting attributes in which patient care takes place. Process is how things work in a hospital or unit and what is done for/to patients. Patient outcomes are results of care and include adverse outcome measures. Our main study structure variables are specialty certification rates (number of wound and ostomy certified nurses at the hospital level; percent of specialty certified nurses in perioperative areas; percent of specialty certified nurses in surgical intensive care units; percent of specialty certified nurses in surgical units; and percent of

specialty certified nurses in medical-surgical combined units) and nurse autonomy. Our study process variables process variables are decision making and nurse – physician relations. Our study outcome variable is SSI. We also will control for a range of hospital structure characteristics [e.g., Magnet status, bed size, ownership, teaching status, case mix index, mean American Society of Anesthesiologists (ASA) score] and unit-type structure characteristics (e.g., staffing, skill mix, education, experience).

Analysis includes generalized linear regression models at the hospital level. We will fit each model using a Poisson-based count of SSIs and the log of total number of operations performed as the exposure, and include specialty certification predictors and all control variables. Poisson-based models account for the zero-truncated, and often skewed SSI data.

Preliminary findings will be presented in the poster.

At the completion of our study, it is our expectation that we will have beginning evidence about whether increasing nursing specialty certification rates in acute care hospitals should be a part of SSI prevention strategies globally. The study is expected to have a potentially important impact for both of promoting specialty certification among nurses caring for surgical patients and decreasing costly surgical site infections among patients in acute care settings.

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## SCI PST 2 - Scientific Poster Session 2

### 'Sex Will Make Your Fingers Grow Thin and Then You Die': The Interplay of Culture, Myths, and Taboos on African Immigrant Mothers' Perception of Reproductive Health Education with Their Daughters Aged 10–14 Years

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*Kafuli Agbemenu, PhD, MPH, MSN, RN, USA*

#### Purpose

The purpose of this presentation is to examine the convergence of culture, myth, and taboo about reproductive health issues to which African immigrant women, who currently reside in the United States, were exposed while growing up in their countries of origin.

#### Target Audience

The target audience of this presentation is nurses and other healthcare professionals who work with the African immigrant population.

#### Abstract

**Background:** The purpose of this presentation is to examine the convergence of culture, myth, and taboo about reproductive health issues to which African immigrant women, who currently reside in the United States, were exposed while growing up in their countries of origin. We also sought to understand if their perceptions influenced the reproductive health education (RHE) they provide to their daughters aged 10–14 years.

**Methods:** Twenty African immigrant mothers in the United States were interviewed about the myths and taboos on pregnancy and sexually transmitted infections they heard growing up in their various African countries of origin. Qualitative content analysis was used to collect and examine data.

**Results:** Mothers reported myths and taboos that related to menstruation, sexual intercourse, pregnancy, and HIV/AIDS.

**Discussion:** Although several myths and taboos were reported, they did not appear to influence the RHE that mothers provided their daughters. Differences in U.S. culture vis-a-vis their countries of origin compelled most mothers to provide more education than they would have in Africa.

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## SCI PST 2 - Scientific Poster Session 2

### Maternal Coordination of Care for Low-Income Latino Children at Risk for Developmental Delay

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*Eileen K. Fry-Bowers, PhD, JD, RN, CPNP, USA*

#### Purpose

To present the findings of a qualitative study that seeks to understand the perceptions of and expectations for care coordination among low-income Latina mothers of young children who have or are at risk for developmental disability, which has not been previously explored.

#### Target Audience

all nurses providing care to young children and their families, especially those with low socioeconomic status or who are members of ethnic or racial minority groups.

#### Abstract

**Purpose:** This qualitative study seeks to understand the perceptions of and expectations for care coordination among low-income Latina mothers of young children who have or are at risk for developmental disability, which has not been previously explored.

**Background:** Approximately one in five children in the United States is a child with special health care needs, and nearly one in four households with children includes at least one such child. Children with special health care needs (CSHCN) are those who have or are at risk for chronic physical, developmental, behavioral or emotional conditions that require higher than normal health and related services. Developmental disabilities include impairments in physical, learning, language, or behavior areas, diagnosed before age eighteen and generally meet the definition of “special health care needs.”

Children with developmental disabilities who are identified early and begin receiving appropriate and coordinated intervention services demonstrate gains and advantages not shown by their peers who do not participate in these programs. For many children with developmental disabilities however, the array of primary, specialty and other support services needed are poorly coordinated. In addition, families have difficulty navigating the funding and eligibility processes for these programs. Significantly, many parents, especially those parents of low-income children or children of color, report unmet care coordination needs for their children. In fact, for Latino families, care coordination is impeded by lack of access to primary care, low economic status, language and cultural barriers, distrust of and decreased levels of comfort with providers, and low levels of health literacy.

U.S. health reform efforts emphasize care coordination as a key strategy for improving the quality and cost effectiveness of health care. Moreover, these services have the potential to increase patient/parent satisfaction with and engagement in care, support the continuity of care, and improve health outcomes, especially in vulnerable populations. Care coordination is particularly important for children with special or chronic health care needs because, by their very nature, these conditions require on-going attention and management of medical, psychological, social, and economic factors, and the effectiveness of this care can be measured by the experiences of families that receive these services.

High quality care coordination has the potential to reduce health disparities among Latino children with developmental disabilities, yet many Latino parents of CSHCNs, many of whom are low income, report poor coordination of care and services, which leads to significant family dissatisfaction and delays in service resulting in less than optimal health outcomes. Little evidence elucidates the Latino parent experience with the processes of care coordination, and what they expect from care coordination. Additional qualitative inquiry is needed to inform our understanding of Latino parent beliefs regarding care coordination in order to better meet needs and expectations and improve parent engagement and overall child health outcomes.

**Design/Methods:** This investigation uses grounded theory methods to explicate the process of and context of maternal perceptions and expectations of the purpose and practice of care coordination within the context of her child's developmental disability. Low-income Latina mothers of young children, aged 0 to 3 years who have been identified as being at risk for or have a developmental delay, will be recruited from the High Risk Infant Center at a regional Children's Hospital. Data will be obtained using individual interviews guided by a semi-structured interview guide. Investigators will also administer a brief descriptive demographic survey. Prior to use, the interview guide and socio-demographic survey will be reviewed with a focus group of Latina mothers who meet study inclusion criteria to ensure culturally sensitive questions and interview techniques. Investigators will obtain informed consent, collect demographic data, and conduct a private, individual digitally recorded interview of each participant. Data will be analyzed using constant comparative analysis. When complete, data, categories, interpretations and conclusions will be confirmed with a randomly selected subset of participants to ensure truthful representation of participants' experiences.

**Implications:** By exploring maternal understanding of the purpose and practice of care coordination for young children at risk for developmental disabilities, processes associated with maternal caregivers' information-seeking behaviors, use of care coordinators, participation in treatment decision-making, and health system navigation will be explicated. As a result, a richer, more accurate understanding of Latina mothers' perceptions of care coordination will lead to more exacting research, and subsequent design of more effective nursing practice and care coordination strategies for use with this population to improve engagement and satisfaction with care, and child health outcomes, particularly for vulnerable CSHCN.

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## SCI PST 2 - Scientific Poster Session 2

### An Evaluation of Knowledge, Skills, and Attitudes toward Evidence-Based Practice in On-Line Graduate Nursing Students

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#### Purpose

The purpose of this presentation is to report the evaluation of knowledge, skills/practice, and attitudes toward evidence-based practice among graduate on-line nursing students before and after they enrolled in the evidence-based practice course at a private University in Midwestern, US.

#### Target Audience

The target audience of this presentation is nurse educators, faculty, and/or students.

#### Abstract

**Background:** Evidence-based practice (EBP) is an essential element in driving health care delivery and practice. The need to create a culture that values the practice of evidence-based nursing education through the design and evaluation of the education strategies is imperative. In spite of positive outcomes associated with EBP, many healthcare providers do not implement or adopt EBP. Little is known about the on-line graduate nursing students' EBP knowledge, attitudes, and skills/practice related to EBP and research.

**Purpose:** This study aimed to assess changes in EBP knowledge, attitudes, skills/practice among graduate on-line nursing students before and after they enroll in the evidence-based practice course at a private University in Midwestern, US.

**Methods:** A descriptive study with pre and post-test evaluation of students' knowledge, skills/practice, and attitudes toward EBP was conducted. The study sample included 63 on-line graduate students enrolled in the EBP and Research Methods course. Main study outcomes were measured using the Evidence-Based Practice Questionnaires (EBPQ) administering before and after completion of the EBP and Research Methods course. The EBPQ has been validated with acceptable reliability and validity. Descriptive statistics and sample t test were used to assess the mean differences between pre-and post-test scores.

**Results:** Students' overall EBPQ scores were significantly improved following completion of the EBP and Research Methods course  $t(63) = -9.034$ ;  $p < .001$ . Statistically significant differences were found for skills/practice mean scores  $t(63) = -12.78$ ;  $p = .001$ , however, no significant differences were found on knowledge and attitude mean scores. Most reported barriers to EBP included lack of understanding of statistics, interpretation of findings, lack of time, and library resources.

**Summary:** This is one of a few studies that evaluated on-line graduate nursing students' knowledge, attitudes, and skills/practice related to EBP. The findings suggest a systematic plan for implementing future EBP and Research Methods courses and interventions that address barriers to EBP among on-line graduate nursing students. Future research is needed to identify graduate nurses' knowledge and adoption of EBP upon graduation.

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## SCI PST 2 - Scientific Poster Session 2

### Mediating Role of Resilience in the Relationship between Depression and Perceived Psychological Health in Patients with Heart Failure

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*Shan-Ying Wu, MSN, Taiwan*

*Ling-Yin Chang, PhD, Taiwan*

#### Purpose

The purpose of this presentation is to present evidence from a study on the mediating role of resilience in the relationship between depression and perceived psychological health status in patients with heart failure.

#### Target Audience

The target audience is nurse/health care scientists, clinicians and educators.

#### Abstract

Background: Depression is associated with a poor prognosis and reduced quality of life in patients with heart failure. Improving resilience may facilitate lessening the negative consequences associated with depression. However, the role of resilience in the relationship between depression and perceived health status in patients with heart failure remains unknown.

Objectives: To examine the relationships among depression, resilience, and perceived health status in patients with heart failure and to determine whether resilience plays a mediating or a moderating role in the relationship between depression and perceived health status.

Methods: A cross-sectional study design was used. Participants were recruited from cardiology outpatient clinics in hospitals located in Northern Taiwan. Included in the study were 128 community-dwelling and medically stable patients with echocardiographically documented heart failure. Hierarchical multiple regressions were conducted to determine whether depression and resilience predicted perceived physical and psychological health status. The moderating role of resilience was examined by testing the significance of the interaction between depression and resilience. The mediating role of resilience was analyzed using the PROCESS procedure in SPSS.

Results: Depression significantly predicted both perceived physical and psychological health status in patients with heart failure after adjustment for demographic variables, comorbidities, New York Heart Association functional class, and health behaviors (both  $p < 0.01$ ). Furthermore, resilience mediated the relationship between depression and perceived psychological health ( $b = -0.05$ ; confidence interval [CI]:  $-0.01, -0.001$ ) but not that between depression and perceived physical health ( $b = -0.004$ ; CI:  $-0.003, 0.003$ ).

Conclusion: Depression is a risk factor for poor perceived health outcomes in patients with heart failure. Interventions addressing resilience may facilitate improving perceived psychological health in depressed patients with heart failure.

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## SCI PST 2 - Scientific Poster Session 2

### An Integrative Review of Interventional Designs in Studies Utilizing Home Telehealth to Reduce Hospital Admissions for Heart Failure Patients

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#### Purpose

The purpose of this presentation is to examine differences in interventional designs of HTM interventions. Clinicians and researchers implementing HTM programs for HF patients need to consider design variations to meet desired outcomes. Further research is needed to determine optimal interventional designs for the reduction of HF hospitalization rates

#### Target Audience

This presentation is aimed at nurses and nurse researchers with an interest in community based nursing, chronic disease care, heart failure, or for those with an interest in the structure and/or implementation of HTM programs

#### Abstract

**Problem:** Home telehealth monitoring (HTM) uses home-based electronic stations to monitor heart failure (HF) patients in community settings. Randomized control trials (RCTs) examining the efficacy of HTM in reducing hospital admissions show conflicting results. While a few studies have shown significant improvement in HF patient admissions, many HTM studies have not shown any significant reduction in HF admission rates. To date, the interventional designs of these studies have not been compared or fully explained.

**Purpose:** Interventional designs used in HTM studies for HF patients vary, including frequency of data input, type of data monitored, provider availability to monitor the input, and interventional duration. This review examines whether differences in design are related to HF admission rates in HTM studies.

**Search Strategies:** A literature search was conducted using PubMed, EBSCO, and CINHL. Key words included HF, telehealth, telemonitoring, telemedicine, and remote patient monitoring. RCTs of HF patients, HTM, and hospital admissions published from 2004 to 2014 were included for analysis. Excluded studies used synchronous telephone support, web-based journaling, or implantable medical devices.

**Search Results:** 172 publications were identified for review. 59 articles did not include HTM, 37 did not include admissions data, 26 were based on remote monitoring using implantable devices, 16 were not RCTs, 8 were mixed morbidity studies that did not include separate admission data for heart failure, 5 only included the study protocol, and 18 studies met the criteria for review. The remaining 3 studies were duplicates.

**Synthesis of the Literature:** Three studies showed consistent, significant reductions in admissions; two of those studies included daily input of heart rate and symptom ratings. The third included daily disease based symptom and medication adherence questions. All three included daily provider monitoring, and lasted from 90 to 365 days. One 120 day study reduced admissions at 60 days when controlled for days in home healthcare. None of the studies with significant findings tracked pulse oximetry. Fourteen studies had no significant improvements in admissions; of those fourteen only two included daily heart rate, symptom monitoring, and provider monitoring.

Due to the small number of studies with significant findings, and the variations in study designs it is difficult to definitively determine the optimal combination of interventional design components to reduce hospital admissions in heart failure patients. Analysis of the interventional design of these studies was also hampered by incomplete descriptions of the intervention components, especially provider monitoring frequency, description of usual care and descriptions of disease based questioning for patients.

**Implications:** The three HTM studies that consistently reduced hospital admission for HF patients included daily input of symptom ratings, and daily provider monitoring. Two of the studies also included daily heart rate monitoring. Daily monitoring of symptoms and heart rate should be prioritized when designing HTM interventions for HF patients in the clinical setting. More research is indicated to determine optimal design of HTH programs to reduce admissions in HF patients.

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## SCI PST 2 - Scientific Poster Session 2

### **Discriminatory Capacity of Prediction Model Delirium (PREDELIRIC) in Adult Patients Hospitalized in the Intensive Care Unit University Hospital "Los Comuneros" Bucaramanga-Colombia**

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*Astrid Nathalia Páez Esteban, Magister, RN, Colombia*  
*Mayerli Katherine Rincón Romero, RN, Colombia*

#### Purpose

Determine the discriminatory power of the model prediction PREDELIRIC in critically ill adult patients 24 hours after admission to predict the development delirium during their stay in the ICU.

#### Target Audience

Aimed at Clinical nurses, teachers and student nurses, Health Professionals who work in intensive care units (administrative and care).

#### Abstract

The prevalence of delirium in intensive care units (ICU) is 20-80% Carrillo & Sosa, (2010). Delirium is diagnosed in only 66-84% of patients with this complication. Oumet & others (2007)

In addition, delirium is a predictor of re-intubation and increased hospital stay which has a significant impact on costs of hospitals. The development of delirium in intensive care units represents a major impact on patient management therefore directly affects and influences the hospital cost, stay and mortality. Martínez & others (2004)

The most frequent delirium in intensive care units psychiatric disorder is relevant to study the same in order to predict its onset to avoid fatal outcomes in critically ill patients. Ely & others (2004)

As regards the diagnosis of delirium several methods for diagnosis, from simple, practical and rapid methods, to more complex forms. Martinez et al, (2004).

Thus, the method most frequently used in critically ill patients, including patients on mechanical ventilation who can not communicate verbally is the CAM-ICU English confusion assesment method for the UCI, which has high sensitivity and specificity, excellent reliability and validity to identify delirium when used by nurses and ICU physicians, requires 2-3 minutes to complete. (Ely & others, 2004). This applies to patients with Sedation-Agitation Scale Richmond (English RASS Richmond Agitation Sedation Scale) -3 to +4. Sessler & others (2002).

But all the above scales allow assess the presence of delirium but none predicts the presentation. Thus, M van den Boogaard and colleagues decided to build and validate a model to predict delirium in adult patients in intensive care units. Boogaard & others (2012). Since this model of vital importance as it allows establishing preventive measures, reduce the incidence, severity and duration. Further development of this model will reduce risks of adverse effects of pharmacological prophylaxis.

This model was developed through a systematic review of known risk factors for the development of delirium. After calculating the incidence of each of the risk factors for the development of Delirium, found that 25 were the most prevalent, then eight factors were excluded due to prevalence below 10% after leaving the multivariate analysis logistic regression with other risk factors ten factors Predeliric model, easily measurable within the first 24 hours of admission to the intensive care unit. Boogaard & others (2012).

At present there is no model prediction of delirium in Spanish that allows health personnel to identify patients who should objectively implement interventions to prevent delirium. That is why in Bucaramanga Santander research group Everest nursing program, together with a group of nurse researchers from different institutions conducted a study to validate the prediction model PREDELIRIC a Spanish version, this study leave evidence the need to identify and implement nursing interventions aimed at the prevention of delirium in critically ill patients in Bucaramanga. (Torres Marquez, Vanegas & Esparza, 2014).

This research study met the Spanish process of validating the model prediction of delirium (PREDELIRIC) including: internal validity, construct validity, external validity and reproducibility. As a priority, so that this model is applied in the city of Bucaramanga - Colombia, in order to determine the discriminatory power of the prediction model PREDELIRIC adult critically ill patients within 24 hours after admission to predict the development delirium during their stay ICU, in turn facilitating the specific application of non-pharmacological preventive measures patient to determine high risk  $\geq 50\%$ .

Specific objectives.

- To determine the validity and reproducibility of the model prediction of delirium in Spanish, in the patient population of the intensive care unit.
- Determine the facial validity, content, internal consistency, and reproducibility of the model prediction of delirium in Spanish.
- Bringing the urea level conversion m/mol to milligrams per deciliter (mg / dl).
- To determine the incidence of delirium in critically ill patients according to the presence of risk factors model.
- Describe the sociodemographic and clinical characteristics of patients critics three intensive care units of Bucaramanga features.
- Describe the effectiveness of the prediction model PREDELIRIC through comparison with patients who develop delirium by application of CAM - ICU.
- Design and implement a nursing intervention protocol aimed at preventing delirium in patients presenting greater percentage of prediction deliric 50%.

Methodology: A descriptive study of validation or evaluation of diagnostic technologies was conducted in two phases, the first phase of the study was cross-cultural adaptation and validation of the Spanish version of the prediction model of delirium (PREDELIRIC), the second stage evaluated the validity and reproducibility of the prediction model of delirium in Spanish, patients were recruited voluntarily, after signing informed consent and meeting inclusion criteria, in the months of February to May 2014 in "Los Comuneros" university Hospital of Bucaramanga.

Convenience sampling, entering consecutive patients who met the inclusion criteria in intensive care units of study to complete the sample size calculated was performed.

Procedures

- Authorization by the research committee of the UDES and The Communards Hospital Universitario de Bucaramanga
- Coordination with the director of UCI
- Patient recruitment written informed consent of the patient or family
- Home Valuation: Scale RASS, CAM-ICU (rule delirium), PREDELIRIC
- Daily monitoring (RASS, CAM-ICU)
- Exit: delirium, discharge from the ICU or death

Results: The validity evaluated the discriminatory power of the model prediction of delirium in critically ill adult patients 24 hours after admission to predict the development of delirium during their ICU stay was performed by analyzing the ROC curve for short English, Receiver operating characteristic curve (ROC); thus, the sensitivity, specificity, positive predictive value, negative predictive value, test efficiency, positive likelihood ratio and negative likelihood ratio in the cut proposed by the author of the prediction model for

delirium was calculated. It was also evaluated whether there was a differential behavior of the ROC curve by gender.

Data showing the validity of the criterion of  $\geq 50\%$  probability resulting conclusion that the prediction model delirium Predeliric has adequate discriminatory power, demonstrated by a sensitivity of 78% and specificity of 70%. So, The discriminatory capacity of the prediction model PRE DELIRIC was good given for under the ROC curve of 81% area with confidence intervals of 95% from 70% to 93%, ie the model does predict and properly classify the outcome delirium or delirium in approximately 8 out of 10 patients.

Recommendations: It is recommended once the results with a total sample size are proposing a new cutoff Predeliric prediction model in its Spanish version.

It requires the application of the model to proactively identify and treat patients at high risk (predicted values > 50%).

This highlights the importance of implementing a program aimed at early detection and prevention of delirium in the intensive care units of Bucaramanga and Colombia

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## SCI PST 2 - Scientific Poster Session 2

### The Impact of Warming on Term NICU Admission Rates in Women Undergoing Scheduled Cesarean Delivery

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*Matthew Hoffman, MPH, MD, USA*

#### Purpose

to demonstrate the effect of a bundle of interventions designed to decrease preterm NICU admission hypothermia delivered by cesarean section on term neonates and potentially the mothers.

#### Target Audience

obstetric nurses, neonatal nurses, and nurse practitioners caring for women and newborns.

#### Abstract

Background: In 2011, a new "bundle" of care, multiple changes in practice instituted together, was developed to produce an improved outcome in preterm neonatal hypothermia, as cold infants are at increased risk of morbidity and mortality. This included the pediatric caregiver receiving the infant at the Operating Room (OR) table with warm blankets, preheating the infant warmer, caregivers warming their hands, use of polyethylene covers for premature infants, and increasing the OR room temperature to 68° F. The results of these changes have markedly reduced preterm neonatal hypothermia. Initially, the goal was to reduce preterm morbidity and mortality; however, we also wished to determine if there was a benefit to term infants. Further, it was anecdotally noted that the mothers may also be receiving a benefit, as there seemed to be fewer women who were hypothermic upon arrival to the OB PACU.

Hypothermia, defined as temperature < 36° C, is an anticipated morbidity during a surgical procedure. It contributes to the risk of coagulopathy, increased surgical blood loss, postoperative wound infection, increases patient discomfort, and delays transfer from the post-anesthesia care unit [PACU]. Women undergoing cesarean delivery have 2 risk factors which increase their chance of emerging from the OR) hypothermic- being female and level of spinal anesthesia. Further, the uterus is also exteriorized for repair after delivery of the baby, exposing internal organs to cold stress. The Obstetric (OB) OR rooms were previously set at approximately 62-65°. As such, there are standards of care initiated to prevent hypothermia: warmed intravenous fluids, warm blankets, warmed oxygen, and warm irrigation fluids. But despite use of these measures, hypothermia and associated shivering have been relatively common occurrences in the OB PACU.

Purpose: We sought to determine the effect of a bundle of interventions designed to decrease preterm NICU admission hypothermia after cesarean delivery had on term neonate NICU admission after scheduled cesarean delivery. Secondary objectives were to determine if there has been a significant improvement in maternal post-cesarean hypothermia, decreased blood loss, and the incidence of postoperative infection.

Methods: We performed a retrospective pre-post analysis assessing the impact of a series of interventions (ambient OR temperature increased from 62-65°F to a standard of 68°F, use of warmed blankets during infant transfer from the OR field to a warmer) designed to decrease preterm hypothermia on term neonates delivered by scheduled cesarean section. Women were included if they were delivering a term (>37 week) singleton non-anomalous fetus by scheduled cesarean section. Our primary outcome was term NICU admission. Univariable analysis was utilized to assess significance.

#### Results:

We identified 1,280 term singleton live births before (Pre-intervention) and 1,411 (Post-intervention) after policy implementation. Neonates who were born in the Post-intervention period tended to be less likely to



be admitted to the NICU; though this did not reach statistical significance (7.97% Pre-Intervention vs. 6.17%- P value= 0.068). Maternal and fetal demographic information was unchanged between the two time periods with the exception of a slight increase in maternal BMI (Post intervention 33.82 vs. Pre-Intervention 33.21- P –Value=0.034). Maternal outcomes (hypothermia, blood loss, and postoperative infection) were all non-statistically significant, demonstrating no increase in maternal adverse outcomes for the mothers after implementation.

**Conclusions/Implications:** The use of increased ambient OR room temperature and warmed blankets for transfer from the OR field to a warmer was associated with a trend in decrease NICU admission at term. The mothers did not demonstrate adverse outcomes as a result of the interventions.

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## SCI PST 2 - Scientific Poster Session 2

### Transcultural Self-Efficacy Perceptions in Nursing Students in Private and Public Higher Educational Groups

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#### Purpose

The purpose of this research is to explore the difference in transcultural self-efficacy between 2 different freshman student populations: a private liberal arts university and urban state institution. An additional purpose is to examine the differences in transcultural self-efficacy perceptions among Nursing faculty and the two nursing student groups.

#### Target Audience

The target audience of this presentation is nursing faculty, administration, and clinical mentors. Nursing students of the future will be caring for increasingly ethnically diverse patients. Healthcare outcomes are more favorable in settings where high quality and cultural competent care are provided. Cultural competence in nursing care is paramount.

#### Abstract

Learning objectives include: (1) The learner will be able to identify differences between freshman nursing student groups in transcultural self-efficacy perceptions (2) The learner will be able to identify differences between faculty and freshmen nursing student groups in transcultural self-efficacy perceptions. Using Bandura's Theory of Self-Efficacy (1986) and Jeffreys (2010) Cultural Competence and Confidence (CCC), the purpose of this research is to explore the difference in transcultural self-efficacy between 2 different freshman student populations: a private liberal arts university and urban state institution. An additional purpose is to examine the differences in transcultural self-efficacy perceptions among Nursing faculty and the two nursing student groups. A Meta-analysis of research scores on the transcultural self-efficacy test with different populations was also completed.

This cross sectional descriptive study examined the transcultural self-efficacy perceptions (cognitive, practical, and affective subsets) in a convenience sample of 59 freshman nursing students from a private liberal arts university and 56 freshman nursing students from public urban research and teaching state university.

Transcultural self-efficacy perceptions were measured using the Transcultural Self-Efficacy Tool (TSET) developed by Jefferys (2000). Reliability testing on study instrument was evaluated using Cronbach's alpha coefficient with an adequate score of  $<.70$ .

Using Independent Two Sample t-test, overall there were no statistically significant differences in the means in the two nursing student populations. Statistically significant differences were found in the Affective subscale. There was not enough statistical evidence to conclude significant differences between the two groups in the Cognitive or Practical subscales.

Faculty mean scores were higher than both nursing student group scores.

This study is one of the first to study the differences in transcultural self-efficacy perceptions in nursing students in different institutional settings. Further investigation into the importance of early introduction into a cultural efficacy focus in nursing education customized to location is implicated by this study. This study also suggests that clinical experience coupled with theory and the importance of faculty cultural efficacy in building student efficacy is also indicated.

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## SCI PST 2 - Scientific Poster Session 2

### Female Genital Mutilation/Cutting: Global Health Implications and Evidence-Based Prevention Strategies

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*Kate McMinimee, BS, USA*

*Katherine Shipley, BS, USA*

#### Purpose

The purpose of this presentation is to explore the cultural context of female genital mutilation/ cutting (FGM/C), effective prevention strategies for elimination of FGM/C, and the nursing role in caring for patients with FGM/C both within the United States and abroad.

#### Target Audience

The target audience of this presentation is nurses with an interest in vulnerable populations, specifically women affected by female genital mutilation/cutting (FGM/C) .

#### Abstract

Female Genital Mutilation/Cutting affects over 125 million females worldwide. Originally stemming from specific cultural, social, and religious beliefs, it involves the partial or total removal of the female external genitalia for non-medical reasons. Without any health benefits, FGM/C puts millions of women's health at risk. FGM/C violates human rights and its elimination is supported by WHO, UNICEF, and UNFPA. Changes in the Affordable Care Act and Immigration laws may increase the number of American providers treating these women. It is crucial more awareness be brought to this issue for the safest, most culturally competent care and to strengthen evidence-based efforts to end the practice worldwide.

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## SCI PST 2 - Scientific Poster Session 2

### Qualitative Research in Teens with Asthma: Understanding Patterns of Symptoms and Self-Management

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#### Purpose

The purpose of this presentation is to describe teens' perceptions and experiences of asthma self-management, and patterns of asthma self-management behaviors.

#### Target Audience

The target audience of this presentation is researchers and clinicians providing care for children in areas of chronic disease self-management.

#### Abstract

**Background:** Self-management is a central component of controlling disease and preventing morbidity and mortality (CDC, 2011; Rand et al., 2012). Many teens have suboptimal asthma control, which is often attributed to poor self-management (Bruzzeese et al., 2012; Rhee, Belyea, Ciurzynski, & Brasch, 2009). Thus it becomes important to understand not only how teens self-manage their asthma, but their underlying process of rationales and responses (Mammen & Rhee, 2012). In this study we employed a combination of semi structured interviews, self-management voice-diaries, and card sorting techniques to map teens' unique patterns of symptoms and responses and facilitate in-depth discussion of their asthma self-management.

**Study Objectives:** To explore teens' experiences of asthma self-management across life-contexts, and to describe how teens manage their asthma and what is important to them.

**Design:** This study used a case-based qualitative-descriptive design with purposive and criterion-based sampling (well-controlled v. not-well-controlled teens; minority v. non-minority teens).

**Setting:** Teen-parent dyads were recruited from prior study subjects, the community, Emergency Department, and Pediatric Pulmonary Department of a large urban hospital in Rochester, NY.

**Participants:** A total of 14 teen-parent dyads, consisting of minority and non-minority teenagers (aged 13-17 years; n=14) with well-controlled or not well-controlled persistent asthma, and their parents (n=14), participated in the study.

**Methods:** Initial data were collected from teen/parent dyads using separate semi-structured interviews with each teen and parent. Next, teens completed a 2-week digital voice-diary on asthma self-management describing their daily asthma symptoms and experiences, responses, rationales, and thoughts related to their asthma on that day. Lastly a follow up open-ended interview with each teen, incorporating an event-response card sorting technique to map the teen's spectrums of asthma symptoms and associated self-management behaviors, was conducted to further explore experiences, perceptions, and patterns of asthma self-management. Data from recorded interviews were transcribed, verified, uploaded into ATLAS.ti, and analyzed using open, process, and pattern coding.

**Results:** Data indicate that teens have **symptom thresholds** for responding to asthma symptoms. Symptom thresholds are defined as the point at which asthma symptoms are considered important and require an active self-management response. Symptoms falling below a teen's threshold were considered low-level, unimportant, and required no response other than waiting. Symptom thresholds were specific to each individual and appeared to correspond with baseline level of symptoms. Teens with higher

frequency and severity of baseline asthma symptoms (i.e. not well-controlled) reported higher symptom thresholds (i.e. delayed response) for reacting to symptoms than teens with better-controlled asthma. The most common symptom threshold for teens in this study was the point at which asthma symptoms interfered with activities.

Second, teens with asthma felt that not all asthma symptoms were important. Symptoms that occurred on a regular basis (i.e. daily) were not viewed as serious and were referred to as “**normal symptoms.**” Normal symptoms were different for each teen and corresponded with baseline level of control. The poorly controlled teens in our study considered daily wheezing to be a normal symptom, whereas well-controlled teens did not. Because normal symptoms were not seen as serious, they were typically overlooked, ignored, forgotten, and were not reported to parents or healthcare providers. Only high-level and unusual symptoms exceeding the symptom threshold were recalled and reported.

Third, clinical definitions of controlled asthma did not correspond well with teens' understandings of controlled asthma. Having "controlled" asthma for a teen meant not having symptoms of asthma that exceeded their "normal" symptoms. Most teens in the study felt that their asthma was controlled as long they could get the symptoms to go away—either by waiting or by using a rescue inhaler. Well-controlled teens had lower symptom thresholds for perceiving asthma to be uncontrolled. Not-well-controlled teens accepted a higher level of symptom frequency within their paradigm of controlled asthma.

**Discussion:** Our data extend upon prior research, which indicate teens tend to underreport and ignore asthma symptoms, by suggesting that the threshold for reporting and responding to symptoms hinges upon teens' perception of the seriousness of symptoms and understanding of what is normal (Britto et al., 2011; Rhee, Belyea, & Elward, 2008). This means that teens with daily symptoms of asthma may report having no asthma symptoms because they have not exceeded their symptom threshold for perceived normal symptoms. Researchers and clinicians working with this population may need to probe more specifically into teen's asthma symptoms to understand which are likely to be overlooked and not reported. Identifying teen's unique sequences of symptoms and responses may assist clinicians and researchers in identifying specific areas of need and tailoring asthma education accordingly. Identification of symptom thresholds can contribute to better understanding of patients' perspectives and experiences, assist in developing targeted self-management interventions, and ultimately lead to improved health outcomes.

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## SCI PST 2 - Scientific Poster Session 2

### Playing With Dolls: Recent Graduates' Perspective on the Efficacy of Nursing Simulation Laboratory Experiences

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#### Purpose

To help meet the need for clinical time schools of nursing are increasingly turning to high-fidelity simulation mannequins to substitute for clinical experience. By interviewing recent graduates about their experiences with high-fidelity simulation in nursing school, information was obtained that will allow evaluation of the effectiveness of the simulation experience.

#### Target Audience

The target audience of this presentation is nurse educators and those persons that are involved in simulation education.

#### Abstract

This project study addressed the recent graduates' perception of the efficacy of simulation in registered nursing education. It has become progressively more difficult to find suitable clinical placement for nursing students. To help meet this need, schools of nursing are increasingly turning to high-fidelity simulation mannequins to substitute for clinical experience. There is a lack of research that explores the recently graduated nurse's perceptions about the efficacy of simulation experiences. The conceptual framework for this study is the constructivist theory. This is a process of experience and reflection. It is a dynamic process that changes as the learner internalizes the experience. This study allowed the researcher to understand how recent graduates perceive the value of simulation experiences. Two research questions were identified: How do recent graduates of registered nurse (RN) education programs view the simulation lab experiences from nursing school? and In what ways do the perceptions of simulation experiences differ between associate degree RN program graduates and bachelors program RN graduates? A qualitative, case study research design was used to explore the perceptions of recently graduated RN's about their experience with simulation. By interviewing recent graduates about their experiences with high-fidelity simulation in nursing school, and documenting their perceptions about the efficacy of those simulation experiences, information was obtained that will allow schools of nursing to increase the effectiveness of the simulation experience or validate its applicability in the real world setting.

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## SCI PST 2 - Scientific Poster Session 2

### Feasibility of Simulation in Orientation: A Pilot Study

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*Sherrill J. Smith, PhD, RN, CNL, CNE, USA*

#### Purpose

The purpose of this presentation is to disseminate the results of a study on the feasibility of using simulation scenarios as part of an orientation.

#### Target Audience

The target audience of this presentation is nurse educators working in the clinical areas.

#### Abstract

**Background:** Active duty military nurses transfer to new duty stations every three or four years. With each transfer, the nurse enters into a typical orientation period of six weeks. During this orientation, new nurses receive organizational and unit information while preceptors evaluate patient care skills. Most units utilize an orientation checklist and bedside skill proficiency is validated by direct observation. Decreased patient acuity and lengths of stay have resulted in limited availability of common patient types or procedures, especially in critical care units. Simulation allows observation of nursing skills in a shorter time than direct observation at the bedside; however, literature does not identify the best evaluation tool. The purpose of this study was to determine the feasibility of high-fidelity simulation in unit orientation of newly assigned nursing personnel, more specifically nurses assigned to the critical care unit. The research question examined is: What is the feasibility of the use of a simulated clinical shift as a part of the critical care unit orientation to assess the performance of incoming nursing personnel? The specific aims were to: 1) Determine appropriate simulation scenarios to address the high-risk, low-volume critical care situations and the most common patient types to be included in the performance assessment of newly assigned nurses; 2) Develop a performance evaluation tool based on the current critical care orientation checklist for use in evaluating the new nurse's performance using the simulation scenarios; 3) Determine the psychometric properties of the performance evaluation tool using simulation scenarios, and 4) Determine the usefulness of the simulation scenarios and performance evaluation tool to identify those nurses who do not meet performance standards.

Jeffries' (2005, 2007) Nursing Education Simulation Framework was developed to provide guidance to nurses in the design, implementation, and evaluation of simulation used in nursing education. This framework includes five major components: teacher factors, student factors, educational practices, simulation design characteristics, and outcomes. According to this framework, a properly designed simulation is a teaching strategy used in the teaching-learning process and affects the five described outcomes of satisfaction, self-confidence, critical thinking, knowledge, and performance (Jeffries, 2005). Extensive research has validated the use of simulation as an educational strategy for nursing students (Cant & Cooper, 2010) and newly graduated nurses (Ackermann, Kenny, & Walker, 2007; Olejniczak et al., 2010). Increases in satisfaction, self-confidence, critical thinking and knowledge have been reported in nursing students following a simulation experience (Birch et al., 2007; Bremner, Aduddell, Bennett, & VanGeest, 2006; Gibbons et al., 2002; O'Donnell et al., 2011; Swenty & Eggleston, 2011). Changes in performance following simulation for nursing students are less abundant in published reports (Alinier, Hunt, & Gordon, 2004; Grady et al., 2008; Pauly-O'Neill, 2009) with even fewer addressing performance in practicing nurses (Jones, Cason, & Mancini, 2002).

Using the Nursing Education Simulation Framework for evaluation, simulation becomes an evaluation tool instead of a teaching strategy. Teacher and student factors interact with education practices to produce the outcome of performance. For this study, a summative evaluation was performed – evaluating the learner's attainment of a goal, i.e. acceptable performance of patient care in a simulated critical care environment, to evaluate the nurse's readiness for providing care in a critical care environment.



**Methods:** A descriptive pilot study was conducted to determine the feasibility of simulation scenarios to evaluate performance. Scenarios addressing the most common types of patients and procedures seen in the critical care unit and an evaluation tool were created and tested with experienced critical care nurses and nurses with no critical care experience. Participants (n=7) were recruited from all registered nurses in a military treatment facility. Three independent raters timed and evaluated the participants as they completed three simulated patient care scenarios. Inter-rater reliability was determined by calculating Cohen's alpha. Difference in mean overall score and time to complete the scenarios was identified by t-tests.

**Results:** Inter-rater reliability for the evaluation tool was excellent (Cronbach's alpha = 0.95). Mean overall participant scores, grouped by self-report of critical care experience, ranged from 33.67 to 54.67 (possible score range: 11.00 to 55.00). A split in the overall mean scores was identified between those with and those without critical care experience. Mean time to complete the scenarios was 55.29 minutes (range: 38 to 82 minutes). There were no statistically significant differences in overall mean score ( $t(5) = 0.51$ ,  $p = 0.63$ ), nor time to complete the scenarios ( $t(5) = 1.55$ ,  $p = 0.18$ ) between the groups.

**Conclusion:** Simulation scenarios to evaluate new nurses are feasible in the military treatment facility. Although not time consuming for the participant, preparation and evaluation of the scenarios is personnel- and time-intensive. Although no statistically significant results were found, the split in overall mean scores may indicate a method to determine proficiency in critical care nursing. Findings from this study support the use of the created performance evaluation tool with simulation scenarios. Replication of this study with a larger, more diverse sample is recommended to further validate the evaluation tool and these findings. Successful results can be transferred to other departments within the medical center and to performance validation prior to deployment.

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## SCI PST 2 - Scientific Poster Session 2

### Contraceptive Choices Application (App) Development

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#### Purpose

The purpose of this presentation is to describe the development of an application (app) using data that explores relationships among contraceptive choice and use with selected characteristics of clients from one Midwestern U.S. county health department's family planning clinic who are at high-risk for unintended pregnancies.

#### Target Audience

providers and educators in the fields of family care and women's health

#### Abstract

Background. Improved access to contraception and reduction of unmet need for family planning are key components to improve reproductive health of women. Voluntary family planning is one of the great advances in public health during the last century, with the greatest advancements developed during the last 35 years (Department of Reproductive Health, World Health Organization [WHO], 2010). Family planning saves the lives of women by allowing self-determination in the limitation of the number of births, spacing pregnancies, and avoidance of pregnancies in the very young and older women of childbearing age (Global Health Learning Center, 2007). During the years 1985-2005, almost 4 million additional maternal deaths would have occurred if the use of family planning had not improved (Global Health Learning Center). The majority of saved lives is attributed to fewer births and reduced mortality during the birthing process.

In 2012, the London Summit on Family Planning spurred international, national, and private organizations to expand access to voluntary family planning (Family Planning 2020). Despite advancements in reproductive health and voluntary family planning, over 200 million women who do not want to get pregnant do not have access to contraceptives and voluntary family planning knowledge and services (WHO, 2013). The lack of access results in over 75 million unintended pregnancies every year (Family Planning 2020). Approximately 40 percent of pregnancies in developing countries are unintended and, interestingly, 47 percent in developed countries (Engelman, 2011).

The cost of unintended pregnancies places the adolescent or woman at risk (U.S. Department of Health and Human Services [DHHS], 2014). These risks include delays in initiating prenatal care with untoward maternal and fetal outcomes. This population is less likely to breastfeed, with resultant risks on maternal-fetal bonding and childhood obesity and asthma, among others. These adolescents and women are more likely to develop depression and have an increased risk of physical abuse during pregnancy.

Adolescents are particularly vulnerable to unintended pregnancies. Among females younger than 20 years, slightly more than 80% of pregnancies were unintended (DHHS, 2014). And this proportion is even higher in those younger than 15 years, as this group has a 98% unintended pregnancy rate. Negative consequences are greater for adolescent mothers who are less likely to graduate high school (HS) or earn a General Education Development (GED) by age 30 years or earn a wage comparable to women who delay childbearing. Adolescent mothers are also twice as likely to receive Federal benefits and continue them twice as long.

Many barriers exist in having contraceptives more widely available and accessible. Barriers include cultural impediments as well as lack of funding, lack of products to meet women's needs, and lack of knowledge. In addition to public benefits which support women with unintended pregnancies, there are publicly funded clinics that provide family planning care. These clinics prevent nearly 1.5 million unintended pregnancies, nearly 400,000 of which would occur with adolescents (Guttmacher Institute,

2012). In the United States (U.S.), the Title X Family Planning program, enacted in 1970, is the Federal program that provides grants that ultimately provide individuals with “comprehensive family planning and related preventive health services” (DHHS, n.d.). Contraceptives, however, are one of the best investments a country can make for its future, delivering significant savings in healthcare costs. DHHS (n.d.) states that every dollar spent on contraceptive services in the U.S. saves approximately \$3.74 in costs related to pregnancy and delivery care and care to infants during their first year of life.

In order to reduce the unintended pregnancy rate, family planning efforts should address access to effective contraceptives to those at greatest risk (Finer & Zolna, 2011). Underserved, low-income adolescents and women of one Midwestern U.S. County are the target population for this project and presentation. This population is at high risk for unintended pregnancies along with premature births and other untoward pregnancy outcomes.

**Purpose.** The purpose of this presentation is to describe the development of an application (app) using data that explores relationships among contraceptive choice and use with selected characteristics of clients from one Midwestern U.S. county health department’s family planning clinic who are at high-risk for unintended pregnancies. This clinic is supported by Title X funds. Data will be used to improve client care by actively involving clients in identifying contraceptive methods that are tailored to the client’s risk factors and needs using medically accurate information and education. This tailored choice of contraceptives, including knowledge and access to long-acting reversible contraceptives (LARC), is anticipated to reduce the unintended pregnancy rate, which is high in this Midwestern County.

**Methods.** Results of a related study on the Midwestern family planning clinic will be used to develop an evidence-based app that will allow tailoring information on contraceptive choices for each client. Because the app will be developed based on data obtained from the clinic’s client charts, the information in the evidence-based app will be applicable to this high-risk for pregnancy population. iPads with security and tamper protection will be available in the waiting room of the family planning clinic for client use for those without the ability to download the app on their portable device. The app will be available at no cost for the clinic and its clients, but will be available for purchase at the app store. The app development began using storyboarding for the algorithm that included contraceptive choices. The content was drawn primarily from the United States Medical Eligibility Criteria for Contraceptive Use (USMEC) (Centers for Disease Control and Prevention, 2010) which was based upon the World Health Organization Medical Eligibility Criteria for Contraceptive Use (4<sup>th</sup> ed.) (WHO, 2010). The app will be user-friendly, bilingual, and provide tailored education on contraceptive choices.

**Results.** As the client narrows her options via interactive questions, the easy-to-use app will highlight the most suitable types of birth control for her, but also explain potential side effects and risks associated with each of her options. Clients who use the app will be better informed and already have a baseline knowledge about what characteristics of contraceptives are important to them when they see their health care provider (HCP). The HCP can then spend less time explaining birth control options and more time focused on a more narrow discussion tailored to the client’s particular options.

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## SCI PST 2 - Scientific Poster Session 2

### Perceptions of Diabetes Self-Management Education and Support, Diabetes Self-Management Behavior, and Self- Reported Health in Persons Diagnosed with Type II Diabetes

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*Tracy M. Towne, PhD, MSN, BSN, RN, USA*

#### Purpose

The purpose of this presentation is to share the results of a 2014 quantitative research study examining the relationship between self-management behaviors of individuals with type 2 diabetes and the perception of the education and support provided by healthcare providers.

#### Target Audience

The target audience for this presentation is healthcare providers who interact with patients with type 2 diabetes, and primarily those who assist in helping educate and support them through self-management. Nurses who work at the bedside, education, and administration will benefit from the results of the research.

#### Abstract

Diabetes has a physical and mental burden to those with the illness. Economically there is a significant impact to the United States' health care system. Education and support is the best way for health care providers (HCPs) to improve the health and well-being of those with type II diabetes. The purpose of this study was to explore the relationships among perceptions of the education/support provided by HCPs related to self-management behaviors and the overall health status in community dwelling adults with type II diabetes.

A cross-sectional, correlational design was used and the setting was initially in two Midwestern states, followed by online data collection. The sample was non-random, convenience (N=66). Participants in the study were community dwelling, 25 years or older, able to read/speak English, had a self-reported diagnosis of type II diabetes for three or more years, and were able to access a telephone or a computer with internet capabilities. Individuals were excluded if they were unable to recall ever receiving diabetes self-management education/support.

Nine quantitative instruments were used to collect data, along with researcher developed open-ended questions. Over the course of seven months data were collected by mail survey (four months) and then by online format (3 months). Quantitative data were analyzed with parametric statistics including multiple linear regression and text data were summarized. Text data summarized four main issues related to the perception of education/support: education as helpful, frustration with education/support, emotional aspect of diabetes, and need to be self-taught. Participants' perceptions of diabetes-related content received moderated the relationship between environmental barriers to self-management and performance of self-management behaviors. Persons with high barriers and perceptions of low content received reported lower performance of self-management behaviors. Higher perceived diabetes content needed was a significant predictor of poorer physical and mental health. Greater self-efficacy was associated with greater performance of self-management behaviors.

This study provides information about how persons' perceptions of diabetes education/support, especially how content needed and received impact self-management behaviors and health status of persons with type II diabetes. Additional research is recommended with a larger, more diverse sample using mixed methods to further the understanding of this phenomenon.

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## SCI PST 2 - Scientific Poster Session 2

### Development of a School of Nursing Rubric

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*Jessica L. Naber, PhD, MSN, RN, USA*

#### Purpose

The purpose of this presentation is to detail the necessary components of rubrics for written nursing assignments. The importance of using rubrics will be emphasized. Issues associated with developing and utilizing rubrics will be described, and several nursing rubrics will be critiqued.

#### Target Audience

The target audience of this presentation is nursing educators in an academic setting.

#### Abstract

Rubrics have been used as guides to establish and communicate standards to students when developing a paper or project. The standards set by the rubric assure course objectives are met and nursing standards of practice are integrated. This article will detail the necessary components of the rubric for written nursing assignments, both didactic and clinical. In addition, the importance of using rubrics will be emphasized. The issues associated with developing and utilizing rubrics in nursing education will be described and discussed. The development of a specific school of nursing rubric will be detailed, and four nursing rubrics will be critiqued.

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## SCI PST 2 - Scientific Poster Session 2

### Becoming Aware of Compassionate Care through a Patient's Story: Reflections from First Year Nursing Students

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*Stephanie M. Jeffers, PhD, MSN, BSN, RN, USA*  
*Marcus Engel, MS, USA*

#### Purpose

The purpose of this presentation is to discuss the results of a qualitative descriptive study exploring first year nursing students' perceptions of compassionate care and the role of a nurse while caring for patients.

#### Target Audience

The target audience of this presentation are nursing faculty teaching in either pre-licensure or graduate level degree programs.

#### Abstract

The purpose of this qualitative descriptive study was to understand how faculty could use literature to teach first year nursing students about compassionate care and the role of a nurse. The sample in this study were reflection letters written by first year nursing students to the author of a book, detailing his experiences following a catastrophic motor vehicle accident. Archival data was reviewed and thematic analysis was conducted by the researcher; three major themes emerged. The data was linked to Mezirow's Transformative Learning theory. Results of the study show that students' beliefs about the profession of nursing, the role of a nurse and their own education were transformed, in a positive manner. Additionally, literature as a teaching strategy was effective and beneficial to the students.

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## SCI PST 2 - Scientific Poster Session 2

### InSHAPE: An Exercise and Nutrition Wellness Program for Individuals with Serious Mental Illness

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Marsha L. Lesley, PhD, MLIS, BSN, RN, USA

#### Purpose

The purpose of this presentation is to describe the effectiveness of a physical fitness and nutrition health program called InSHAPE for individuals with serious mental illness and relationships between physical fitness, self-efficacy, stress, social support, smoking, sleep habits, and depression.

#### Target Audience

The target audience is psychiatric/mental health nurses, nurse academics, and all nurses who are interested in an integrated focus on both physical and mental health.

#### Abstract

The InSHAPE individualized health promotion program has been gaining national attention for its success in helping individuals with serious mental illness to improve physical fitness and nutrition health. A community mental health agency in mid-Michigan has been enrolling participants in the year-long program since December 2010 and has collected data on numerous physiological and psychological measures at several time points during the year. This study will report the findings and relationships between these repeated measures including physical assessment data such as blood pressure and heart rate before and after exercise, 6-minute walk test, and body mass index; and psychological assessments such as self-efficacy for physical activity and eating habits, experiences of stress and levels of depression. Smoking, sleep habits and patterns, and social support will also be analyzed. This study will add to the current body of knowledge about the InSHAPE program that has included a recent qualitative study published in *Journal of Psychosocial Nursing and Mental Health Services* that examined the sustainability of InSHAPE program fitness activities when participants complete the program. The nurse researcher has been actively involved as a therapeutic agent throughout the development and implementation of the InSHAPE program and during research activities in connection with it.

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## SCI PST 2 - Scientific Poster Session 2

### Relationship Grandfather-Grandson, Strengths and Weaknesses in the Bond in Students of the Faculty of Nursing

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*Karina Macías-Patiño, RN, Mexico*  
*Maria Magdalena Delabra-Salinas, MSN, RN, Mexico*  
*Maria Ascencion Tello, MSN, RN, Mexico*  
*Luis Cortez-González, MN, RN, Mexico*  
*María de los Ángeles Villarreal-Reyna, PhD, Mexico*  
*José Reboloso-Hernandez, RN, Mexico*

#### Purpose

The purpose of this presentation is to share information about inter generational relationship between nursing students and their grandparents.

#### Target Audience

The target audience of this presentation are family nurses and reserach nurses

#### Abstract

Intergenerational family relationships in the grandparent-grandchild relationship is an important aspect in society therefore it is significant to study the quality of this bond, since grandparents that have better relationships with their grandchildren, have less risks getting sick, which is important to the discipline of nursing, which is to preserve the health of the elderly.

The purpose of this study focuses on the factors involved in the relationship grandfather -grandson of the students of the Faculty of Nursing."Dr Santiago Valdés Galindo".

**Methodology:** The study is descriptive, for a sample of 170 nursing students. Sampling shall be stratified by grade level, the inclusion criteria are: Grandparents with which the grandchild has a greater relationship of cohabitation, adults 60 and over who are grandparents, grownup grandchildren aged 19-30 studying at the Faculty of Nursing and students that have both paternal and maternal grandparents. Exclusion criteria are: grandparents and grandchildren who do not meet the established age range, grandchildren who have maternal and paternal grandparents but live outside the city of Saltillo, Coahuila; and grandparents who scored 8-10 errors in the Pfeiffer scale. Elimination criteria are: grandparents who failed the test of Pfeiffer, grandparents or grandchildren who do not answer entirely the quiz used to apply the study and grandchildren that have both grandparents but ultimately failed to apply the quiz to both of them. 3 measuring instruments shall apply: the first unit of analysis will be a quiz for the grandchildren, this quiz measures the perception that grandchildren have of the relationship with their grandparents, it contains 22 multiple choice items except questions 6 and 14 which are open questions; The second instrument is the Pfeiffer, where the unit of analysis is the grandfather, it consists of 10 open questions items to determine the degree of cognition of the elderly; and finally a third instrument to be applied to the grandparents, 32 multiple choice items, except questions 10 and 14 which are open questions.

The Statistical Package for the Social Sciences (SPSS) version 21 will be used to perform the statistical analysis of each of the study variables. The information obtained will be processed and a correlational descriptive statistics will be performed.

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## SCI PST 2 - Scientific Poster Session 2

### Medication Safety Simulation: A Comparison of Students' Knowledge, Perceptions and Comfort

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*Bette A. Mariani, PhD, RN, USA*

#### Purpose

The purpose of this presentation is to disseminate the results of a study that was conducted to compare students' knowledge, perceptions, comfort, and skill following a medication safety enhanced program of simulation. A second purpose is to discuss the instrument development and psychometric testing for the study.

#### Target Audience

Nurse faculty, clinicians, and new graduates

#### Abstract

Background: Nurses have a major role in contributing to safe, quality patient care; however, student nurses and new graduates have deficiencies in skills, knowledge, and judgments related to safely administering medications. Simulation facilitates learning of skills, priority-setting, and decision-making. A review of the literature on simulation evaluation instruments revealed no valid and reliable instruments to measure knowledge and competency related specifically to safe medication administration.

Aim of the Study: The purpose of this medication safety simulation intervention study was to: 1) develop, conduct psychometric testing, and pilot test two new instruments to evaluate student knowledge (Medication Safety Knowledge Assessment–MKSA) and competency (Medication Safety Critical Element Competency Checklist-MSCEC) related to safe medication administration; and one revised instrument (Healthcare Professionals Patient Safety Assessment-HPPSA) to measure perceptions and comfort level about patient safety; 2) pilot test new/revised simulation scenarios with a medication safety focus; and 3) test the differences in scores on the MSKA, MSCEC, and HPPSA for junior level students who did and did not participated in safety enhanced medication simulations. The safety-enhanced simulations included the skill of giving medications to standardized patients, as well as knowing the significance of safe medication administration. These instruments and simulations can provide reliable and valid methods to assess outcomes of simulation on medication safety.

Sample and Setting: Junior-level undergraduate nursing students at a mid-size undergraduate nursing program in the Mid-Atlantic region.

Method: Following IRB approval, students were divided into intervention and control groups using a convenience sample of their clinical groups. On the first day of class, all students who consented to participate in the study completed the Medication Knowledge Safety Assessment (MSKA) pre-test and the Healthcare Professionals Patient Safety Assessment (HPPSA). The control group participated in the usual simulations and debriefing for the medical surgical class, while the intervention group participated in one additional medication administration simulation, as well as a simulation that was enhanced with additional medication safety. During the final clinical simulation of the semester, students' competency in medication administration and safety was rated using the Medication Safety Critical Element Checklist. Following all simulations for both groups, all students participated in the MSKA and HPPSA posttests. Reliability and validity of all instruments were determined.

Results: Data for the MSKA were analyzed based on a Knowledge Pass/Fail cut score of 21 correct answers or more to pass, with less than 21 correct answers as a failing score. The HPPSA scores were analyzed using paired t-tests and the MSCEC between groups scores were compared. Pearson correlations were also performed to determine the relationship between the MKSA, MSCEC, and HPPSA scores for the intervention and control groups. Study results will be reported.

Conclusions/Implications: Medication safety is a crucial aspect to ensuring patient safety. Evidence that supports the outcomes of simulation as an effective strategy to improve student knowledge, perceptions, comfort, and competency in medication administration is important to ensuring that new graduates are well-prepared to address issues related to medication safety.

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## SCI PST 2 - Scientific Poster Session 2

### Knowledge, Attitude and Practice of Lebanese Women towards Breast Cancer, Breast Self-Examination and Mammography

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*Mary Arevian, BSN, MPH, RN,, Lebanon*  
*Souha Fares, PhD, Lebanon*

#### Purpose

to assess the knowledge, practices and attitudes of Lebanese women about breast self-examination( BSE), Clinical breast examination (CBE) mammography and breast cancer and to identify potential barriers using Champion's' Health Belief Model Scales.

#### Target Audience

Nurses,Physicians and any health care worker interested in health promotion and early detection of diseases.

#### Abstract

Background: Breast cancer is a major global health problem. It is the most frequent malignancy that causes deaths and cancer related morbidity in women. A comparable epidemiological profile applies to Lebanon where breast cancer is the most widespread type of cancer among Lebanese women. There is universal consensus that early detection of breast cancer offers the greatest chance of long-term survival.

Purpose: Our purpose was to assess the knowledge, practices and attitudes of Lebanese women about breast self-examination( BSE), Clinical breast examination (CBE) mammography and breast cancer and to identify potential barriers using Champion's' Health Belief Model Scales.

Method: Descriptive, cross sectional correlational study. We collected a national representative sample of 1200 Lebanese women who were chosen from the general Lebanese population using a proportional sampling technique. The mean age of the women was 53.59 years. Data collection was performed through a door-to-door survey using an interviewer- administered questionnaire using the Kish Grid approach. Data were analyzed using the Statistical Package for Social Statistics (SPSS).

Results showed that 83% of the women surveyed had heard of breast self-examination (BSE). But only 63.7% of those who heard of BSE have ever done BSE. When asked how many times during the past did you examine your breasts only 7.5 % had the correct answer. When asked about the clinical breast cancer exam 71.1% said that they know about it but only 48.9 % are planning to do it and 51.1% have ever done it. 72.3% feel good about doing the mammography. Mean belief scores follow: susceptibility of getting breast cancer (2.00); Seriousness of the disease ( 2.82); Barriers to BSE (1.88); confidence in doing BSE ( 3.06); health motivation (3.61); benefits and barriers to mammography (3.86 & 2.52 respectively)

Conclusion: Despite the low perceived barriers to BSE and Mammography and the high health motivation and confidence in doing BSE Lebanese women are not performing BSE regularly and following the right method.

Implications for practice: The results of this study will be used to develop culturally fit interventions to improve the responsiveness of Lebanese women to the breast cancer annual national screening campaign by determining the perceived barriers for BSE, CBE and mammography and by planning a culturally appropriate strategic approach to enhance women's compliance with screening measures.

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## SCI PST 2 - Scientific Poster Session 2

### The Relationship between Personal Characteristics and Contraceptive Choices and Use over 5 Years

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*Cathy Carlson, PhD, MS, BSN, RN, APN, FNP-BC, USA*

#### Purpose

The purpose of this presentation is to present the results of a research study which explores the characteristics of adolescents and women at high-risk for unintended pregnancies by 1) comparing the contraceptive choice and use for the years 2009 and 2014, and 2) exploring relationships among contraceptive choice and use.

#### Target Audience

The target audience for this presentation is nurses, advanced-practice registered nurses, and educators in the fields of family care, women's health, and men's health.

#### Abstract

**Background.** Unintended pregnancies have been identified as "among the most essential health status indicators in the field of reproductive health" (Finer & Zolna, 2011, p. 478). According to the Guttmacher Institute, of the 213 million worldwide pregnancies in 2012, a full 40% were unintended (Sedgh, Singh, & Hussain, 2014). Pregnancy outcomes for these women and adolescents result in abortion 50% of the time, while 13% experience a miscarriage, and 38% having an unplanned childbirth. There are numerous studies that associate unintended pregnancies with negative outcomes for the mother and child, including health, economic, social and psychological ones. The World Health Organization (WHO) has set worldwide goals to address health disparities, one of which addresses improvement in maternal health (2014). One component of that goal is to address the gap between desire for contraception and its access. This gap varied between regions and countries. For example, in Eastern Asia, the gap is only 4%, while it is 16% in Western Asia. In contrast, the rate in Oceania is 24.6% and Sub-Saharan Africa has a 25.1% rate of unmet family planning needs. Females between 15-49 years who are at high risk for unintended pregnancies generally have low-income and low educational attainment. In some countries, such as the United States, that risk is also higher in minority racial and some ethnic groups. Identifying characteristics for non-use, non-continuation of birth control and inconsistent or non-use of contraception in this growing population is postulated to better address the unintended pregnancy rate. Contraceptive choices have changed during this time and it is not known if contraceptive use has reflected this change.

**Purpose.** The purpose of this research project is to evaluate characteristics of adolescents and women at high-risk for unintended pregnancies by 1) comparing the contraceptive choice and use for the years 2009 and 2014, and 2) exploring relationships among contraceptive choice and use with selected characteristics of clients seeking family planning services.

**Methods.** A retrospective chart audit is being conducted on 300 randomly-selected records, half of which are from the year 2009 and the remaining from 2014. The characteristics derived from the chart audits were derived from the literature and from seven of the goals of Healthy People, 2020 (DHHS, 2010). Once data collection is completed, the data will be analyzed using descriptive statistics to answer research question #1, while race/ethnicity and age will be evaluated via t-test and ANOVA. Differences between the years 2009 and 2014 will be investigated with t-tests and Chi-square. To address question #2, gender will be analyzed by nonparametric statistics such as Chi-square, Mann-Whitney U test, and Pearson's product moment correlation according to the level of data obtained and the examination of the assumptions underlying the tests. Also, logistic regression will be used to explore relationships among variables.

**Results.** The results will influence the development of tailored interventions for adolescents and women at high risk for unintended pregnancy. Dissemination includes the development of a client-education application (app), which is already underway.

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## SCI PST 2 - Scientific Poster Session 2

### Making It Work: Information Technology and Mobile Devices in Nursing Education

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#### Purpose

The purpose of this presentation is to explore position statements on the implementation of technology, in particular mobile technology, in nursing education and examine how well this has been implemented. The benefits and drawbacks will be presented as well as suggestions to decrease the drawbacks to enhance nursing education.

#### Target Audience

The target audience of this presentation is nurse educators. Practicing nurses and nurse administrators may benefit as well.

#### Abstract

Information technology (IT) and mobile devices have become a part of most everyone's daily lives both personally and professionally. IT and mobile devices, such as cellular telephones, personal digital assistants (PDAs), and tablets, permit quick and easy access to vast amounts of information. With this in mind, it is understandable that international nursing organizations, including the International Council of Nurses (ICN) and Sigma Theta Tau Honor Society of Nursing (STTI), and many national nurses associations (NNAs), have written Position Statements calling for the integration of information technology into nursing curriculums since as far back as 1997.

Nursing programs have begun to follow the above-mentioned directives to incorporate information technology, and the use of mobile devices, in teaching nursing students how obtain and utilize up-to-date information necessary for patient care. This process has been found to enhance nursing student learning and facilitate the nursing students' preparation for evidence-based practice in the current healthcare environment. However, many drawbacks to the use of mobile technology including the high price of the devices, and the necessary applications, as well as IT issues, have emerged. Faculty resistance to learning and implementing mobile technology in the classroom, laboratory, and clinical environment has also been proven to be problematic. Further, many clinical facilities are not permitting nursing students to use their cellphones, personal digital assistants, or tablets in their institutions due to Health Insurance Portability and Accountability Act (HIPAA) concerns and other issues.

The challenge now is: how can nursing education make this work in classroom, laboratory, and clinical settings despite the obstacles?

Some of the current strategies to improve the utility of mobile devices in nursing education will be shared and ideas which may further enhance the integration of mobile information technology into nursing education will be discussed. Suggestions for future research in this area will be presented as well.

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## SCI PST 2 - Scientific Poster Session 2

### The Last Ten Years: Nurse Practitioners in the Southern United States Employed in Medically Underserved Areas

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*Wen-Juo Lo, PhD, USA*  
*Ellen Odell, DNP, APRN, USA*  
*Bill Buron, PhD, APRN, FNP/GNP-BC, USA*

#### Purpose

The purpose of this presentation to gain a better understanding of nurse practitioners (NPs) working in the Southern U. S. and providing health care services to citizens in health professional shortage areas (HPSA) and rural regions during the past decade.

#### Target Audience

The target audience on this presentation is health care administrators planning and designing health care services to medically underserved areas. Also nursing academic administrators and nursing faculty recruiting potential NP students and selecting medically underserved areas for practica.

#### Abstract

**Background & Significance:** Collectively, the U.S. Southern states are some of the poorest, most rural, and socioeconomically deprived regions in the country. Related to these conditions are the poor healthcare outcomes such as higher morbidities, shorter life spans, and higher death rates. The South is home of many rural citizens and medically underserved areas. Despite national databases affiliated with the Bureau of Labor Statistics and the Health Resources and Services Administration (HRSA), knowledge is limited regarding the nurse practitioner (NP) workforce in rural and medically underserved areas of the country.

**Purpose:** The aim of this research is to gain a better understanding of the characteristics of NPs working in the Southern U. S. More specifically, the objectives are to examine and compare the demographic and descriptive characteristics (gender, race, income, practice specialty, and employer type) of NPs working in (a) health professional shortage areas (HPSA) versus non HPSA; and (b) rural versus urban areas during the past decade.

**Method:** A non-experimental quantitative methodology employing three data collection sources was used in the study. Over 1,500 NPs were surveyed both in 2000 and 2010 for demographics and descriptive information such as education, income, practice, employer, and workload. Other data sources included Health Resources and Services Administration that identified HPSAs and the U.S. Census Bureau used to distinguish urban and rural employment settings.

**Results:** The most dramatic shifts in NPs were older, more educated, and earned higher incomes; however, gender and race remained the same over the past decade. Hospital employment was the largest increase and the greatest decline was private practice settings. Family practice as a specialty increased slightly while no shift occurred in other specialties. More NPs worked in HPSAs; however, rural located employment declined.

**Discussion:** The findings of this study continue to suggest that NPs are an important workforce in the delivery of primary care services to rural and underserved populations of the Southern states, an area of the country associated with poor economic and health care outcomes. NPs are employed in HPSAs and close to half work in the rural areas. This workforce is consistent with NP history and traditional educational frameworks, focused on providing health care services to rural and underserved populations.

**Conclusions:** Despite three decades of attempting to diversify nursing student enrollment and increase the graduates of NP educational programs; racial diversity was almost non-existent within the NP

population over the past decade. The small minority of NP participants in this study is far below the number of Blacks and Hispanics living in the region as reported by the U.S. Census Bureau (Humos, Jones, & Ramirez, 2011; Rastogi, Johnson, Hoeffel, & Drewery, 2011; Ennis, Rios-Vargus, & Albert, 2011). There is evidence that provider-patient race concordance improves not only patient satisfaction but improves healthcare utilization and outcomes as well (Gornick, Eggers, Reilly, Mentnech, Fitterman, Kucken, Vladeck, 1996; Laviest & Nuru-Jeter, 2002, Laviest, Nuru-Jeter, & Jones, 2003). This evidence supports the need for continued efforts to increase the number of minority NP providers.

Implication for Nursing Practice: The U. S. continues to face a serious shortage of primary care clinicians at a time when demands for health care services are expected to rise, particularly in rural and underserved areas. NPs as primary care providers, if allowed to practice to the full extent of their licensure, could impact health care outcomes for Southern citizens. The National Center for Workforce Analysis (2013) projected a national primary care provider shortage of 6,400 FTE in 2020. Compared to the length and cost of physician education, the mobilization of a new NPs can occur more quickly at a relatively lower cost. In addition, NP education and practice typically builds on the expertise and experiences of seasoned registered nurses, who often represent a wide array of ethnic and cultural backgrounds. A renewed emphasis on educating more NPs to meet growing primary care demands would likely improve the diversity of healthcare providers. Furthermore, greater support for NP residencies (as encouraged in the IOM [2010] report) focused on rural and underserved areas may actually lead to improved care at a lower cost among these highly underserved and vulnerable populations.

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## SCI PST 2 - Scientific Poster Session 2

### A Researcher's Experience with an Online Survey

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*Malena King-Jones, PhD, MS, BS, RN, CNE, USA*

#### Purpose

The purpose of this presentation is to share the researcher's experience developing and utilizing an online survey to nurse faculty.

#### Target Audience

The target audience includes nurse researchers with an interest in online survey research tools and researching the nurse faculty population.

#### Abstract

It has been noted that there is an increase in the use of electronic survey tools in research (Allen & Roberts, 2010; Fan & Yan, 2010). Advantages and disadvantages of online survey research has been explored but not within nursing research. The purpose of this presentation is to share the researchers experience using an online survey tool to gather data from nurse faculty.

An online survey was sent to 302 Deans/Chairpersons and 39 (12.9%) Dean/Chairpersons responded that the survey would be emailed to 1237 nursing faculty. Nurse faculty responses varied by state and region. Of the potential 1237 nursing faculty 587 started the survey and 549 completed, navigating through to the end of the survey, yielding a survey response rate of approximately 47.4% and a survey completion rate of 93.5%.

Although the survey response rate was acceptable (Dillman, 2007); several barriers were noted while utilizing the online survey tool. Barriers encountered while administering the online survey included duplicating the institutional review board process at additional universities, regional convention attended by the deans/chairpersons, and a lack of cooperation by the faculty gatekeepers. Disadvantages noted during the process included email security and the inability to ensure participants' authenticity or quality of their responses. Advantages discovered during the process included a high response rate, cost effective, and time saving. Using an online survey tool to collect data also allowed the researcher to securely protect and store the data.

This presentation will explore the barriers encountered surveying nurse faculty with an online survey tool. The disadvantages of collecting data with an online survey tool and collecting data from the nurse faculty population will be presented. The advantages of utilizing an online survey tool and recommendations will be discussed. The researcher's experience will be shared in hopes of fostering further research interest in the area of online survey research.

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## SCI PST 2 - Scientific Poster Session 2

### Quality of Life and Artistic Expression in College Students: Creation of Measurement Tool

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*Patricia Diaz, PhD, MSN, RN, Colombia*

#### Purpose

The purpose of this presentation is recognize artistic expression as part of the quality of life and to create a reliable instrument for measuring the quality of life in people who develop artistic activities.

#### Target Audience

The target audience of researchers, nurses in the area of health promotion, policy makers, teachers and students.

#### Abstract

Introduction: initiative and artistic creativity of college students has been reflected through the development of strategies and artistic training workshops that seek to develop the skills and desire to express the different art forms: dance, theater, and singing. These groups have had great success and contributed to project the talent and develop strategies to reduce stress, improve lifestyle and achieve goals such as acting on behalf of the National University of Colombia in academic, cultural and artistic events internal and external order local, national and international. Artistic expression is recognized as an element that contributes to the quality of life and is essential to achieving optimal health states. However, the National University of Colombia does not have measurement tools that establish psychometric quality objectively the impact generated artistic practices in the quality of life of students.

The study of quality of life (QOL) currently has spread from an individualistic and epidemiological role a framework of broad and multidimensional conceptual reference. This construct is multidimensional and complex and involves objective aspects (such as the physical and material) and subjective as the perception-assessment of psychological well-being, social relational, personal, emotional and spiritual. Therefore, things CV is an agent of social change whose ultimate goal is to improve conditions and objective circumstances of life of individuals.

Objective The research study aims to create an instrument to measure from scientific research criteria, the impact of artistic practices in the quality of life of those who favor these forms of expression for their comprehensive training.

Methodology The project focuses on the psychometric perspective, it makes a methodological study essentially designed and development in different phase's first part about definition and structuring elements of the instrument, second part in order to establish psychometric assessment instrument we have two distinct moments to validate it. One in which 16 experts were consulted judges the content validity of the instrument and an application built in 150 students, half belonging to institutional artistic groups and the remaining percentage of students were conducted to not practice artistic expression as part of their life.

Results: We invite 150 students from the National University of Colombia to be the sample, aged between 17 and 27 years. The Instrument consists of five dimensions (social, physical, emotional, material and personal development) items are four-level Likert type. Validated by expert opinion, conducting a factor analysis with Varimax orthogonal rotation, and analysis of the items with the model of Classical Test Theory (TCT) for validation we use several strategies. Validation of judges by Kendall concordance coefficient for related samples indicate a high-level agreement (Kendall's W = 0.18); factorial analysis resulted in five interpretable factors that account for the welcome theoretical structure, and finally, after item analysis performed, the scale was reduced to 50 items (10 per dimension).

Conclusions: We have an instrument to measure quality of life in Young University with psychometric qualities.

The instrument GAI- UN will be used to recognize if there is difference in the quality of life in young people who develop artistic and cultural as part of their academic training activities.

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## SCI PST 2 - Scientific Poster Session 2

### A Case Study of a Multi-Method Evaluation Design: Correctional Nurse Competency Program

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*Deborah Shelton, PhD, MSN, BSN, RN, NE-BC, CCHP, FAAN, USA*

*Louise A. Reagan, PhD, MS, BS, RN, APRN, ANP-BC, USA*

#### Purpose

to examine a multi-method evaluation design highlighting four types of triangulation demonstrating the link between a staff education intervention and clinical nurse outcomes in prison settings. These strategies designed to assure rigor, and challenges of implementation are discussed. Few nurse education programs are linked to clinical outcomes.

#### Target Audience

Nurses interested in correctional nursing; competencies; or program evaluation design and outcomes.

#### Abstract

Background: In only a few studies have improved nurse-patient care outcomes associated with continuing education programs been assessed. Provided that professional development is among the most commonly used strategy to improve quality of patient care in health care settings, it is vital to test their efficacy, to identify their key components and to test their effects on direct patient outcomes.

Challenges exist in the design of studies to measure these effects. Situational and research factors contribute to the success of implementation of cost and burden conscious approaches to measurement which may impact sustainability. Triangulation, the use of more than one approach to the investigation of a research question in order to enhance confidence in the findings is essential to this process. The idea of triangulation has been extended beyond its conventional association with research methods and designs to include four forms: data triangulation; investigator triangulation; theoretical triangulation; and methodological triangulation.

Setting: A northeastern state correctional system comprised of 12 jails and prisons participated over 3 years. Four hundred forty-three nurses (RNs 288; LPNs 138; 17 APRNs; including per diem nurses) who participated worked in 12 facilities (2-jails; 10 prisons; 1-women's facility) serving over 18,000 incarcerated persons. Medical and psychiatric care is provided through a managed care contract. Institutional Review Board approval (# H13-307) was granted by the University of Connecticut Office for Research Compliance.

Methods: A case study approach is utilized to provide an example of the mixed methods design and implementation of a state-wide correctional nurse competency program aligning with the ANA Correctional Nurse Scope and Standards of Practice. This one of a kind competency program provided a unique mobile simulation learning laboratory and required that both workforce and organizational issues be addressed. Reliability and validity of clinical assessment tools adapted for the correctional health environment was a necessary step in this process. This followed competency definition, role clarification activities and needs assessments. Triangulation strategies were mapped for implementation on a timeline. Repeated measures of educational data, observational data, interviews and secondary data sources were utilized to examine the multi-level effects.

Results: All four forms of triangulation were utilized in addition to other research strategies to assure reliable and valid measurement. Multiple forms of data were sampled at different time points over a three-year period of time from the twelve facilities. Challenges of this case study research included need for repeat training, attention to data collection and quality, requests for supplemental data and support for performance of the research team. Attention to these challenges and the use of multiple forms of triangulation over time contributed to the validity of the findings for this state-wide project.



Significance: To date, no correctional nurse competency programming or evaluation measures or strategies for these programs have been tested or published in the US. Documentation of the efficacy of this HRSA (grant # D11HP22212) funded program provides the basis for replication.

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## SCI PST 2 - Scientific Poster Session 2

### Teleporting Story: How Nurse Educators Use Digital Stories to Teach

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*Melissa Schwartz Beck, PhD, MSN, BSN, RNC-OB, USA*

#### Purpose

The purpose of this presentation is to assist nurse educators with the implementation of digital stories in the classroom. The two issues addressed: 1) How nurse educators use digital stories to teach. 2) Benefits and recommendations for using digital stories to teach.

#### Target Audience

The target audience of this presentation is nursing faculty; however, material is applicable to anyone who wishes to engage an audience.

#### Abstract

The National League of Nursing calls for nurse educators to think beyond the 20<sup>th</sup> century pedagogy to explore new possibilities in nursing education that is research based. The concern for educators then is how to effectively incorporate new pedagogical tools that will engage, inspire, and better prepare future nurse graduates. This interactive presentation shares how 12 nurse educators from Europe and the United States have incorporated digital stories to teach both within and outside the classroom walls. Digital stories, the newest pedagogical tool on the narrative field, combines audio, text, picture and video to bring story to life. Data collected from this descriptive qualitative study suggest digital stories assist educators in making a point, better engages students in discussion, enhances information technology skills, and promotes reflection, empathy, and critical reasoning in undergraduate nursing students. The participants of this study provided a wealth of knowledge that could provide the needed portal to not only educate nursing students, but students and patients around the world.

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## SCI PST 2 - Scientific Poster Session 2

### Students, Let's Communicate Together On-Line

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*Kefiloe A. Maboe, PhD, MACur, BACur (Hons), BCur (Hons), BACur, RN, RM, South Africa*

#### Purpose

The purpose of this presentation is to determine how on-line interactive tools may be used to enhance students-to-students, students-to-educator, students-to study material and students-to- Open Distance Learning institution interactions

#### Target Audience

Then target audience of this presentation are educators, researchers, managers of education institutions, students and information technology specialists.

#### Abstract

Open Distance Learning (ODL) institutions have adopted on-line technology to facilitate teaching and learning and to enhance interaction between the students-to-students, students-to educator, students-to-study material and students-to-ODL. Students are encouraged by the university to interact on-line by using the discussion forum and electronic mails. On-line discussion forum are critical in ODL because it allows people who cannot physically attend the educational institution to interact with each other. The purpose of the study was to determine how on-line interactive tools may be used to enhance students-to-students, students-to educator, students-to-study material and students-to-ODL interactions. Probability random sampling was used. Data was collected from 410 registered second and third year Health Services Management students of an ODL institution in South Africa during the second semester in 2012. Only those students who are interacting on-line were requested to participate to the study. Most of the students were from 21 to above 50 years of age. Closed and open questionnaire was posted on-line. Eighty seven students responded to the questionnaire.

Data analysis was done quantitatively and descriptively. The findings indicated that 84.9% of students owned computers, and 100% owned cellular phones, but only 3.8% participated in the on-line discussion forum. Thus the majority of these students do not utilise the prescribed on-line interactive tools effectively nor communicating at all with peers by using emails and the discussion forum. Some of them indicated that they struggled with the utilisation of technology. Educators interacting minimally on-line, they were not supportive. Students do not receive the necessary feedback they require from the educators. Peers supported each other. The university systems were sometimes offline, which becomes worse during registration and assignment submission. Very few students benefitted from on-line interaction. Although students are aware of the benefits of using online technologies, they do not have the support from the institution to enable them to better their skills in using these technologies. The recommendations emanating from the study warrants various interventions of multiple stakeholders to resolve the students' challenges.

Keywords: On-line, students, ODL.

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## SCI PST 2 - Scientific Poster Session 2

### Family Planning and the Adult with Congenital Heart Disease: A Narrative Inquiry

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*Kathryn A. Osteen, PhD, MSN, BSN, RN, USA*

#### Purpose

The purpose of this presentation is to describe the personal narrative experience of adult women with CHD, of childbearing age, and their struggle with family planning options. Family planning decisions include any decision regarding contraception use, getting pregnant, and birthing.

#### Target Audience

The target audience of the presentation is nurse researchers, educators, administrators, and clinicians.

#### Abstract

**Background:** Cardiovascular congenital defects affect 1% of all infants born in the United States regardless of race (Hoffman & Kaplan, 2002; Xu, Kochanek, & Tejada-Vera, 2009). Cardiovascular congenital defects include both treatable or ultimately fatal structural, and functional heart conditions (Gilboa, Salemi, Nembhard, Fixler & Correa, 2010). Surgical advances in congenital heart disease (CHD) have effectively decreased the overall mortality of the CHD population by 24.1%, permitting infants with CHD to live a longer life and increase the possibility of childbearing (Gilboa et al., 2010; Warnes et al., 2008). The overall decrease in mortality has led to an increased prevalence of adults with CHD. Calculating the prevalence of CHD infants and the likelihood of the infant surviving into adulthood, there is an estimated one million adults living with some form of CHD in the United States (Hoffman, Kaplan, & Libertson, 2004). Current research focuses on adults with CHD and the physical risks associated with contraception, pregnancy, and childbirth. Family planning issues are not addressed consistently with this population (Sable et al., 2011). Family planning decisions include any decision regarding contraception use, getting pregnant, and birthing. The adult with CHD has specific concerns regarding family planning including pregnancy, surrogacy, adoption, or sterilization (Kovacs & Verstappen, 2011). The focus of this presentation will be to describe the personal narrative experience of adult women with CHD, of childbearing age, and their struggle with family planning options. Greater understanding of adult experiences with family planning will be useful in future educational efforts for the adult with CHD and their healthcare providers to enhance clinical patient outcomes.

**Methods:** Narrative inquiry, guided by the Roy adaptation model, was chosen for this study because it is appropriate to describe the reproductive decisions of adults with CHD. Eligible participants included adults between the ages of 18 and 49 diagnosed with mild, moderate, or severe CHD, living in the United States (US), and English speaking. A single in-depth, semi-structured interview was completed. After transcription of the interview, the researcher, and a consultant with qualitative experience performed structural and thematic analysis. Interviews continued until saturation of themes was obtained.

**Results:** The final sample included 17 adult females, between 24 and 41 years of age, living in 10 U.S. states. The majority of participants were White, married, and had severe types of CHD. The participants described a continuous struggle with family planning decision that occurred throughout their lives, from becoming sexually active to giving birth. Participants described experiences regarding several options for family planning including contraception, carrying a pregnancy, surrogacy, adoption, and sterilization.

**Conclusions:** The findings from the study support the need for more research regarding family planning and information communicated to the adult with CHD, and the effects of pregnancy on the adult with CHD. These individuals are emotionally attached to having a child. These women had concerns about social, familial, and spousal expectation even though they were afraid of the potential to have a decrease in physical functioning after pregnancy and childbirth. To maximize the health of the adult with CHD, family planning should be incorporated into primary care.

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## SCI PST 2 - Scientific Poster Session 2

### Biostatistics Course in Doctor of Nursing Practice Programs in the United States

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*Aliya Kuerban, PhD, RN, FNP, USA*

#### Purpose

The purpose of this presentation is to explore the regional differences in the Biostatistics courses in DNP programs in the United States.

#### Target Audience

DNP educators and program directors

#### Abstract

**Subject population:** All doctor of nursing practice (DNP) programs listed on American Association Colleges of Nursing (AACN) program directory of DNP website at the time of the research.

**Research design:** A quantitative content analysis of DNP programs' websites will be conducted.

**Instrument:** Since the proposed study will analyze website contents, no survey instrument is needed.

**Procedure:** All schools offering DNP programs listed on AACN's DNP program directory will be classified into four census regions: west, midwest, south, and northeast regions. 25 schools from each region will be randomly selected. This study will explore the regional differences in the following aspects: 1) At what point does the program provide the Biostatistics course, at the beginning of the curriculum or toward the midpoint of the curriculum? 2) The proportion of biostatistics course credits toward the total credits of the program requirement. 3) GRE requirement at admission and how that affects whether the Biostatistics course is given by the DNP program. 4) Graduate level statistics courses as a prerequisite at the time of admission and how that affects whether the Biostatistics course is given by the DNP program. 5) How DNP programs label their Biostatistics course.

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## SCI PST 2 - Scientific Poster Session 2

### Evaluation of the Chinese Version of the Spirituality Index of Well-Being (SIWB) Scale in Taiwanese Elders

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*Yi-Hui Lee, PhD, MBA, RN, USA*  
*Ali Salman, MD, PhD, ND, RN, Canada*  
*Tawna Cooksey-James, PhD, RN, CNE, USA*

#### Purpose

The purpose of this presentation is to provide information regarding the evaluation of a Chinese version of an instrument (the Spiritual Index of Well-Being) measuring spirituality in the population of Taiwanese elders in hope to enhance nurses' competency to care for culturally diverse population.

#### Target Audience

The target audience of this presentation is from nursing researchers and clinicians

#### Abstract

**Background:** Spiritual well-being has emerged as an important indicator of one's health outcomes. Nursing as a profession is concerned with holistic interventions to improve health and overall well-being. To evaluate the outcomes of the holistic nursing interventions, using valid and reliable instruments to assess spiritual wellbeing becomes necessary. However, there is a short of instruments for measuring spiritual wellbeing in Chinese population. While the Spirituality Index of Well-Being (SIWB, reviewed as a health-related quality of life measure, has been used in Western cultural population with good reported reliability and validity, little is known about the feasibility of using SIWB in Chinese population.

**Objectives:** The purpose of this study was to translate the Spirituality Index of Well-Being (SIWB) into a Chinese version and to validate it in Taiwanese elders living in communities.

**Methods:** This was a cross-sectional study with a convenience sample of 150 participants who were 65 year-old or older were recruited from a free-accessed, public seniors' activity center located at a metropolitan in southern Taiwan. The Spirituality Index of Well-Being (SIWB), a 12-items scale with possible total scores from 12 to 60, was translated into Chinese by using a forward- and back- translation method to ensure accuracy and semantic equivalence between the Chinese and the English versions. Procedures of forward translation and back translation followed the principles and considerations for translation and back-translations stated by Behling and Law (2000). Internal consistency, factor analysis, and correlation coefficient were conducted to evaluate the reliability and validity of the Chinese version of SIWB.

**Results:** The Chinese version of SIWB demonstrated high internal consistency (Cronbach's alpha of .95 for the scale and .92 for both subscales). Construct validity was supported by exploratory factor analysis which showed that two factors with 12 of 12 items loading above .68, explaining 74.1% of the variances. Total scale and subscale scores were also significantly correlated with the Chinese version of SF-v12 scale measuring quality of life and the Chinese version of CES-D scale measuring depression, indicating satisfactory convergent validity. The mean scores of the SIWB in Taiwanese elders was 42.56 (SD=10.92).

**Conclusion:** The psychometric properties indicate that the Chinese version of the SIWB is a valid and reliable instrument for future research. This instrument provides a feasible approach for assessing spiritual wellbeing in Taiwanese elders.

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## SCI PST 2 - Scientific Poster Session 2

### An Evaluation of Student and Faculty Perception on the Use of Technology in the Undergraduate Nursing Education Program

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*Kathleen Williamson, PhD, MSN, RN, USA*

#### Purpose

Share results of a study that looked at student and faculty perception of use and ease of use of technology. The presentation will share the results of a descriptive study and explore how using technology can be an indicator of using new technologies in innovative ways in nursing education.

#### Target Audience

Academic leaders, nurse educators, students, clinical educators

#### Abstract

Today, the amount of technology that is available to students and faculty is overwhelming. Providing a venue for students and faculty to access information and create innovative ways to present and explore content is necessary. It is essential to first determine that students and faculty value technology and the use of technology. The purpose of this study was to assess if students and faculty perceive technology as useful and ease of use in nursing education. This study used a survey design to collect data on the intent to use, usefulness and ease of use. The target population was a convenience sample of undergraduate nursing students and faculty. The results of the study will be shared. There were significant correlations found between the student's and faculty perceptions as they related to perceived usefulness and ease of use technology. The data provided insight into the student and faculty perceptions of how they perceive using technology in nursing school. The students' and faculty perception of intent to use, usefulness and ease of use is supported by the perception that technology would enhance the effectiveness of teaching and learning. The perception that technology is easy to use, thus increasing the usefulness in obtaining and utilizing technology in the classroom to engage the learner. This session will also explore the differences between students and faculty in the use of technology and will share examples of technology activities integrated into the nursing program.

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## SCI PST 2 - Scientific Poster Session 2

### Seeing the Commercial Truck Driver as an Occupational Athlete

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*Bryan Combs, MSN, MS, BS, CRNP, FNP-BC, CNL, ATC, USA*

#### Purpose

The purpose of this poster will be to educate the audience on musculoskeletal injuries seen in commercial truck drivers and will discuss the incident rates and days of work missed. It will summarize the state of the science and will show the need for future research in this unique population.

#### Target Audience

The target audience of this presentation is nurses who are interested in musculoskeletal disorders and the occupational health setting. Due to the lack of current research in this patient population it will also target individuals who are interested in creating and developing nursing research and new nursing knowledge.

#### Abstract

The National Institute for Occupational Safety created innovative research in the evaluation of common risk factors, health behaviors, and injury of occupational workers across the US. One of the largest sectors of their research involves the Transportation, Warehousing, and Utilities (TWU) Sector. The TWU sector accounts for 6.6% of the total workforce in the US. In recent years research of the TWU sector has concentrated on the health and injuries of the U.S. commercial driver. There are over 1.4 million truck drivers in America today and the trucking industry has some of the highest work-related injury claims of any of the industries in America.

The purpose of this poster will be to educate the audience on the most common musculoskeletal injuries seen in long haul truck drivers. It will discuss the incident rates of these musculoskeletal injuries and the length of work time lost. It will concentrate on the current state of the science and will elaborate the need for future research. This information will be utilized to help illustrate the need for creating new research and new nursing knowledge regarding this unique profession and the varying musculoskeletal injuries they endure. When the nurses that are interested in the fields of occupational health and orthopedics understand the state of the science of occupational musculoskeletal injuries within this workforce they will be able to see that there is a large gap in current research.

Current research shows that the long haul truck driver has higher rates of obesity, hypertension, and sleep apnea when compared to the general public. These are not conditions you would attribute to an athlete, however many of the musculoskeletal injuries seen in the long haul truck driver are similar to those seen in athletes. As the nurse researchers investigate the long haul truck driver it is important to not look at this population as an unhealthy overweight population but to see them as a patient population that has increased loads on their bodies similar to that of athletes. The objective of this poster is to educate nurse researchers on the unique patient population of the long haul truck driver and with this increased understanding they will be able to create and develop nursing research and new nursing knowledge that looks at this patient population from the unique perspective they deserve. The poster will also illustrate the need for future research in the prevention, evaluation, and treatment of musculoskeletal injuries of the occupational athlete, the long haul truck driver.

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## SCI PST 2 - Scientific Poster Session 2

### Risk of Negligence in the Maternal Care of the Hospitalized Preterm Newborn

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*Beatriz Villamizar-Carvajal, PhD, MSN, RN, Colombia*  
*Carolina Vargas-Porras, MSN, RN, Colombia*

#### Purpose

To emphasize the importance of encouraging the adoption of the maternal role during the hospitalization of preterm infants to decrease the risk of negligence in child care.

#### Target Audience

Healthcare personnel in contact with mothers of preterm infants.

#### Abstract

**INTRODUCTION:** There has been an increase in the incidence of preterm births worldwide, with Colombia not being an exception, not only due to the increase in the population, but as a result of a greater proportion of maternal and gestational problems resulting in deliveries before the end of pregnancy; the figure is significant, 18%, generating emotional and social impacts, and becoming a traumatic experience for mothers, who must deal with feelings of failure, guilt, and the loss of the illusion of having a perfect baby; all this, added to the physical-emotional separation of mother and baby after birth, which interferes with the emotional bonding process. Moreover, the stress associated with the separation from the newborn, long hospitalizations, and the concern for the wellbeing of the baby, often persists well beyond the first year of the child's life. Thus, mothers should develop a series of abilities, skills and capabilities in order to adopt their new role. When the adoption of the maternal role is deficient, the risk of negligence in child care emerges, characterized by the absence of basic care due to neglect or omission, which affects the neurodevelopment of the newborn baby. Negligence has a negative impact on children's development, and, unless remedial actions are taken, deficits accumulate and keep influencing negatively the subsequent development of the child. Therefore, healthcare personnel should be aware of and listen to the experiences of mothers and their parenting expectations to provide them with support throughout this process.

**MATERIALS AND METHODS:** This was a cross-sectional study conducted between March and September 2014. The study population was composed of mothers of preterm infants delivered at a University Hospital who were at the in-hospital setting, and mothers of preterm infants at the out-of-hospital setting in the city of Bucaramanga (Colombia). Inclusion criteria: -Mothers of hospitalized preterm infants, -mothers of preterm infants out of the hospital. Exclusion criteria: -teenage mothers, mothers with communication problems, -mothers with psychiatric problems. The Parenting Inventory for Adults and Adolescents (IPAA), a valid and reliable instrument, was used. This instrument assesses attitudes toward parenting that are considered as high risk of negligence in child care. The IPAA has 32 items, distributed in 4 dimensions: Expectations, with 0.61 reliability, empathy, 0.88 reliability; punishment, 0.76 reliability, and role reversion, 0.80 investment. The reliability of repeated measures for adults ranges between 0.54 and 0.80. Analysis guidelines were followed as per the IPAA instructions, by adding items and turning them into specific scores as established for adults, with the following interpretation: Extremely low score (1-2) and low score (3-4), equivalent to poor parenting behavior; average score (5-6) equivalent to standard parenting behavior, and high score (7-8) and extremely high score (9-10) equivalent to positive attitudes toward parenting. Finally, the mothers were categorized according to the scores in every dimension, thus determining the risk of negligence.

**RESULTS:** The sample included 115 mothers of preterm infants, 56 of whom were assessed at the in-hospital setting, and 59 at the out-of-hospital setting, after all of them had given their informed consent. The mean age of mothers was 26 years, most of them were housewives, with incomplete high-school and low income. The scores of mothers at the in-hospital setting were characterized by low figures as follows: - inadequate expectations toward children (48.2%), -lack of empathy for the needs of the child (51.7%), - belief in the value of physical punishment (48.2%) and -reversion of the mother-child role (55.3%). These

scores evidence an inadequate parenting behavior, with a high risk of negligence in child care. On the other hand, the scores of the mothers at the out-of-hospital setting were distributed as follows: - appropriate expectations toward children (49%), - empathy toward the needs of children (32%), - negative value ascribed to physical punishment (66.1%), - appropriate mother-child role (31%). These scores show appropriate parenting expectations among mothers of preterm infants at the out-of-hospital setting.

**CONCLUSION:** There are significant differences between in-hospital and out-of-hospital settings as to parenting expectations and the risk of negligence in child care. Long hospital stays should become a fertile ground for interdisciplinary interventions aimed at strengthening the maternal role among mothers of preterm babies.

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## SCI PST 2 - Scientific Poster Session 2

### Results from a Longitudinal Nursing Specific Undergraduate Student Satisfaction Survey across a Canadian Collaborative Nursing Program

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#### Purpose

The purpose of this presentation is to report out the unique results from a longitudinal undergraduate nursing survey on student satisfaction in a collaborative nursing program in Canada.

#### Target Audience

The target audience of this presentation is educational experts, researchers, faculty and students with an interest in improving nursing education.

#### Abstract

Results from a Longitudinal Nursing Specific Undergraduate Student Satisfaction Survey across a Canadian Collaborative Nursing Program

Student satisfaction has been associated with later professional attitudes, career commitment, retention in the field of nursing, and more engagement as alumni of our institutions<sup>1-4</sup>. Assessment of student satisfaction in nursing is complex in that we must assess in-class theory courses, clinical practice, and services provided by the faculty as a whole<sup>2</sup>. Evaluation of all aspects of nursing education is challenging, as most university and college based programs standardized evaluations do not fit well with the multiple domains within the nursing curriculum. This issue has been further compounded in Ontario Canada by the fact that many university and College nursing programs have engaged in collaborative partnerships, in which the curriculum may be delivered by both college and university faculty and at different sites throughout the program as educational partners. Currently, all of these collaborative sites use institution-specific, system-wide student assessment tools. These independent instruments vary widely and are not specific to nursing. Hence they do not adequately address the unique characteristics of nursing education.

Our research used the comprehensive Undergraduate Nursing Students' Academic Satisfaction Scale (UNSASS)<sup>2</sup>, and the Undergraduate Nursing Students' Academic Satisfaction Scale–Short Form (UNSASS-SF). We have assessed our cohort of students for two years using an electronic evaluation process and have conducted comparative analyses of satisfaction over time.

Initial results from this ongoing study suggest that nursing satisfaction may be multidimensional and site specific. Overall satisfaction with our program ranged from “satisfied” to “very satisfied” across all sites. The majority of our nursing students were Caucasian, without children, and most were working at least part time. Conflict, on many fronts, emerged as a singular issue that decreased satisfaction throughout all aspects of the program.

This presentation will discuss a) the results found using the UNSASS across multiple sites; b) the use of the UNSASS-SF; c) found major contributors of satisfaction amongst our students and d) concerning trends that are impacting on satisfaction across all sites.

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## SCI PST 2 - Scientific Poster Session 2

### Accessing Rural Populations for Nursing Research: Challenges and Lessons Learned

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#### Purpose

To describe experiences while recruiting participants for nursing research focused on rural populations

#### Target Audience

Those who conduct or plan to conduct nursing research with rural populations and clinicians who work in rural areas

#### Abstract

One fourth of the population of the United States lives in rural areas. It is known that those who reside in rural areas tend to have poorer health and less access to health care resources than those living in non-rural areas of the United States. Conducting nursing research in rural areas can be challenging for a number of reasons. This task can be especially challenging when it involves researching a sensitive topic such as adolescent suicide. Researchers will present their experiences of conducting nursing research with rural mental health practitioners who work with adolescents and their families. This poster will focus on lessons learned while conducting nursing research with rural populations; highlighting methodological issues encountered with rural populations, and present strategies to facilitate the process and reduce barriers to research with rural populations.

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## SCI PST 2 - Scientific Poster Session 2

### Influence of Intrapersonal Characteristics on Nurses' Work Performance

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#### Purpose

The purpose of this presentation is to share research done in South Africa on the influence of the interpersonal characteristics of professional nurses on their work performance.

#### Target Audience

The target audience of this presentation is faculty responsible for nursing education programs and unit managers in clinical services.

#### Abstract

**BACKGROUND:** Reports about poor nursing and midwifery care was on the increase with public media reporting only negative incidents. This is supported by the growth in numbers of nurses who are found guilty of poor nursing or midwifery care during professional conduct hearings at the South African Nursing Council. These reports are contradicted by anecdotal information provided by patients that have received good nursing or midwifery care in the same hospitals that reportedly provide poor care. The performance of nurses and other healthcare workers are influenced by physical and psycho-social work environment factors as well as individual nurse factors, such as intrapersonal characteristics. While there is a wide range of evidence available about the impact of the work environment on performance and productivity, little is known about the impact of practitioners' intrapersonal characteristics on their work performance and caring behaviours.

**OBJECTIVE:** To make predictions about the influence of intrapersonal characteristics of professional nurses' on their work performance and caring behaviours in order to improve the understanding of practitioners' own influence on their delivery of care.

**METHODS:** A quantitative, cross-sectional survey, predictive correlation model-testing design was used for this study. Data analysis was done with SPSS 21, AMOS and SAS.

**RESULTS:** The professional values of professional nurses were the only selected intrapersonal characteristic with a statistically significant (positive) relationship of practical importance with nurses' work performance and caring behaviours. While some of the other selected intrapersonal characteristics had statistically significant relationships, effect sizes were small making it not practically important. If nurses have high professional values as measured with the Nurses' Professional Values Scale - Revised (NPVS-R), NPVS-R as predictor for work performance as measured with the Six-Dimension Scale of Nursing Practice (6-DSNP) is two to three times that of any other predictor that can be added to the equation on a 10% level of significance.

**CONCLUSION:** Professional values influence the work performance and caring behaviours of nurses. Professional values can be developed in the classroom and through experience indicating that in service education or continuous professional development for nurses working in clinical services should not only concentrate on updating clinical skills, but should also provide opportunities to reflect and strengthen professional values. Recommendations are provided for professional nurses, practice, education, management and research.

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## SCI PST 2 - Scientific Poster Session 2

### Main Factors for Creating a Nursing Curriculum Including Oriental Medicine and Challenges of Its Implementation: A Case Study of a Taiwan University

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#### Purpose

This presentation aims to exchange information about recent trend on Oriental medicine and nursing education, and to discuss how to utilize Oriental medicine in nursing education.

#### Target Audience

The target audience is researchers and educators with an interest in Oriental medicine and the utilization for nursing.

#### Abstract

**Background:** Prompted by a suggestion in the model core curriculum for medical education in 2001, all medical faculties and university hospitals in Japan have successively established courses in Oriental medicine and Oriental medicine departments, respectively. Conversely, there are no requisite courses at nursing universities teaching knowledge and skills in Oriental medicine; this subject holds a different position in the curriculum at each university. This indicates that nurses working in Oriental medicine departments have to engage in outpatient nursing without having acquired any knowledge or skills in Oriental medicine in their basic education courses. It's necessary to clarify worldwide knowledge and skills for nurses working at outpatient department in this field in order to effectively attend to patients and to develop a program for teaching them.

**Purpose:** This study is the third stage for creating a nursing model of Japanese Oriental Medicine. The first stage was to outline the trends in nursing research on the use of Oriental medicine in nursing in Japan. The second stage was to investigate participants were nurses and doctors who practice at the Japanese Oriental "Kampo" Medicine of university hospital with method of Focus group interview. On the third stage, purpose of this study was to inspect the nursing school which was the first one to develop their curriculum involved Traditional Chinese Medicine in Taiwan in order to acquire suggestions for creating a nursing model in Japan.

**Methods:** Four viewpoints were applying to inspection based on the first stage of literature review 142 papers from the Japan Medical Abstracts Society and the resulting of second stage of focus group interview as stated above. They were

- 1) The major history of developing curriculum involved Traditional Chinese Medicine.
- 2) The contents of curriculum design..
- 3) The education strategies to involve Traditional Chinese Medicine in clinical practice.
- 4) The evaluating method of the effectiveness of education.

**Results:** The nursing school is one department of China Medical University (CMU) which established in 1958 and located in Middle West of Taiwan. The characteristic of CMU was the only one University has Chinese Medicine School in Taiwan. The nursing school was a vocational nursing school before which established in 1966 and was raised to university status in 1975. The master course started since 2001.

In the past, students were taught the skills of acupuncture and moxibustion by doctors only. However, they could not to practice the skills in clinical setting because without doctor license. Taiwan government promoted the Traditional Chinese Medicine from 1900s due to the announcement "The Promotion and Development of Traditional Medicine" of WHO in 1978. Since then, Taiwan Health Ministry formulate the

course “ Chinese Medicine Nursing” include seven subjects, nine credits from that time. The subjects were:

1. Introduction of Chinese Medicine (2credits)
2. Introduction of Chinese Pharmacy (1credits)
3. Introduction of health food cuisine combined with medicinal herbs.(1credits)
4. Nursing of Chinese Medicine (2credits)
5. Nursing of acupuncture and moxibustion (2credits)
6. Nursing of wound care on the perspective of Chinese Medicine .(1credits)
7. Nursing clinical practice of Chinese Medicine .(1credits)

Before starting the course for the purpose of faculty development, nursing faculties visited the clinics of university hospitals in China twice and attended outpatient department every week through one year.

One representative faculty of five majority nursing courses was requested to be responsible for curriculum development, then shared the meeting information and forward the work with other faculties. Students were prepared to experience symptom control on patients applying method which had learned from the lectures. Meeting and questionnaires were implemented for the evaluation of the effectiveness of education.

**Conclusion:** From the inspection, experiences in the clinical practice were identified as an effective educational strategies.

However, the theoretical framework for intensive application of Chinese Medicine in nursing has not established. This is also an important issue for our progressing research.

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## SCI PST 2 - Scientific Poster Session 2

### Contemplative Practices, Self-Efficacy and NCLEX Success

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#### Purpose

The purpose of this presentation is to discuss the relationships between contemplative practices, self-efficacy and NCLEX success in nursing students

#### Target Audience

The target audience of this presentation is primarily nurse educators; however, aspects of this presentation may be beneficial to all nurses.

#### Abstract

There are a myriad of factors affecting NCLEX-RN® success. Academic success does not always translate into a passing NCLEX-RN® score. The majority of research related to NCLEX-RN® success focuses on academic predictors, either prior to entering a nursing program or during the program. There is less research available about non-academic predictors of success on the exam; however, some research has identified a correlation between self-efficacy and NCLEX-RN® success. In this presentation findings from a study exploring the relationships between contemplative practices, self-efficacy and NCLEX-RN® success will be discussed.

Students enrolled in an elective NCLEX-RN® preparation course were invited to participate in the study. Student activities in the course included typical self-review of content from previous courses, practice taking NCLEX-RN® style questions and writing NCLEX style questions. In addition, contemplative activities were added in each class session to foster self-efficacy. Centering exercises and/or guided imagery were used at the beginning of every class to help students de-stress and to focus on class. Students created affirmation pages for each other by simple writing down a positive trait or supportive phrase on a page for each student in the class. Difficult concepts such as self-sovereignty were introduced to the class through storytelling. Practical suggestions for interviews and beginning practice were interjected through stories. Students were given journals and were encouraged to write about some specific topics, such as why they wanted to become a nurse, and also to document their thoughts as they prepared for program completion. Students created vision boards as a means to focus on what they wanted to achieve. Data collected in this study includes student documentation of review of content, self-identification of topics requiring remediation, and evaluation of contemplative exercises. The ten-item General Self-Efficacy Scale was administered at the beginning of the semester and will be re-administered at the end of the semester. NCLEX-RN® pass or fail information will be supplied through the North Carolina Board of Nursing Report sent to our program.

In this presentation I will briefly discuss each of the contemplative strategies used, student perceptions of these activities and whether they contributed to increased self-efficacy. I will also briefly discuss the relationship between self-efficacy and NCLEX-RN® success. I will provide suggestions for use of contemplative strategies in classroom and clinical settings.

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## SCI PST 2 - Scientific Poster Session 2

### Main Factors for Creating a Nursing Curriculum Including Oriental Medicine and Challenges of Its Implementation: A Case Study of a Japanese University

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#### Purpose

This presentation aims to exchange information about recent trend on Oriental medicine and nursing education, and to discuss how to utilize Oriental medicine in nursing education.

#### Target Audience

The target audience is researchers and educators with an interest in Oriental medicine and the utilization for nursing.

#### Abstract

Background: Prompted by a suggestion in the model core curriculum for medical education in 2001, all medical faculties and university hospitals in Japan have successively established courses in Oriental medicine and Oriental medicine departments, respectively. Conversely, there are no requisite courses at nursing universities teaching knowledge and skills in Oriental medicine; this subject holds a different position in the curriculum at each university. This indicates that nurses working in Oriental medicine departments have to engage in outpatient nursing without having acquired any knowledge or skills in Oriental medicine in their basic education courses. It's necessary to clarify knowledge and skills for nurses working at outpatient department in this field in order to effectively attend to patients and to develop a program for teaching them.

Research Aims: For this study, the author visited one of the few universities in Japan that incorporates Oriental medicine into its nursing education curriculum and conducted interview surveys on (a) the details of creating the curriculum, (b) the practical content of the curriculum, and (c) the educational implementation system. This study aims to examine the main factors for creating a nursing curriculum that includes Oriental medicine, the current teaching content of the curriculum, and the challenges in implementing it, based on the interview surveys. The study also aims to obtain basic material for developing training programs for outpatient nurses.

Survey Participants: Two nursing faculty members (1 professor, 1 associate professor) who have been directly involved in creating a nursing curriculum that includes Oriental medicine at Public University A.

Overview of Public University A: A prefectural university, established in 2003, located in western Japan. The curriculum was revised in 2008 to include Oriental medicine.

#### Research Methods:

- 1) Survey participants were interviewed regarding the details of creating the curriculum, the current teaching content and system, and the challenges. Interviews were recorded with permission and then transcribed.
- 2) The discussions about (a) the details of creating the curriculum, (b) the teaching content and system related to Oriental medicine/nursing, and (c) its challenges were extracted from the transcriptions and included into respective descriptive materials.
- 3) The main factors for developing a nursing curriculum that includes Oriental medicine, the curriculum content, and the challenges of implementing it were examined based on the formulated descriptive materials.

#### Results:

1. Curriculum Creation Process: At the time when University A revised its curriculum, new nursing universities in Japan were being created at a rate of 10–20 programs per year. Furthermore, this exactly coincided with a drop in the 18-year old population and a situation in which the number of university applicants was fewer than the fixed university entrance quota. Even though it was a popular public university, it had to differentiate itself from other universities and more prominently market itself in order to attract the top students.

At this time, one of the interview participants was the undergraduate dean. In addition, University A also had two professors who believed that the Oriental medicine understanding of human beings and health care were essential to nursing practice, and moreover, it was necessary to have this at the core of nursing education. Furthermore, one of the nursing faculty members was a British priest who had a nursing license and had taken charge of a course titled Healing Theory after the university was established. Equipped with these human resources and with a conviction backed by personal medical treatment and nursing practice experience, the dean adopted an educational policy, unique to University A, of developing competence in practical care focused on a holistic understanding of human beings and natural healing power. The dean personally led the changes in the curriculum in line with these objectives. During that process, the university received cooperation from doctors at one of Japan's leading Oriental medicine hospitals, located near the university, as well as specialist nurses in Chinese medicine from a state university in China with which the university had formed a sister-school relationship several years before. With core efforts from the faculty members mentioned above, it was possible to incorporate several courses related to Oriental medicine into the curriculum.

The following three points were the main factors enabling the creation of a nursing curriculum that includes Oriental medicine:

- 1) The university's need to form its own distinguishing characteristics in order to attract top students in a social environment in which university seats outnumbered university applicants.
  - 2) The leadership of the undergraduate dean, who strongly believed that developing an understanding of human beings and care skills based on the principles of Oriental medicine was indispensable to nursing education.
  - 3) The presence of several faculty members with the same beliefs as that of the dean, and their ability to take action on specific class planning and management.
  - 4) The university's physical proximity to one of Japan's leading Oriental medicine hospitals.
2. Overview of Teaching Content Related to Oriental Medicine at University A  
University A currently has the following courses related to Oriental medicine.
    - 1) Holistic Human Theory (1<sup>st</sup> year course, required) 1 credit
    - 2) Healing Theory (1<sup>st</sup> year course, required) 1 credit
    - 3) Introduction to Oriental Medicine (2<sup>nd</sup> year course, required) 1 credit
    - 4) Healing Therapy (2<sup>nd</sup> year course, elective) 1 credit
    - 5) Oriental Nursing Practice (3<sup>rd</sup> year intensive course, elective) 1 credit

From the interviews with the faculty members in relation to 3) and 5) above, the author derived the following as challenges in continuing the curriculum.

- 1) Oriental medicine care techniques (massage, acupuncture, moxibustion, etc.) cannot be properly learned in a limited time period; therefore, it is difficult to utilize these in nursing practice.
- 2) Lectures by doctors are mainly derived from each doctor's knowledge of medical examinations and Chinese herbal medicine; such knowledge cannot be taught as a methodology related to nursing practice.
- 3) While inviting specialists in Chinese medicine from China requires finance, it is not very cost-effective because it is an elective course held during the summer break when there are fewer students. The finance is obtained through prefectural tax, and there is significant uncertainty about securing funding each year.

- 4) Two of the professors that led the creation of the curriculum have retired and the policies that were initially adopted are now no longer fully permeated throughout the entire faculty due to faculty turnover.

Discussion: In recent years, there has been a growing interest in Oriental medicine among clinical nurses, and many workshops on Oriental medicine have been held throughout the country. However, these have been one-off, sporadic workshops. Based on the results of this study, it would be difficult to acquire any knowledge to a level that could be utilized in nursing practice by only attending such a workshop.

Many of the challenges found in this study are attributable to the state of academic development in nursing. It is extremely important to identify how to link medical knowledge with nursing practice and how to construct methodologies to achieve this as well as to clarify and theorize the relationship between the principles of Oriental medicine and nursing practice.

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## SCI PST 2 - Scientific Poster Session 2

### Inducements and Discouragements for Students Transitioning from Associate Degree to Baccalaureate Degree in Nursing: A National Study

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*Kathleen LaSala, PhD, RN, PNP, CNE, USA*

#### Purpose

to present national data related to both factors that enhance students returning for their BS/BSN and those that create barriers for students returning for their BS/BSN.

#### Target Audience

Nursing Educators working in both the operational/clinical setting and those within the academic setting.

#### Abstract

The call to educate more nurses at the baccalaureate level of education has been made (IOM, 2011). Accomplishing this requires innovative access and seamless progression to higher education levels for the associate degree nurse. Understanding the needs of the associate degree nurse should be in the forefront when addressing seamless academic progression. To further understand the needs of the RN to BS/BSN student population, a national study was undertaken to examine the actual items that are considered to be enhancements and barriers by the RN to BS/BSN student population currently.

This presentation seeks to not only present findings from a national study examining current enhancements and barriers for the RN to BS/BSN student, but to engage the participant in crafting creative solutions to address the findings. Findings from a national random sample for RN to BS/BSN students who completed the study tool will be presented. The tool contained multiple choice questions, ranking type questions and open ended questions which sought to better understand enhancements and barriers for the RN to BS/BSN student. The findings related to enhancements and barriers will be presented, along with potential interventions to address both enhancements and barriers will be presented. Additionally, participants in this collaborative presentation will be encouraged to provide feedback related to the proposed interventions, provide feedback and potentially provide alternative interventions.

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## SCI PST 2 - Scientific Poster Session 2

### Critical Thinking Cards: Transforming Classroom Knowledge and Clinical Judgment

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*Deborah Ulrich, PhD, RN, USA*

#### Purpose

The purpose of this presentation is to discuss an innovative strategy to help students apply classroom content to various common scenarios in the clinical setting. Critical Thinking Cards are a valuable tool to incorporate active learning strategies to enhance critical thinking and clinical reasoning in the clinical arena.

#### Target Audience

Nurse educators

#### Abstract

**Introduction:** Critical thinking is an essential component for nursing students to become successful practitioners. It is vital for educators to help students learn to apply classroom content to the clinical setting (Benner, Sutphen, Leonard, & Day, 2010). This is a challenge for nurse educators. The purpose of this descriptive study was to develop an intervention that required students to use knowledge to solve clinical issues. Outcome measures included the intervention's effectiveness in helping students apply class content, as well as improve clinical judgment and critical thinking skills.

**Methods:** Faculty teaching in a junior level obstetrics course at a Midwestern university were presented with a deck of 116 Critical Thinking Cards to utilize as an intervention with students in the clinical setting. The cards were divided into four categories: Antepartum, Labor and Delivery, Postpartum, and Newborn and included questions that required students to use critical thinking to apply course content to various common scenarios. Two researcher created surveys were used to gather data from students (n=66) and faculty (n=4) regarding the effectiveness of the intervention.

**Results:** The vast majority of students stated that the activity helped them apply content from class and claimed the activity also helped them improve clinical judgment. Positive feedback was received from faculty who utilized Critical Thinking Cards as a teaching strategy during clinical. Faculty liked the variety of questions included in the deck and felt that the cards reinforced content from class.

**Discussion:** Critical thinking cards are a valuable tool that promotes multiple active learning skills. Faculty used the cards as springboards for individual and group discussion related to the content of the question on the card. Some faculty used the cards during "down time" in clinical, and others used them as post conference activities. Students seemed to enjoy the activity and felt it helped them improve clinical judgment.

**Conclusion:** Critical thinking cards incorporate active learning skills designed to enhance knowledge of course content and increase critical thinking skills. This creative teaching strategy resulted in positive outcomes for both students and faculty. More research is needed to determine how to best use the cards, what faculty characteristics tend to be associated with better learning outcomes, and how the cards work with students of different levels and in different clinical settings.

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## SCI PST 2 - Scientific Poster Session 2

### Relationship between the Ability to Care and the Overload of Caregiver of People with Chronic Disease in Colombia

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#### Purpose

The purpose of this presentation is to show the relationship between caregiver burden and ability to care.

#### Target Audience

The target audience of this presentation is nurses who are interested in care for family caregivers of people with chronic disease.

#### Abstract

**BACKGROUND:** Chronic illness affects not only those who suffer it but also the family caregivers.<sup>1</sup> The family caregiver assumes various tasks for which in most cases he or she is not ready. To assume the new role generates overload associated with care.<sup>2,3</sup> It has been explored the relationship between overload and gender of the caregiver,<sup>4</sup> the time spent caring,<sup>5,6</sup> depressive symptoms<sup>7</sup> and social support,<sup>8,9</sup> but not yet explored the relationship between the overload and the caregiver ability to care.

**OBJECTIVE:** To determine the relationship between the variables caregiver overload and ability to care of family caregivers of people with chronic non transmissible disease (CNTD) and to determine this relationship in the Colombian regions (Amazon, Caribbean, Andean, Pacific).

**METHOD:** Study of quantitative, correlational approach. The sample consisted of 2,040 family caregivers of people with chronic disease in Colombia (200 from Amazon, 1,677 of the Andean region, 86 from the Caribbean region and 77 from the Pacific region). The statistic of choice to determine the relationship between the two variables was the Spearman Rho coefficient. The instruments used were the Zarit Overload Interview (1980),<sup>10</sup> which assesses the dimensions of impact, interpersonal, skills and expectations and the Care Skill Inventory proposed by Nkongho (1990),<sup>11</sup> which has the dimensions Knowledge, Courage and Patience. Participation in the study was voluntary, and informed consent process was performed.

**RESULTS:** A weak but statistically significant negative correlation ( $p < 0.01$ ) in Colombia (-0.219) and the Amazon (-0.289) and Pacific (-0.345) regions was found. In the Caribbean region (-0.483) a moderate and statistically significant negative correlation ( $p < 0.01$ ) was observed. In the Andean region (-0.043) ( $p = 0.079$ ) there is no relationship between the ability to care and the caregiver burden.

**CONCLUSION:** In Colombia and Amazon, Pacific and Caribbean regions, a relationship between the two variables is observed, suggesting that the greater the ability to care, the less the caregiver overload. This may be in connection with some associated cultural protective factors that have yet to be explored. Finding no relationship between the two variables in the Andean region, it is assumed that for this population these variables operate independently and that their comparative evaluation does not determine the improvement of the status of the caregiver.

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## SCI PST 2 - Scientific Poster Session 2

### From Nursing Student to Registered Nurse: Development of Resilience and Professional Self

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#### Purpose

The purpose of this study is to investigate how professional development, professional values, and resilience of baccalaureate degree nurses evolve over time, by following individuals from entry into a nursing program until five years post-graduation.

#### Target Audience

The target audience of this presentation include nurses, nurse administrators, and nurse educators.

#### Abstract

Resilience is identified as the ability to successfully cope with or rebound from adversity. Individuals with higher levels of resilience are more adaptable to change than those less resilient. While resilience has been studied in numerous clinical populations, little is known about resilience in nursing students and nurses. Nursing requires a high-degree of self-giving. Nurses are often required to work in environments with inadequate staffing, critically ill patients, and need to make rapid life-changing decisions. They interact daily with patients and caregivers in distress. Higher resilience in nursing students may help them navigate the transition into the role of a practicing nurse and ameliorate the multiple stressors that may lead to decisions to leave the nursing workforce.

The purpose of this study is to investigate how professional development, professional values, and resilience of baccalaureate degree nurses evolve over time, by following individuals from entry into a nursing program until five years post-graduation. In addition, the changes in these variable over time will be examined with respect to race, to examine whether the experiences of students from racial minorities is different from students who are not from racial minorities.

A non-experimental, longitudinal study is in progress. Demographic variables collected for the sample include age, gender, race, ethnicity, marital status, any prior degrees, and experiences working in healthcare prior to or while in the baccalaureate program. Three validated questionnaires are administered at five points in time, upon program entry, at the end of the junior year, at graduation, at one year following graduation, and at five years following graduation. The Professional Development Self-Assessment Matrix (PDSAM) is administered to determine the level of professional development for each participant. Nurses Professional Values Scale- Revised (NPVS-R) is administered to measure professional nursing values. Resiliency is measured using the Resilience Scale (RS) developed by Wagnild and Young.

At this point in the study, participants were surveyed at program entry and again at the end of the junior year. Descriptive statistics were used to characterize the sample and examine individual items and subscales. Repeated measures ANOVA, one per variable, were conducted to determine whether there was a significant change over time from initial program admission to the end of junior year. This presentation will be a discussion of the first year findings.

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## SCI PST 2 - Scientific Poster Session 2

### Sexuality in Sexual Partners of Colombian Women with Breast Cancer

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*Luz Stella Bueno Robles, RN, Colombia*

#### Purpose

The purpose of this presentation is share the results of my dissertation as well as showing the experiences of sexual partners of women with breast cancer

#### Target Audience

The target audience of this presentation are caring nurses working women with breast cancer.

#### Abstract

Objectives: To describe the changes in the sexuality of the sexual partners since the beginning of the disease and the treatment of breast cancer by spouses.

Methodology: It was a qualitative approach, analysis of content, in which was involved by 41 sexual partners of women with breast cancer.

Results: The experience in sexual partners with respect to the changes of the sexuality of the sexual partners since the beginning of the disease and during the treatment of breast cancer in their partners allowed the construction of three categories: 1) causes and consequences of the alterations on sexuality and marital relations after the breast cancer by the spouse focused on feelings of fear, guilt and loss as a result of the suffering of women; 2) strategies for overcoming the disease and its effects "My wife is in the hands of God and what he decides is well, for my part I have always loved her and I always will". 3) Demands and support offered for women match with the perception that they have themselves about the support of their sexual partners: "I think I feel better now than before, we understand better and I can provide her my full support and confidence, as my love".

Conclusions: The sexual partners of women with breast cancer report changes in their sexuality as a result of the disease and treatments that generate positive or negative changes in their relationship with their spouse, so nursing must include actions of care that are aimed toward the physical, emotional and social welfare of them.

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## SCI PST 2 - Scientific Poster Session 2

### Acupuncture and Menopausal Memory Changes in Women with Breast Cancer

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#### Purpose

to examine the efficacy of acupuncture to improve the menopausal symptom of memory changes in breast cancer survivors.

#### Target Audience

nurse researchers, educators and clinicians interested in the study of complementary therapies for menopausal symptom relief, particularly in breast cancer survivors.

#### Abstract

Menopausal symptoms are a concern for peri- and postmenopausal women, and for women who have been treated for breast cancer. Changes in memory are a commonly reported menopausal symptom which can interfere with daily activities, occurring in women who experience natural menopause as well as in women who have an abrupt onset of menopause following treatment for breast cancer. Menopause hormone therapy may be contraindicated or unacceptable for many women, reinforcing the need for well-tolerated, non-hormonal treatments for menopausal symptoms. The purpose of this study was to examine the efficacy of acupuncture to improve the menopausal symptom of memory changes in breast cancer survivors, and was a secondary analysis of a placebo-controlled, randomized clinical trial. The Framework for Interactions between the Individual and the Environment was the conceptual framework that guided the study.

Subjects in the parent study were randomized to either the experimental group (symptom-specific acupuncture), control group (non-symptom-specific acupuncture), or enhanced usual care group (instruction on health-related topics). Each group received twelve intervention sessions over an 8-week period. Sixty subjects indicating a positive response to memory items on instruments at baseline were selected for this secondary analysis. The Daily Symptom Diary, Kupperman Index, and Menopause-Specific Quality of Life Questionnaire (MENQOL) measured frequency or severity of perceived memory changes at baseline, midpoint, and end of treatment.

Frequency distributions were used to summarize the data. There were no statistically significant results from the Daily Symptom Diary. Improvement in the enhanced usual care group compared to the acupuncture groups was seen on the Kupperman Index, and validity concerns for this instrument were reviewed. Analysis of the MENQOL data revealed more positive change in the acupuncture groups in improvement of memory than in the enhanced usual care group. These findings support the need for further exploration of targeted interventions such as acupuncture to improve memory difficulties for menopausal women and breast cancer survivors, particularly as advances are made in the understanding of the mechanisms of cognitive change. Acupuncture remains promising as a non-hormonal treatment for menopausal symptoms and merits further investigation.

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## SCI PST 2 - Scientific Poster Session 2

### Storied Experiences of Managing Polypharmacy in Primary Care

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*Johnanna Hernandez, PhD, MSN, RN, APRN, FNP-BC, USA*

#### Purpose

The purpose of this presentation is to explore nurse practitioner's storied experiences managing patient's with polypharmacy in primary care.

#### Target Audience

The target audience for this presentation is advanced practice nurses.

#### Abstract

Polypharmacy is a global epidemic. The World Health Organization (WHO) identifies polypharmacy, the irrational use of medications as a major global problem resulting in wasting of scarce resources and widespread health hazards. A qualitative study used narrative inquiry to explore understanding and meanings of the nurse practitioner's (NPs) professional experience in managing polypharmacy in primary care. In this study, seeking to understand meaning of NPs with a particular issue, temporality was a central feature. Using the three-dimensional narrative inquiry space during data analysis allowed the researcher to view the temporal aspect of the stored experiences as something that has happened over time and to organize the NPs experiences into temporally meaningful episodes. The personal/social interaction was also important as the co-dependency between the two contextualized all aspects of the NP's experience in their practice environments, or place. NP narratives revealed motives, experiences, and actions, and the way they interpret and assign meaning to them in relation to their NP role in managing polypharmacy. Thematic analysis of narratives revealed the complexities of managing polypharmacy and highlighted issues which must be addressed given one in five people will be over age 60 years by 2050, accounting for approximately half of the total growth of the world population.

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## SCI PST 2 - Scientific Poster Session 2

### Findings from an Instrument Validation Study to Measure Perceived Competence and Confidence of Clinical Nurse Educators

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*Helen Forbes, PhD, RN, Australia*  
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#### Purpose

The purpose of this presentation is to report findings from the second phase of a study to develop and validate an instrument to measure perceived competence and confidence of clinical nurse educators.

#### Target Audience

The target audience of this presentation is nurse educators, nurse researchers and policy makers.

#### Abstract

**Background:** The importance of the clinical component in nursing education has been well acknowledged. The transition of clinicians into the role of nurse educators is reported to be challenging, however, little is known about clinical nurse educator skill development after recruitment. This study has been conducted to develop and validate the instrument Clinical Nurse Educator Skill Acquisition Assessment (CNESAA). In phase one, the CNESAA was piloted and tested for reliability and validity. The instrument was modified according to exploratory factor analysis results. In this phase two, the conceptual model of CNESAA was tested again to validate the modifications made in phase one.

**Objective:** To test and validate the conceptual model of the CNESAA with 24 items and five subscales.

**Method:** Instrument validation method through confirmatory factor analysis, following the exploratory factor analysis that was conducted in phase one. Data were collected through surveys and analysed using IBM SPSS - AMOS software version 22.

**Participants:** 212 clinical nurse educators who were teaching nursing students at bachelor (4-year) and collegial (3-year) degrees of nursing in the current academic year (2014-2015).

**Settings:** 12 institutions across three main geographical regions in Vietnam participated in this phase two.

**Results:** Demographics: There were 155 (73.1%) females and 57 (26.9%) males. One hundred forty-eight participants had background in nursing (69.8%), 61 participants (28.8%) were physicians and the remaining (n=3, 1.4%) had background in other disciplines in health. The participants aged from 22 to 59, with a mean age of 33.69 (D=8.35) and had 8.15 years of experience (SD=7.43) on average in the role of a clinical nurse educator.

Confirmatory factor analysis: There was no missing data as a result of compulsory questions in the survey. The initial model of CNESAA suggested by explanatory factor analysis in the phase I with 24-item and five sub-scales has been tested. Model fitness was evaluated using minimum discrepancy statistic (CMIN/DF=2.261) with 236 degrees of freedom. High communalities for all 24 items were observed (.65-.88). High comparative fit index was achieved (CFI=.921). Goodness of Fit Index GFI was of .82, Root Mean Square Error of Approximation RMSEA of .077, Adjusted Goodness of Fit Index AGFI of .771. Although the GFI and AGFI were slightly below the threshold, the model does not suggest any cross-loadings between sub-scales and there were no significant standardised residual co-variances. As the purpose of this analysis was to test the conceptual model rather than seeking a model fit, these values are acceptable for a newly developed instrument. Average variance extracted AVE ranging from .56 to .68 (from standardised solution) for all sub-scales demonstrated convergent validity. Reliability was also established with high composite reliability for all sub-scales (CR=.79-.90).

**Conclusion:** The conceptual model of CNESAA developed and modified in phase one was validated. The instrument CNESAA is found to be reliable and valid to measure perceived competence and confidence of clinical nurse educators in the Vietnamese settings and potentially in similar contexts.

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## SCI PST 2 - Scientific Poster Session 2

### The Synergic Effect of Resilience and Depression on Self-Care in Patients with Chronic Heart Failure

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#### Purpose

The purpose of this presentation is to present the relationship between resilience and self-care is moderated by severity of depressive symptoms.

#### Target Audience

The target audience is nurse/health care scientists, clinicians and educators.

#### Abstract

**Background:** Self-care behavior can improve the health and the prognosis in patients with chronic heart failure (CHF). Therefore, self-care behavior has not only been considered as CHF patients clinical care guidelines but also an important part of disease treatment. Both resilience and depression have been found to associate with self-care, however, the synergic effects of resilience and depression on self-care in patients with CHF remains unknown.

**Objectives:** This study aims to 1) examine the relationships among resilience, depression, and self-care in CHF patients, and 2) determine whether the relationship between resilience and self-care is moderated by severity of depressive symptoms.

**Methods:** 128 CHF inpatients and outpatients were recruited from Northern Taiwan hospitals. Participants' resilience, depression, and self-care were assessed using Resilience Scale, Beck Depression Inventory-II, and Self-care of Heart Failure Index, respectively. The multiple regression models were conducted in SAS software version 9.2 to determine the main and synergic effect of resilience and depression on self-care. All models controlled for confounders (i.e. age, gender, marriage state, education, co-morbidities, Body Mass Index, and weekly exercise).

**Results:** After adjustment for confounders, resilience was positively and significantly associated with both self-care maintenance ( $p < 0.01$ ) and self-care confidence ( $p < 0.01$ ). Depression was negatively and significantly associated with self-care confidence ( $p = 0.02$ ). Furthermore, depression moderated the relationship between resilience and self-care maintenance ( $b = 0.02$ ;  $p < 0.05$ ) but not between resilience and self-care confidence ( $b = -0.00$ ;  $p = 0.24$ ). Specifically, there is a stronger effect of resilience on self-care maintenance in CHF patients with low depression compared with those with high depression.

**Conclusion:** Resilience can improve self-care maintenance and self-care confidence in CHF patients. The positive effect of resilience on self-care maintenance also depends on severity of depressive symptoms. Interventions to improve self-care in CHF patients should consider both the effects of resilience and depression to enhance the effectivity.

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## SCI PST 2 - Scientific Poster Session 2

### Exploring Mentorship in the Nursing Context

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*Noelle K. Rohatinsky, PhD, MN, BSN, RN, CMSN(C), Canada*

#### Purpose

The purpose of this presentation is to explore nurse's perceptions of mentorship in their clinical practice, from the perception of both those who mentor and those who are mentored.

#### Target Audience

The target audience of this presentation is nurses in clinical practice who facilitate the integration of new nurses into clinical practice settings, new nurses entering clinical practice, and nurse educators who prepare students for professional practice.

#### Abstract

Mentorship is a workplace learning strategy that is beneficial to the mentor, protege, and employing institution as a means of transmitting the tacit knowledge of the workplace. As a result of mentorship, newcomers are incorporated into existing communities of practice in the workplace. Using tools from the business context that has used mentorship for the protege's professional development extensively, we explored the concept of mentorship in the nursing context. After slight modification of the tools, we administered them to 357 participants in four health regions in two provinces in Western Canada. Both mentors and proteges were surveyed. Findings demonstrated that mentorship in nursing was an individual commitment that flourished in an organizational culture that encouraged mentoring relationships. As anticipated, proteges found the process of mentorship to be very valuable. Mentors identified benefits they experienced, which moderated their intentions to mentor in the future. From the qualitative part of the study of 26 nurses, we explored the perceptions of mentorship, mentoring cultures, and the process of mentorship of new nurses.

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## SCI PST 2 - Scientific Poster Session 2

### The Impact of Flipped Classroom Teaching Strategies with Nursing Students

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#### Purpose

The purpose of this presentation is to report perceptions of students and faculty when using flipped classroom techniques in baccalaureate nursing courses and to identify if the flipped classroom technique increases learning outcomes by comparing content exam scores to past semester exam scores taught using the traditional lecture format.

#### Target Audience

The target audience of this presentation is nurse educators who primarily teach in baccalaureate nursing programs.

#### Abstract

**Problem:** The flipped classroom technique has been identified as a method to promote increased engagement of students in their learning and the development of critical thinking skills. Some studies have correlated increased grades to these techniques. However, limited nursing research has been conducted on the flipped classroom method and little data exists about student or faculty perceptions of the strategy at the university level. This research will enhance known information about effective teaching pedagogy for baccalaureate nursing students. The purpose of this study is to determine the perceptions of students and faculty when using flipped classroom techniques and to identify if the technique contributes to better student learning outcomes.

**Methodology:** Students enrolled in two undergraduate nursing courses at the University of North Dakota will be invited to voluntarily participate in the study. Students will be notified prior to class of the required prep work for the flipped classroom technique. During the class period, faculty will provide active learning and application scenarios for the students. Following the class, the students and faculty will complete an online survey about their experiences. The online forms will ask likert-type survey questions and open ended questions. At the end of the semester, content exam scores will be analyzed to determine learning outcomes.

**Analysis:** Quantitative data will be analyzed utilizing descriptive correlational non-parametric analysis and reported in aggregate form. Qualitative data will be used illustratively only. Learning outcomes will be analyzed using aggregate test score data of the class and will be compared to aggregate test score data from the prior semester class for the same content area.

**Implications for Clinical Practice:** It is imperative that nurse educators spend time discussing and investigating how to improve our teaching. In the rush to change our classrooms to a more engaged, interactive way to learn and develop critical thinking skills, are the student's learning the critical content knowledge necessary to become competent nurses? The benefits of research on the scholarship of teaching and the development of nursing knowledge and critical thinking skills will be discussed.

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## SCI PST 2 - Scientific Poster Session 2

### Nursing Faculty and Nursing Students Experiences of Participating in International Exchange Programmes

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#### Purpose

The purpose of this presentation is to highlight the use of international exchange programmes in nursing education and its impact on newly graduated nurses and share the Nursing faculty and nursing students experiences.

#### Target Audience

The target audience of this presentation is preceptors, clinical instructors/teachers, nurse educators, academics, nursing students and researchers in the field of nursing education in a global world.

#### Abstract

The aim of the study was to investigate whether International Study Experiences (ISE) during basic nursing education had an impact on newly graduated nurses as regards to self-reported competence. Moreover, a second aim was to explore what background factors that facilitated or constituted a hindrance for nursing students to choose to conduct part of their basic nursing education abroad. At 11 Universities/University Colleges (henceforth called Higher Education Institutions [HEIs]) in Sweden, 565 nursing students responded to the Nurse Professional Competence (NPC) Scale. Students with ISE rated their competence significantly higher on three NPC competence areas—“Legislation in nursing and safety planning”, “Leadership and development of nursing” and “Education and supervision of staff/students”.

Background factors that significantly seemed to enhance ISE were living alone, not having children or other commitments in relation to family, international focus at the HEI and previous international experience. Lack of financial means was reported to prevent students from choosing ISE. The study implies that several background factors are of importance whether students choose ISE or not. ISE during basic nursing education might result in better self-reported competence in leading and developing nursing care, including education of future nurses, and in providing safe care.

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## SCI PST 2 - Scientific Poster Session 2

### The Use of Presence in the Nurse-Client Relationship

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*Cherrill Iona Stockmann, PhD, MSN(R), BSN, RN, CNE, USA*

#### Purpose

The purpose of this study was to describe how practicing, registered nurses across practice settings implement presence in the nurse-client relationship (NCR). Research findings will be used to build on prior research for nursing practice and for education.

#### Target Audience

The target audience of this presentation is practicing, registered nurses, nurse educators, and nursing students.

#### Abstract

The significance of presence to the nurse-client relationship (NCR) has been clearly established. Although understood as foundational to the NCR, presence has not been clearly delineated as a nursing intervention and has often been subsumed under other nursing phenomena, such as caring, empathy, and therapeutic use of self. Knowledge of this intervention is limited with regard to its use across clinical settings as well as to associated client outcomes. Levels of presence described with the use of this intervention suggest that presence can be learned. Without understanding grounded in the perceptions of nurses who have used presence as an intervention, nursing does not have a basis for its use in practice.

The purpose of this qualitative, descriptive study is to explore and describe how practicing, licensed registered nurses across practice settings implement presence to support client health outcomes through the NCR. Research findings will be used to build on prior research and to design educational programs for nurses. Research questions for this study considered the perceptions of the use of presence as an intervention in the NCR by practicing, licensed registered nurses. Focus group method using semi-structured guiding questions was used to collect data. Giorgi's Human Scientific Phenomenological Method was used to analyze the data.

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## SCI PST 2 - Scientific Poster Session 2

### Timing Newborn Follow up Care in Low Income First Time Minority Mothers

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Jean Hannan, PhD, ARNP, USA

#### Purpose

The purpose of this presentation with low income first time minority mothers was to examine the timing and barriers to receiving the first newborn follow up care.

#### Target Audience

The target audience of this presentation maternal child health and minority populations.

#### Abstract

**Background:** Due to shortened postpartum stays, the American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists recommend that all infants receive follow-up care within 48 hours post-hospital discharge to prevent infant morbidity and mortality. However, studies indicate that many do not receive newborn follow up visit within 2 days after discharge especially low income mothers (O'Donnell, Trachtman, Islam & Racine, 2013, Shakib, Buchi, Smith, & Young, 2015; Pregnancy Risk Assessment Monitoring System, 2010). Receiving timely newborn follow up care is more difficult with the recent budget cuts to the healthcare system. For the 2015 House Budget, hospitals and health care systems are facing cuts approaching half a trillion dollars (Herman, 2014). These budget reductions are forcing hospitals to eliminate many health care services in the community, especially those in maternal child health (Abraham, 2011; Ferrara & Hunter, 2010; Kauffman, 2014).

**Objective:** The purpose of this study with low income first time minority mothers was to examine the mean timing and barriers to receiving the first newborn follow up care.

**Method:** This study is a secondary analysis of data from a randomized clinical trial that compared maternal health, infant health, and health care charges in two groups of mothers and newborns.

**Results:** 85 mothers (45 Intervention, 40 Control) have been enrolled. Mothers' ages range from 18-42 with a mean age of 25. The mothers' race/ethnicity includes 38 Hispanic, 46 Black (19 African American, 28 English-speaking Haitians) and 1 White non-Hispanic. The majority (n = 53; 64%) of the infants received late routine medical follow up visits post hospital discharge (M = 8 days post hospital discharge) ranging from 4 days posthospital discharge to 40 days posthospital discharge. Intervention group had a mean of 9 days for their routine medical follow up visits posthospital discharge compared to controls of 8 days for their routine medical follow up visits posthospital discharge. The majority mothers (68%) in the intervention group reported not receiving insurance coverage (Medicaid or private) as the primary barrier to receiving newborn follow up care.

**Discussion:** Study data provide a better understanding of the challenges encountered by first time mothers of full term infants and allow us to identify first time mothers who may need additional help in caring for their infant. With this understanding, healthcare providers can improve the care that first time mothers receive after they deliver their infant and to reduce infant morbidity, mortality subsequent health care costs.

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## SCI PST 2 - Scientific Poster Session 2

### An Examination of Caring in One Associate Degree Nursing Program

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#### Purpose

The purpose of this study was to examine to what extent the concept of caring has been incorporated into an associate degree nursing (ADN) program at one community college.

#### Target Audience

The target audience of this presentation is nurse educators, particularly those interested in incorporating caring into the curriculum.

#### Abstract

The importance of caring in nursing practice and nursing education is well documented. Several significant milestones have thrust caring into the forefront of nursing including Watson's theory of caring or caring science that emerged with the publication of *Nursing: The Philosophy and Science of Caring* in 1979. Caring science was described as a combination of scientific knowledge and humanistic values (Watson, 1979). She advocated for the use of caring science to transform nursing education and she called upon nursing to change its educational framework from the medical model to caring science. She claimed that the medical model was "not adequate for addressing the phenomenon of human care in nursing and human response to actual or potential health problems" (Watson, 1985, pp. 18-19). In 1986 the National League for Nursing (NLN) called for curriculum reform in nursing education (Tanner, 1990). Tanner claimed that one of the major themes of the curriculum revolution was "the centrality of caring" (p. 297).

Again, in 2005, the NLN called for transformation in nursing education. The endeavor to change nursing curricula continues today. Caring is a core value of nursing practice and one of the concepts used to define the competency of professional identity (NLN, 2010). While nursing identifies the importance of caring, the balance between humanism and science, or the art and science of nursing, is not always evident.

Studies have been conducted to describe caring and non-caring nursing behaviors, using both qualitative and quantitative research methodologies, from various perspectives including patients, nurses, and nursing students. Culture and gender have also been considered in studies. Five themes emerged from the exploratory study conducted by Begum and Slavin (2012) in Pakistan with senior nursing students. These themes included: (a) caring as a mothering relationship, (b) caring as a helping attitude, (c) caring as limit setting, (d) caring as communication, and (e) caring as a source of empowerment and development (p. 333). Tools have been developed to measuring caring. DiNapoli and Nelson (2010) conducted an exploratory and principal component factor analyses to develop a survey for measuring caritas. What emerged was a reliable 10-item caring factor survey. Each item represented one of the caritas processes.

In addition to research in nursing practice, research in nursing education has been conducted. Numerous articles have been published describing the transformation of nursing curricula and the addition of the concept of caring in nursing education. A study by Curtis and Jensen (2010) used confluent educative strategies to explore learning experience. The strategies included "reflective writing, reading, and discussing contemporary literature and films, along with clinical experiences, field trips, and guest lecturers" (p. 52). Four themes emerged "(a) challenging assumptions and gaining knowledge and insight, (b) developing caring and empathy, (c) moving to action, and (d) transformational learning" (pp. 50-51). With the emergence of high-fidelity simulation and its use in place of actual clinical practicums, caring in the simulation setting has been studied. Caring was explored in simulated emergency situations

by Eggenberger, Keller, and Locsin (2010) using focus group research. The study demonstrated that caring behavior could be valued and evaluated in simulated situations.

How well schools of nursing are incorporating caring into the curriculum continues to be unclear. The purpose of this study was to examine to what extent the concept of caring has been incorporated into an associate degree nursing (ADN) program at one community college. The research question was "How is the concept of caring incorporated in an associate degree nursing program at one community college?" The sub-questions include the following:

- How is caring defined?
- What terminology is used related to caring?
- How is caring represented in program documents?
- How is caring taught?
- How is caring assessed?

A holistic case study design was used to explore in-depth how the concept of caring was included in the curriculum of one associate degree nursing program in a community college located in southwestern United States (U.S.). Yin (2009) stated that a researcher "would use case study method because you wanted to understand a real-life phenomenon in depth" (p. 18). The single case-study was used because the case represents an everyday situation in this nursing program, while the holistic design was used to examine the global nature of the program (Yin, 2009, p. 50). Data was collected using a review of ADN program documents, informal interviews with nursing instructors, and formal group interviews with nursing students representing each semester of the 2-year program. The program documents reviewed include the mission, philosophy, values statements, educational learning outcomes, course syllabi, and clinical evaluation tools of the most recently completed semester of the ADN program. The documentation review included a computer search and reading to determine how and where caring was taught and how and where caring was assessed in nursing students. The findings were recorded on a data collection sheet. Following the documentation review, informal interviews were conducted with faculties representing the program and the courses to clarify and validate document review findings prior to interviewing students.

Ten formal group interviews were conducted with a total of 25 volunteer nursing students representing each of the 4 semesters between December 2013 and May 2014. Guiding questions were used during the interview:

- Tell me what caring means to you.
- How did you learn about caring?
- Have you taken any courses that taught you about caring? Can you give me an example?
- How and where did this occur?
- How has caring been assessed or evaluated in the courses you have taken? Can you give me an example?
- How and where did this occur?

The computer search for caring and similar terminology using the Microsoft office word search program was analyzed for where caring was represented in the ADN program. Comments made while reading the documents were analyzed to understand the context of the terminology, the teaching/learning strategies, and the assessment of caring in nursing students. The formal group interviews were recorded and transcribed verbatim. The transcriptions are being analyzed for themes and patterns using the Descriptive Coding method.

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## SCI PST 2 - Scientific Poster Session 2

### The Mediating Effects of Fear of Falling on the Relationship between Muscle Strength and Depression of Community-Dwelling Older Women

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#### Purpose

The purpose of this presentation was to explore the mediating effect of fear of falling on the relationship between muscle strength and depression among community-dwelling older women.

#### Target Audience

The target audience of this presentation is community health nurse, and health professionals.

#### Abstract

Although there are many studies on the relationship between physical function and depression of older adults, few studies have identified whether muscle strength affects depression through fear of falling (whether a mediation exists), especially in older women. The purpose of the study was to explore the mediating effect of fear of falling on the relationship between muscle strength and depression among community-dwelling older women. Total sample was 163 Korean older women aged 60 and over in one small city. Instruments were Activities-specific Balance Confidence scale, Center of Epidemiologic Studies Depression Scale (CESD), and Hand Grip Strength test. Data were analyzed using multiple regressions proposed by Baron and Kenny (1986). First, muscle strength had a significant direct effect on depression ( $\beta = -.314, p < .05$ ). For the next step, muscle strength was correlated with fear of falling ( $\beta = -.467, p < .01$ ). In the third step, fear of falling completely mediated the relationship between muscle strength and depression ( $\beta = -.009, p > .01$ ). The results indicate that the indirect effect of the muscle strength on the depression through fear of falling was significant. The findings have implications that these relationships can guide health professionals to develop physical exercise intervention strategies to increase self-efficacy and personal control in order to prevent ultimately depression among older women. Health professionals should play a leading role in assisting older women who undergo low physical function to ensure they have emotional strength, as this can dramatically impact their depression.

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## SCI PST 2 - Scientific Poster Session 2

### Investigation of the Stress Level and Potential Contributive Factors for Japanese College Nursing Students during the Period of Clinical Practicum

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*Izumi Nakashima, BSN, RN, Japan*  
*Eri Mizoguchi, BSN, RN, Japan*  
*Hitomi Moriki, BSN, RN, Japan*

#### Purpose

The purpose of this presentation is to delineate the stress level of Japanese college nursing students and to detect the potential variables that might contribute to the increased level of stress while they are taking clinical practicum.

#### Target Audience

The target audience of this presentation is nursing educators, researchers and clinical instructors who are interested in assessing the level of stress and the relationship between such stress and one's psychological and biological factors of college nursing students during the period of clinical practicum.

#### Abstract

**Purpose:** Clinical practicum plays a crucial role in nursing education. However, it is indicated that students often experience great stress due to various tasks they have to carry out and fulfill as a nursing student in varied types of clinical environment. Purpose of this study was to examine the level of stress of Japanese college nursing students and to detect potential factors that might contribute to their increased level of stress during the period of clinical practicum. In addition, the relationship between students' level of stress and potential factors were examined. In this study, factors that contribute to students' stress primarily refer to his or her self-efficacy, career interests, interpersonal relationship in the clinical settings, clinical tasks, as well as demographic factors such as age, gender, and household status and so on.

**Methods:** A descriptive correlational research design was used in this study. A total of 137 college nursing students who are juniors and seniors was recruited from a national university located in southern Japan to participate in this study by using convenience sampling method. Participants were requested to complete a set of scales used to assess the level of stress and self-efficacy. The scales included the Clinical Practicum Stress Scale, a 24-item questionnaire, developed by the researcher to examine the stress resulted from interpersonal relationships, clinical tasks, and environmental situations, the Stress Checklist Short-Form (Imazu et al., 2006), the Coping Scale (Ozeki, 1993), and the Self-Efficacy Scale (Narita et al., 1995). Participants' demographic data such as age, gender, household status, engagement in clubs or part-time jobs, and initial career interests were also collected. Data analysis methods used in this study included descriptive statistics, Pearson correlation analyses, independent t-tests, and analyses of variance (ANOVAs). The Pearson correlation was used to examine the correlations among variables, whereas the t-tests and ANOVAs were utilized to evaluate group differences in the level of stress of participants with varied background variables.

**Results:** The results showed that variables including the interpersonal relationship in clinical settings, task fulfillment, and lack of confidence in carrying out the care result in a higher level of stress, while factors such as gender, age, household status, and engagement in clubs or part-time jobs were variables that less likely contribute to students' stress. With respect to the stress reactions, many students reported anxiety and psychosomatic symptoms during the period of clinical practicum. Nevertheless, the results revealed that students with a higher level of self-efficacy had a significant lower degree of anxiety and that students with consistent career interest in nursing showed a significantly lower level of stress. Furthermore, senior nursing students demonstrated significantly a higher level of stress than their junior peers.

**Conclusion:**The present study indicated that although college nursing students tend to express anxiety and demonstrate psychosomatic reactions to the stress during the period of clinical practicum, a higher level of perception of self-efficacy may result in a lower level of stress. In addition, it was found that many of the students have a stressful feeling toward interpersonal relationship in the clinical settings. Findings of this study indicated the importance of promoting nursing students' self-efficacy and ensuring them a warm clinical environment.

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## SCI PST 2 - Scientific Poster Session 2

### Predictors of Success in Baccalaureate Nursing Curriculum

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#### Purpose

The purpose of this presentation is to share the results of the evaluation of the predictors of success of students who are enrolled into the Bachelor of Nursing Science (BSN) curriculum. The information shared in this presentation may be utilized to refine the admission criteria for the BSN majors.

#### Target Audience

The target audience of this presentation includes nursing educators in university setting, nursing education administrators, clinical nursing educators, nurse recruiters, and other educators involved in preparation of BSN level nurses.

#### Abstract

This presentation is the reflection of an ongoing research effort to determine the best predictors for student success in a Bachelor of Science in Nursing (BSN) programs and potential for successful completion of the National Council Licensure Examination for Registered Nurses (NCLEX-RN). Healthcare arena is becoming more complex and it may be a challenging environment for a novice nurse. Students who were successful in their studies will be more apt to perform in the continuously evolving healthcare field. Therefore, it is important to determine student selection criteria that may affect future performance in a nursing program as well as future professional practice.

Preliminary results are suggestive that pre-nursing science GPA and performance on certain science nursing courses may be strong predictors of success in the undergraduate nursing curriculum and may correlate with high passing rates on licensure examination. In spite of the fact that some generalizations can be made about the predictors of success in nursing curriculum and on NCLEX-RN, each nursing program may consider working on refining its own admission criteria because of the possibility of significant variations among students in each program.

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## SCI PST 2 - Scientific Poster Session 2

### Alcohol and School Violence in High School Students

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*Lucio Rodriguez, MSP, Mexico*

*Maria Magdalena Alonso-Castillo, RN, Mexico*

*Karla Selene López García, RN, Mexico*

#### Purpose

The purpose of this presentation is to describe the relationship between alcohol consumption and school violence in high school students

#### Target Audience

The target audience of this presentation are nursing professors, students, and clinical nurses that work in the prevention and health promotion; in order to develop educational programs in alcohol prevention.

#### Abstract

Introduction: The consumption of alcohol is a serious public health problem in Mexico. Segments of the population most vulnerable to experience the negative effects of alcohol are teenagers. A behavior that shows related to alcohol consumption is the violence. The literature review has identified few studies on alcohol use and bullying in high school adolescent.

Objective: was to describe the relationship between alcohol consumption and school violence in high school students

Methods: The design was descriptive correlational random sampling was stratified by group, the sample size was obtained through the n 'Query Advisor 4.0, considering a medium effect for an alternative correlation of .30, the final sample was 255 students in the metropolitan area of Monterrey, México. The instruments used were the Questionnaire Disorders Identification to Alcohol Consumption (AUDIT) and the Scale Violent Conduct in the Classroom (ECDV).

Results and conclusions: A 77.3% of consumed alcohol at some time in life, 62.4% and 40.4% last year and month respectively. More reasonable consumption was found in women (18.5%) than men (10.3%), stressed that the most frequent violent behavior were insulting classmates (physical and verbal aggression) and insults and deceit teachers. Further violence was reported in men than in women. There is a positive relationship between the cups consumed on a typical day with violent behavior ( $r_s = .214$ ,  $p < .001$ ), also according to the score of drinking (AUDIT) a positive relationship with behavior violent ( $r_s = .314$ ,  $p < .001$ ). Finally significant difference was found by school violence for prevalence of alcohol consumption sometime in life ( $U = 3709.5$ ,  $p < .001$ ) in the last year ( $U = 5529.0$ ,  $p < .001$ ) and month ( $U = 5796.0$ ,  $p < .001$ ), emphasizing higher mean and median scores on violence on students who consume alcohol. The results of this study may in the future be the basis for the development of preventive nursing programs on violence and alcohol.

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## SCI PST 2 - Scientific Poster Session 2

### A Remediation Model for Assessment Testing

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*Tawna Cooksey-James, PhD, RN, CNE, USA*

*Ali Salman, MD, PhD, ND, RN, Canada*

*Yi-Hui Lee, PhD, MBA, RN, USA*

#### Purpose

The purpose of this presentation is to present a remediation model that can be used for assessment testing that has positive learning outcomes.

#### Target Audience

The target audience for this presentation includes nurse educators in the academic and clinical settings, and administrators who want to improve the learning outcomes for nursing students and registered nurses.

#### Abstract

**Purpose:** Reviewing an exam after it is taken is a valuable learning experience for nursing students and is linked to later exam successes. Developing a remediation plan that focuses on the assessment test can be a valuable learning method with successful testing outcomes that can carry over to NCLEX success. A remediation plan was developed and used by students to improve the outcomes of course and exit assessment testing and later NCLEX.

**Method:** A remediation plan was initiated from intense 1:1 meetings between faculty and graduating nursing students over a six-week period while completing exit assessment testing. This model was used by students and was associated with successful testing outcomes. Adjusting this remediation plan to use with course assessment testing was expected to yield similar outcomes. This remediation model was refined for use with course assessment testing during the fall semesters of 2013 and 2014 at a university setting for baccalaureate nursing students.

**Results:** The remediation model met with varied success dependent on student usage. When student usage increased, this remediation plan was associated with improved assessment testing outcomes.

**Recommendations:** Further examination of factors associated with student usage is needed. As this remediation plan takes 2-4 days to accomplish, it must be given to the student with timeline awareness.

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## SCI PST 2 - Scientific Poster Session 2

### Assessment of Risk for Pressure Ulcers in Critical Patients: Nursing Practice and Reflections in the Context of Multidisciplinary Communication

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*Maria Helena Larcher Caliri, PhD, RN, Brazil*

#### Purpose

The purpose of this presentation is present the results of research done in Brazil with the aims of Identifying on patient's records documentation of nursing actions related to PU risk assessment; Analyze the perception of members of multidisciplinary health team about risk assessment and the interdisciplinary communication process.

#### Target Audience

Nurses working in hospitals, managers and resarchers

#### Abstract

**INTRODUCTION:** Pressure ulcers (PU) constitute a serious problem, considered as an adverse result of healthcare that compromises patient safety; however, they are preventable in most cases. The incidence of PU stands out as an important indicator in the quality of care in hospitals, where the reference sector for calculation is the intensive care Unit, and its monitoring is the responsibility of nursing. Several risk factors have been reported in the literature because they are associated with the development of PU and, among them, are highlighted the general state of health: diabetes, stroke, multiple sclerosis, cognitive deficit, cardiopulmonary disease, malignancy, hemodynamic instability, peripheral vascular disease, malnutrition and dehydration; premature neonate; history of smoking; history of previous UP; increased length of stay; significant weight loss; extended time on stretchers; medications: sedatives, analgesics and anti-inflammatory drugs; and refusal of care (WOCN, 2010). Depending on the risk factors to which they are exposed, the patient may present greater or lesser vulnerability to the development of PU. However, for the risk assessment the international guidelines recommend the use of risk assessment scales, and highlight the Braden and Norton scales as the ones that have been most studied in the adult population, and are considered valid for PU risk prediction in a variety of healthcare facilities. In these scales, Braden's is the most utilized in Brazil, being applied in most cases by the nurses. The risk determination for developing PU through a specific scale must be associated with the clinical observation to evaluate other related factors that are not addressed in these tools. The results of this evaluation should provide the framework for the development of an individualized care plan, centered on the patient, which presupposes a collaboration process between the patient, family and healthcare professionals (REGISTERED NURSES ASSOCIATION OF ONTARIO, 2011). Based on these, the importance of risk assessment for PU is noted in view of establishing appropriate preventive measures; proper registration of this assessment in medical records it is paramount for facilitating team communication and ensuring appropriate care planning.

**OBJECTIVES:** Identifying on patient's records, documentation of nursing actions related to risk assessment for PU; Analyze the perception of members of multidisciplinary health team about risk assessment for pressure ulcers and the interdisciplinary communication process.

**METHODOLOGY:** Descriptive study, with quantitative and qualitative approach, carried out in the ICU of teaching hospital, in João Pessoa/PB, Brazil after approval by the ethics and Research Committee of the institution. Data collection was done initially by a review of 38 patient's records using a structured tool. After that a focus group was conducted with members of the ICU's multidisciplinary team to discuss the results regarding the risk assessment practice for PU and to identify the difficulties and strategies that could be used to improve this practice, considering it within the interdisciplinary communication process. Four focus groups were conducted, three of them with the nursing staff, and one with representatives from all of the ICU's health professionals. For analysis of the results, the descriptive statistics and content analysis technique proposed by Bardin were used.

**RESULTS:** The risk assessment for developing PU on admission was documented by the nurses in the medical records of 57.9% patients and all used the Braden Scale. Risk assessment was not documented by the nurses in any patient records on the days following admission. Analysis of discussions on the focal group produced a category “practice of pressure ulcer risk assessment” that originated three subcategories. The first subcategory called “risk assessment using the Braden Scale”, revealed that this scale is the risk assessment tool used in intensive care, and nurses are responsible for its implementation and they do the evaluation only at the time of patient’s admission, and that the results obtained are not used for the planning of care but for administrative purposes. The second subcategory “barriers to completion of the risk assessment for development of PU” identified the lack of knowledge to perform the risk assessment for PU with the Braden scale, ignorance of the professional standards for nursing practice and regulation and nurse’s responsibility for patient care. Nurses prioritize bureaucratic activities over the actions of direct care with the patient, overwork and complain of fatigue due to long working hours in different hospitals. The statements from the nurses have reinforced the importance of subsequent evaluations, as it is presented on international PU prevention guidelines. In the third subcategory- “strategies for assessing the risk for development of PU” it was evident that the Braden scale should be used as a standard tool for PU risk assessment and that the nurses could continue to apply it daily and document the obtained scores on patients chart. Also, they emphasized that the results of the total score and sub-scores should be known by the other members of multidisciplinary team and be used to plan the preventive measures. However all professionals should be educated about the importance of the tool and trained on how to use the Braden scale also have enough time during their work to do the assessment and to plan the adequate care. In this context, it is important to highlight that, considering the multiple causes of PU, each member of the multidisciplinary team has a responsibility for its prevention, and needs to observe the standards of their professional practice as well as to document properly their actions. However, despite the studies that show that prevention of PU goes beyond nursing actions, it was perceived that nurses continue to be responsible for its occurrence and, therefore, its prevention. Regarding the second category “documentation of evaluations in the patient records” there are two subcategories. The first – “the importance and practice of documentation”, where the nurses showed the importance of the documentation related to the risk assessment; however, they recognized that there was underreporting of those in the ICU. The nutritionist stressed the importance of nursing records as a source of information to support the nutritional interventions, so once again the importance of the nursing notes as a source of communication tool between team members. Nevertheless, the physician valued not the risk assessment, but the documentation about characteristics of the wound when present, recognizing that there are gaps in the record of the occurrence of these, and that sometimes the nursing professionals do the documentation but the other members of the team do not value the information received. The second subcategory- “strategies for improving the documentation” highlighted the need to design an appropriate form to be included on patient’s chart in order to document the risk assessment and for monitoring the skin conditions during hospitalization.

**CONCLUSION:** The results of this study shows that in order to improve the quality of care in the setting where the study was done it is necessary to use strategies to modify working conditions as well as to educate professionals about how to use the Braden scale do the PU risk assessment and to use the results of evaluation to do the planning of preventive care in a multidisciplinary perspective. It is necessary also to focus on how to increase the documentation of professionals actions on patient’s records as a way to improve team communication and to prevent PU.

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## SCI PST 2 - Scientific Poster Session 2

### Utilizing Music Therapy as an Intervention to Decrease Anxiety in Respiratory Compromised Patients

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#### Purpose

The purpose of this research study is to examine the effectiveness of music therapy as an intervention to decrease anxiety in respiratory compromised patients.

#### Target Audience

The target audience of this poster includes nurses and providers caring for patients that suffer from anxiety. Although this research focused on respiratory compromised patients requiring some form of alternative ventilation or oxygenation device, the benefits of music therapy may be generalizable to all hospitalized patients.

#### Abstract

**Purpose-** Many patients in the Respiratory Care Unit (RCU) have suffered respiratory failure and as a result require mechanical ventilation, BiPAP or other oxygen delivery devices. These lifesaving interventions are commonly associated with high levels of anxiety. This anxiety may interfere with ventilator liberation, sleep and participation in therapy. The purpose of this study is to examine the effectiveness of music therapy as an intervention to decrease anxiety in RCU patients.

**Background-** Because uncontrolled anxiety can have devastating results, healthcare providers depend on the use of sedative medications to alleviate the symptoms of anxiety. However, these medications have potential risks and adverse effects that may further complicate and lengthen patients' recovery. In light of the potentially damaging effects of sedative medications, nurses are exploring effective and alternative interventions, such as music to decrease anxiety and promote patient healing.

**Methods-** A quasi-experimental pretest-posttest design was used in this study involving 29 adult RCU patients selected by convenience sampling. The participants received the music therapy session with preferred music selection via headphones for 30 minutes. State anxiety levels were obtained utilizing a 100mm visual analog scale and physiological indicators of anxiety such as blood pressure, heart rate, respiratory rate and oxygen saturation where measured immediately before and after the music therapy intervention. Patient satisfaction was measured with a yes/no survey regarding enjoyment of the music session. Data was analyzed for statistical significance using a two-tailed paired T-test.

**Results-** The study found patients (n=29) who listened to a 30 minute music session showed statistically significant decreases in physiological indicators of anxiety such as systolic blood pressure (p= 0.0003), mean blood pressure (p= 0.04), heart rate (p= 0.0006), and respiratory rate (p= .0001). There were no significant differences with diastolic blood pressure (p= 0.17) and oxygen saturation (p= 0.531) when comparing the pre and post-test assessment. The study concluded a mean 27 point reduction of patient state anxiety levels on a 0-100 visual analog scale as well as 96.6% patient satisfaction rate.

**Conclusion-** The statistically significant values that were measured (systolic and mean blood pressure, respiratory rate and heart rate) after music therapy were indicative of a decrease in the physiological responses to anxiety. As a subjective measurement, a decrease in patient's perception of anxiety as well as satisfaction with the intervention was evident with music therapy. This study found music therapy to be an effective tool to assist in the reduction of anxiety in patients in the RCU and indicate a benefit of implementing music therapy into the daily patient care plan with continued evaluation.

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## SCI PST 2 - Scientific Poster Session 2

### Stress and Coping Strategies among Undergraduate Nursing Students in University of Calabar, Nigeria

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#### Purpose

the purpose of this presentation is to highlight the stress that undergraduate nursing students experience so that all stakeholders will collaboratively design programmes that will reduce stress, health educate and encourage the students to utilize other healthy coping strategies to enhance health promotion.

#### Target Audience

The target audience of this presentation include Nurse Educators; Clinical Instructors, principals of nursing schools and Head of Departments, Policy Makers, Parents, Students, Nursing and Midwifery Board Members, Nurse Clinicians.

#### Abstract

**Background:** Stress commonly occurs among health workers and medical students including undergraduate nursing students (Amr et al. 2011; Rajesh Kumar, 2011; Shamar & Kaur, 2011; Eswi, Radi & Youssri, 2013). Different kinds of stressors affect students such as the pressure of academics with the responsibility to succeed, not knowing the future outcome and inability to integrate into the system. Students grapple with social, emotional, physical and family problems which may interfere with academic performance (Shamar & Kaur, 2011). A high level of stress can cause physical and mental health problems, reduced self-esteem and result in low academic achievement. Studies within and outside the country have examined stress among medical students, radiography students (Ugwu & Ugwumba, 2013); diploma nursing students (Rajesh Kumar, 2011; Shamar & Kaur, 2011), undergraduate nursing students in Egypt (Amr et al. 2011) but there is no study in Nigeria addressing undergraduate nursing students' stress. Therefore, the main aim of the study was to assess the level of stress and the coping strategies used by the undergraduate nursing students in the University of Calabar, Nigeria.

**Method:** A descriptive study was undertaken in the Department of Nursing Science, University of Calabar, Calabar, Nigeria. The study population consisted of all nursing students in the department. A purposive sampling technique was used to select a sample of 154 students in the third to fifth year of study in the Bachelor of Nursing Science Degree Programme. The instrument for data collection was a Perceived Stress Scale (PSS) developed by Cohen, Kamarek, & Mermelstein, (1983) and Nursing Students Coping Orientation for Problems (NUSCOPE) modified from Adolescent Coping Orientation for Problem Experiences (ACOPE). ACOPE was developed by Patterson and McCubbin (1987). PSS which has 14 items on Likert Scale was modified by the researchers to ensure that it was sensitive to the needs of the students. The items were increased from 14 to 15; and the instrument has a content validity index of 0.87 and a test retest reliability coefficient of 0.78. NUSCOPE content validity index was 0.80 while a test retest reliability of the instrument was 0.82. Data collection was done face to face by the researchers. Data analysis was done using SPSS version 20. Statistical analysis utilised descriptive statistics, Independent t test and One-way analysis of variance. Ethical approval was given by Cross River State Ministry of Health Ethical Committee.

**Results:** The mean age of the respondents was 28.91+7.61; majority were females 136(88.3%); mostly admitted through University Matriculation Examination 88 (57.1%) while 63 (40.9%) were Direct Entry Students. The mean of perceived stress within the last one month was 39.15+7.13 while the respondents 101(65.6%) experienced moderate stress and 52 (33.8%) had high or severe stress. The findings of this study is supported by Amr et al. (2011); Rajesh Kumar (2011); Shamar & Kaur, (2011). The most commonly used coping strategies were: seeking diversion 27.73+4.27; self-reliance 18.05+3.43; avoiding

17.71+3.90 while the least commonly used was being humorous 4.07+1.63. These results are also in consonance with the findings of Rajesh Kumar (2011). However, there was no significant statistical difference in gender with regards to stress ( $p < 0.05$ ). One way analysis of variance showed that there was a significant difference in mode of entry, level of students and the level of total stress ( $p < 0.05$ ).

**Conclusion:** It was concluded that majority of the respondents suffered from stress, therefore, there is need for stakeholders to design programmes that will reduce stress, health educate and encourage the students to utilize other healthy coping strategies to enhance health promotion.

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## SCI PST 2 - Scientific Poster Session 2

### Reliability and Validity of the Face, Legs, Activity, Cry, Consolability Behavioral Scale in Assessment of Acute Pain in Healthy Newborn Infants

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#### Purpose

The purpose of this poster presentation is to disseminate the results of a reliability and validity study of the Face, Legs, Activity, Cry, Consolability (FLACC) Behavioral Scale in acute pain assessment in healthy newborn infants.

#### Target Audience

The target audience of this presentation is composed of nurses who care for healthy newborn infants and researchers who study pain.

#### Abstract

The Face, Legs, Activity, Cry, Consolability (FLACC) Behavioral Scale was originally developed and evaluated for post-operative pain assessment in children between two months and seven years of age. Multiple pain assessment scales have been validated for use under a variety of clinical situations for different pediatric age groups. However, nursing care and electronic documentation could be simplified if a single pain assessment scale could be used on pediatric units and the newborn nursery. However, there is limited evidence of reliability and validity for use in healthy newborn infants. The purpose of the study was to evaluate the reliability and validity of the FLACC Behavioral Scale when used in clinical care of healthy newborn infants during the first few days of life.

Four observers were trained to achieve acceptable intra-rater and inter-rater reliability on the FLACC Behavioral Scale and the Neonatal Facial Coding System (NFCS) which is another behavioral pain scale. Direct observations were performed before, during, and after routine heel puncture in 47 healthy newborn infants (370 FLACC Behavioral Scale scores). Audiotaped crying behavior was coded by the researcher who was masked to FLACC and NFCS scores. Inter-rater reliability will be determined with intra-class correlation coefficients, and internal consistency will be determined with KR20 form of Cronbach's alpha. No test-retest or intra-rater reliability will be calculated due to the direct observation aspect of the research study, however this corresponds with clinical use of pain assessments. Construct validity will be determined by comparison of scores before, during, and after heel puncture, with the expectation that scores will be highest during heel puncture. In addition, construct validity will be determined with correlation between FLACC and NFCS scores at each observation and the correlation between percent crying and mean FLACC score during the entire heel puncture. The range of scores reported during acute pain (heel puncture) will be evaluated to determine whether the FLACC Behavioral Scale has ceiling or floor effects that would limit utility in measuring pain.

The results of this study will provide evidence of reliability and validity of the FLACC Behavioral Scale for acute pain assessment in healthy newborn infants. Nurses can use this evidence when making decisions about a choice of acute pain assessment tool to use in clinical practice and research.

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## SCI PST 2 - Scientific Poster Session 2

### Exam Integrity: The Webcam Effect

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#### Purpose

The purpose of this presentation is to describe a retrospective study looking at the impact of webcam usage as a component of remote proctoring during online quizzes taken at home.

#### Target Audience

The target audience of this presentation is undergraduate and graduate nursing faculty.

#### Abstract

Cheating is a concern in any academic discipline, and especially so in one leading to licensure and impacting patient safety. As recent studies show an escalation in students declaring they have cheated, faculty have been increasingly focused on ways to deter this behavior. The upsurge in availability of online education has only increased concerns about cheating.

Due to issues surrounding academic integrity in online programs, a descriptive correlational design study was implemented in an online pharmacology course required for accelerated second degree BSN students. The purpose of the study was to determine if the utilization of a webcam during on demand proctoring for online quizzes would impact student scores and time to test. The objectives of the study were to 1) compare student scores on proctored versus non-proctored quizzes and 2) compare time to test on proctored versus non-proctored quizzes.

To implement the study, the researchers selected Software Secure's remote proctoring system, which is used by over 300 institutions of higher education across the nation. The service selected included on-demand web proctoring, in which students were recorded using a webcam during the online quizzes. The recording was reviewed by Software Secure, and reports of any violations of academic integrity or suspicious behavior were provided to the course facilitator. Faculty were also able to personally view each student's recording.

One hundred forty-six students participated in the study over two semesters at six different sites. The results revealed a significant difference in the scores and time to test in proctored versus non-proctored quizzes when using a webcam. A serendipitous revelation during the study included identification of advantages and disadvantages of using a webcam to proctor online quizzes. The primary disadvantage to faculty was the time required to set up the proctoring service and align it with the school's online learning platform; whereas, the primary disadvantage to students was related to technology and computer requirements. The major advantage to faculty was exam security; while, the key advantage to students was an even playing field.

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## SCI PST 2 - Scientific Poster Session 2

### Student Learning Experiences in a RN-BSN Capstone Course

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#### Purpose

The purpose of this presentation is to share results from student focus groups that discussed with faculty their senior capstone course learning experience in an online RN-BSN program. Students reported, shared, and reflected on their experience in the capstone course, and provided suggestions that will be integrated into program assessment.

#### Target Audience

The target audience of this presentation are nursing educators and clinical preceptors who work with baccalaureate level students. The capstone course unites didactic and clinical components of nursing education, and this study can promote a deeper understanding and appreciation of the student's learning experience.

#### Abstract

**Purpose and Background:** Nursing capstone courses provide an opportunity for senior students to integrate their liberal education with nursing knowledge in a meaningful educational experience that results in higher level understanding, expanded knowledge base and clinical skills, and a sense of growth and accomplishment (Rebeschi & Aronson, 2009). In anticipation of graduation, the capstone course enables a one-on-one precepted experience that can help the student transition into the graduate nursing role, practice leadership activities, and provides program and student assessment and evaluation opportunities.

In an online RN-BSN program in upstate New York, the capstone course is a comprehensive, accelerated, and intensive seven-week class and clinical experience that completes the nursing course sequence. It builds upon prior learning, incorporates critical thinking and reasoning skills, reflection, and fosters independence in practice as students develop their own individual projects in healthcare settings for a 45-hour guided practicum, conducted over seven weeks. Facilitated by a clinical preceptor and course faculty, students create learning objectives, activities, and plan evidence of their accomplishments by designing an individual learning contract to map out the experience. Weekly, students assess how they met their objectives, evaluate outcomes, have guided reflection, and submit evidence of work products. Student presentations and a final analysis of their learning contract completion, using audio screen capture, culminates the course.

While student learning outcomes are achieved, students often approach the capstone with concern and anxiety over the unknown (Kerr, Hemmings, & Kay, 2013). Data from course evaluations, student-faculty communications, and anecdotal reporting indicate student's concern and stress when planning their individual practicum projects and feelings of being overwhelmed by the intensity and expectations of the course. Faculty engage individually with students and provide support, but there remains perceived student stress.

In order to provide a more positive learning experience, this study is collecting data on student's experiences, perspectives, reflections, and suggestions for how the RN-BSN capstone course experience can be improved. The data will become part of the annual program assessment process and will have direct impact on course revisions and improvements.

**Methods:** The study design is a retrospective qualitative, using content analysis. Following informed consent, student demographic data are collected by e-survey. Focus groups of 3-5 students, who have successfully completed the capstone course, are facilitated by the co-investigator, who are faculty

currently teaching the course. The anticipated sample is 9-20 students, until data saturation is reached. The groups meet for one hour, via a virtual web conferencing platform, using audio and video components, and interviews are recorded for subsequent analysis of transcripts. Using a semi-structured interview guide, topics include student's experiences in the procedures, course assignments, methods, and procedures of the course, and ideas and suggestions for possible course revisions.

**Results:** The study is currently in progress, and will continue until data saturation is reached. Data will be analyzed by the co-investigators, who will independently review and analyze transcripts from the focus group sessions. Tentative categories, using step-by-step deduction, will be developed. Categories will be coded and revised until they can be reduced to main categories, using formative and summative checks for reliability. Data verification will occur with students, as needed. Finally, themes will emerge that describe the student experience. Data will include student feedback on experiences with specific assignments, course procedures upon entering and throughout the course, and concrete suggestions for course improvements, both in content, course delivery methods, and faculty and preceptor facilitation. Results will be integrated into the annual program assessment, and will contribute directly to course revisions.

**Conclusions:** The capstone experience enables students to practice independently (Jukkala, Greenwood, Motes, & Block, 2013), yet there is concern over student feedback on their anxiety and unfamiliarity with the independent nature of project planning. Consistent with outcomes for student success and satisfaction in their accomplishments, this study can help to provide insights into how to improve the course experience and contribute to student success. Incorporating student's feedback, experiences, and perspectives into program assessment provides a richer and more comprehensive foundation upon which to improve the teaching and learning process, positively impacting the student's practicum experience and transition to professional practice.

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## SCI PST 2 - Scientific Poster Session 2

### Implementing Interprofessional Education: How Appropriate Is the Learning Experience for Nursing Students?

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#### Purpose

The purpose of this presentation is to report on the appropriateness of Interprofessional Education learning experience in developing interprofessional skills among a nursing population in a non-medical school after conducting an interprofessional collaborator assessment rubric

#### Target Audience

Educators, leaders in health care interested in understanding the appropriateness of IPE learning experience in developing interprofessional skills among a nursing population in a non-medical school.

#### Abstract

**Background:** Interprofessional education (IPE) is characterised by joining together two or more professions in an attempt to create a learning opportunity and cultivate collaborative practice among the students of the different professions. With this it is expected that students will exhibit more skills in the execution of healthcare tasks, be able to function more effectively in a team and ultimately contribute to improved health outcomes for patients through quality care. IPE is traditionally reported on from a medical school perspective. The context of this study is that of a non-medical institution and includes the training of students in seven different disciplines.

**Purpose:** In this study the researchers conducted an interprofessional collaborator assessment rubric in order to report on the appropriateness of IPE learning experience in developing interprofessional skills among a nursing population in a non-medical school.

**Target audience:** Educators, leaders in health care interested in understanding the appropriateness of IPE learning experience in developing interprofessional skills among a nursing population in a non-medical school.

**Target Group(s):** Academics

**Keywords:** interprofessional education, nursing students

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## SCI PST 2 - Scientific Poster Session 2

### Student DIY Grading of Online DQs: An Adult Learning Approach

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#### Purpose

to describe the theory behind, methodology for and results of a multisite study that sought to determine learner perspectives of discussion self-grading in the online environment.

#### Target Audience

nursing educators who teach in the online environment.

#### Abstract

Faculty who teach online courses often find that it is difficult and time consuming to both accurately and constructively grade every discussion for every student in the online course room. Furthermore, students sometimes do not apply the instructions or grading rubric for their discussions. Students also may not read instructor feedback or may not use the feedback to remediate. Student self-grading of online discussions with the employment of a detailed grading rubric may be a more accurate, effective, efficient and instructionally sound means of grading discussions. It empowers students and is learner-focused rather than instructor focused. Utilizing rubrics for self-assessment aids learners in both their ability to self-assess and improve their performance (Panadero & Jonsson, 2013). Discussion self-grading employs andragogy (the theory of how adults learn and which is in contrast to pedagogy, the theory of how children learn), reflection and introspection. The theory of Andragogy substantiates engaging adult learners in self-assessments such as online discussion self-grading. In his classic work *Andragogy in Action* (1984), Knowles' adult learning premise postulates that adult learners 1) are self-motivated and self-directed; 2) want to have control over their own learning; 3) feel responsible for their own learning; 4) are internally motivated; 5) need to know why learning is important to them; and 6) learn from each other. Empowering adult learners to be in command of grading their discussion participation supports andragogy in that it allows the student to autonomously take control of their own learning through use of self-motivation, self-direction, being responsible for their own learning, and use of internal motivation. Self-grading takes the focus off the instructor telling the student what they need to do, and instead places that focus on the student. In addition to incorporating andragogy, discussion self-grading uses self-reflection, a conduit for adult learners to reflect on what they have learned, reflect on practice, and provides introspection, or observing one's own thoughts and feelings (Bonnel, 2012). Involving adult learners in evaluation of their performance serves to facilitate internal motivation and allows them to have control over their learning. Is however student-self-grading of online discussions accurate? What are students' perceptions of grading their own discussions? This presentation will discuss the theory and benefits of self-grading for both online students and faculty, articulate the methodology for implementing it, and discuss the findings from a multisite study that garnered perceptions of students who graded their own online discussions.

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## SCI PST 2 - Scientific Poster Session 2

### The Neurobehavioral Effects of Consuming Dietary Tryptophan

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*Glenda Lindseth, PhD, RN, FADA, FAAN, USA*  
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#### Purpose

The purpose of this study is to examine the effects of dietary tryptophan on sleep, depression, and mood in a population of depressed participants.

#### Target Audience

Psychiatric nurses, researchers, and individuals with a special interest in nutrition.

#### Abstract

Tryptophan, an essential amino acid, serves as a precursor to serotonin synthesis with the rate of synthesis dependent on tryptophan concentrations in the brain (Fernstrom, 2013). Because serotonin is involved in the regulation of mood, low brain serotonin levels may contribute to increased depression. However, tryptophan is obtained through the diet because it cannot be synthesized by the body (Soh & Walter, 2011). Therefore, some have questioned if dietary consumption of tryptophan can affect behavior in depressed, vulnerable individuals. Sleep has also been implicated to have a relationship with tryptophan which may in turn have an effect on levels of depression. Therefore, the purpose of this study is to examine the effects of dietary tryptophan on sleep, depression, and mood in a population of depressed participants.

Based on Pender's Health Promotion Model and using a randomized crossover study design, 36 participants with depression will be examined for differences in sleep, depression, and mood after consuming a high tryptophan diet, a low tryptophan diet and a control diet for a week each. The order of the sessions will be counterbalanced across the control and dietary treatment groups. A two-week washout period is planned between the diets. Study measures will include Demographics, weighed Tryptophan food Intakes, the Positive and Negative Affect Schedule, Zung's Self-Rating Depression Scale, the Sternberg Item Recognition Test, the Actiwatch Sleep Watch, and Serotonin and Cortisol Laboratory tests. A repeated measures ANOVA will be used to calculate differences between sleep, depression, and mood scores resulting from the consumption of the two tryptophan diets and the control diet. Further post hoc analysis of significant results will follow.

Benefits of this study include determining whether ingestion of functional foods, such as high tryptophan foods, may provide significant mental and physiologic benefits to vulnerable depressed individuals. The impact of these results may have a positive effect for the general population as well.

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## SCI PST 2 - Scientific Poster Session 2

### Intent, Behavioral Control and Drug Use in Adolescents

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#### Purpose

The purpose of this presentation is to present the results of the research related to drug use and adolescents

#### Target Audience

The target audience for this presentation are the professional community area, students, academics and responsible for promoting healthy behaviors

#### Abstract

**INTRODUCTION:** The drug phenomenon has become one of the issues of greatest concern in Mexico for its sustained growth and reported in the last three national household surveys (2002, 2008 and 2011) in individuals of all ages, especially teenagers. The health consequences of drug abuse are increasingly complex and severe. The inability to withstand adolescent drug use when faced with social pressures that facilitate consumption is called behavioral control, a concept that has proven to be a predictor of the behavior. A theory that helps in the understanding of health promoting behaviors and / or protective avoidance and risk limitation is the theory of Nola J. Pender.

**OBJECTIVES:** To verify the relationship of behavioral control over drug use among adolescents in school, under the hypothesis: Teenagers who have consumed any drugs show significantly higher scores on behavioral control than those who have not consumed.

**METHODOLOGY:** descriptive correlational study in 443 adolescents in the metropolitan area of Monterrey, NL The Adolescent Survey instrument for Drug Control and Behavioral applied.

**RESULTS AND CONCLUSIONS:** The results showed that 7.2% (IC95%; 4.8-9.6) of adolescents reported having used drugs at least once in life, emphasizing like most consumed drug marijuana (6.1% [IC95%:3.8-8.3]). The situations perceived as facilitators of consumption were believe to know the effects of drugs, drug very easily, having money and attend events where drugs are consumed. Test Mann-Whitney ( $U=1482.0$ ,  $p<.001$ ) showed that adolescents who have used drugs have significantly higher scores (Mean = 22.96, Mdn = 15.54), low behavioral control that adolescents who have not been used drugs (Mean = 2.47, Mdn = 1.00). Behavioral control was intended effect on drug use ( $R^2= 34\%$ ) and explains their effect on drug use once in life ( $R^2=27\%$ ).

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## SCI PST 2 - Scientific Poster Session 2

### Denial or Decay?: An Oral Health Educational Program for Caregivers of Preschool Children

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Gabiella M. Riccio, BSN, RN, USA

#### Purpose

To examine the effects of an oral health educational program on knowledge and behavior-specific cognitions and affect in caregivers of children ages two to five years-old.

#### Target Audience

Pediatric Nurses, Pediatricians, Educators, and Researchers in preventive health.

#### Abstract

**Background:** Oral health care is the primary preventive method of tooth decay (caries or cavities) and infection in children below the age of five. Nonetheless, many children still suffer with multiple infectious tooth decay, unnecessary sedative extractions, and tooth loss; resulting in pain, nutritional concerns, and speech delays. The gap in the literature as it relates to caregiver knowledge towards oral health for their young children and the effects that preventive oral health care can contribute to a child's healthy lifestyle are deficient.

**Aims:** To examine the effects of an oral health educational program on knowledge and behavior-specific cognitions and affect in caregivers of children ages two to five years-old.

**Methods:** Descriptive quasi-experimental study utilizing a pre-test post-test method, with a convenience sample of 425 Head Start (HS) caregivers from seven program sites in South Florida. The HS enrolled, English speaking family, attended one of 18 oral health educational programs. Research questions addressed the relationship between the oral health educational program and prior related behavior, personal factors, behavior-specific cognitions and affect, knowledge, and intent. Caregivers completed the demographic survey and oral health behavior questionnaire, a knowledge pre-test, then viewed a 16-minute video designed by Colgate®, and completed another knowledge post-test.

**Results:** There was an overall significant effect on caregivers' prior related behaviors,  $r = .43$ ,  $p$  (two-tailed)  $< .01$ ; behavior-specific cognitions and affect,  $r = .43$ ,  $p$  (two-tailed)  $< .01$ ; intention to provide oral health care for their children,  $r = .27$ ,  $p$  (two-tailed)  $< .01$ ; and post-test for knowledge of oral health care ( $M = 60.57$ ,  $SE = .30$ ) compared to pre-test for knowledge ( $M = 59.03$ ,  $SE = .26$ ),  $t(399) = -6.35$ ,  $p < .01$ ,  $r = .30$ ).

**Conclusions:** Educational program have a positive impact on caregivers to increase knowledge and intent to perform preventive oral health-promoting behaviors in this underserved population. Nursing practice will implement educational programs for caregivers and the opportunity to affect governmental policy that supports oral health care services for young children, as indicated by Healthy People 2020.

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## SCI PST 2 - Scientific Poster Session 2

### Topical Therapy for Chronic Wounds: Contributions of a Distance Learning Module for the Knowledge of Nursing Students

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*Margareth Yuri Miyazaki, MSN, RN, Brazil*

*Márcia Beatriz Berzoti Gonçalves, MSN, RN, Brazil*

#### Purpose

To present the results of a study done in Brazil related to assessment of the performance of nursing students in a knowledge test before and after their participation in a distance learning module on topical therapy for chronic wounds using a Virtual Learning Environment (VLE Moodle).

#### Target Audience

Nurses from all settings of practice, nursing students as well as researchers.

#### Abstract

**BACKGROUND:** Assistance for people with chronic wounds is directly related to nursing professionals and, in recent decades, it has been a challenge, due to technological advances and increased knowledge on the subject, that requires constant updating to enable effective action and safety. To meet the need for this new professional profile, many higher education institutions are implementing changes by making use of teaching and learning with active methods, which include the Internet as a tool for information access and sharing of educational resources<sup>(1)</sup>.

**OBJECTIVES:** This study aimed to assess the performance of nursing students in a knowledge test before and after their participation in a distance learning module on topical therapy for chronic wounds using a Virtual Learning Environment (VLE Moodle).

**METHODS:** This is a quasi-experimental (pre and post-test) study with a quantitative analysis. The study's participants were 37 students from the last year of a Nursing Undergraduate Course, in a public university in Ribeirao Preto, Brazil. The study was conducted in three phases: application of the pre-test, implementation of the intervention in the VLE Moodle and application of the Post-test. The questions used in the pre and post-test were based on the WOCN (Wound, Ostomy and Continence Nursing Society)<sup>(2,3)</sup> and NPUAP (National Pressure Ulcer Advisory Panel)<sup>(5)</sup> guidelines. The implementation of the intervention was done as a course entitled "Topical therapy for chronic wounds" by VLE Moodle. Data were analyzed by comparing the performances obtained by the students in the pre and post-test. The Statistical Package for Social Sciences (SPSS) version 18.0 was used for data analysis. The Student t test was used to compare the averages of the pre and post-test. The study was submitted to and approved by an Ethics Research Committee. Data were collected after the study's objectives were clarified and the participants consented by signing free and informed consent forms.

**RESULTS:** Concerning the participants, 95% of them were female with mean age of 23.16 years. There was a statistically significant increase in the mean number of correct answers obtained in the knowledge test after the intervention in all domains and items assessed in the test. In the performance test of knowledge about the domain Systemic Evaluation of Patients (etiology and pathophysiology of wound, skin assessment and risk factors), participants showed an increase on their score from 65% to 79%, on the pre for the post-test. As for items related to Topical Therapy for Chronic Wounds (wound assessment and decision on topical therapy), the average percentage of total correct answers was 52% in the pre-test, and 68% at post-test.

**CONCLUSIONS:** The use of the VLE Moodle may constitute a support strategy to strengthen and broaden the access of nursing undergraduates to knowledge on relevant themes for the nursing care.

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## SCI PST 2 - Scientific Poster Session 2

### Exploring Effects of a Cultural Immersion Experience on Health Care Students Cultural Competence

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*Stacie Olson, DNP, APRN, PMHNP-BC, RN, NP, USA*  
*Joni Tweeten, RN, MS, MPH, RN APHN-BC, USA*

#### Purpose

The purpose of this presentation is to explore the impact of an international cultural immersion experience on health care student's cultural competency. Outcomes hope to support the immersion experience being a course in the curriculum with an interdisciplinary approach to health care.

#### Target Audience

The target audience of this presentation is nursing educators interested in creative ways to promote cultural competency for health care students in their curriculum.

#### Abstract

**Problem:** Health care providers are expected to be prepared to provide culturally sensitive care to the US's increasingly diverse population. Baccalaureate education can be full of essential content which can limit the available culturally diverse experiences for students. Not all students at this university have clinical experiences that expose them to various diverse cultures, especially living in the Midwest, where there are limitations to access diverse populations. There are many studies that support immersion experiences in international countries to prepare health care students to increase cultural competence. Many studies demonstrate health care students developing a change in knowledge, values, communication skills, and development of a more culturally focused health care practice. The purpose of this study is to explore the impact of an international cultural immersion experience on health care student's cultural competency.

**Methodology:** Students enrolled in undergraduate and graduate social work or nursing courses at the University Of North Dakota will be invited to voluntarily participate in the study. Students will be asked to consent to participate prior to the immersion experience in Guatemala over spring break week. An email with a link to the consent on an online survey tool in which each student can click 'agree' to consent to proceed with the qualitative survey questions.

Qualitative question data will be collected about student's perceptions of cultural competency and knowledge. Qualitative data will be collected pre-immersion, 1-2 weeks post immersion, and about 2-3 months post immersion experience. The qualitative questions will take about 20-30 minutes to complete.

Students who have consented to participate in this study will also be asked to complete the paper/pencil Inventory for assessing the process of cultural competence among healthcare professionals-student version (IAPCC-SV) survey pre-immersion, 1-2 weeks post immersion, and about 2-3 months post immersion experience. The IAPCC-SV survey tool consists of 20 4-point Likert-type scale survey questions which take 10-15 minutes to complete.

Students will be provided a journal from the researchers prior to going on the immersion experience and encouraged to document their personal reflections about the culture and their experiences while in the immersion experience each day. With permission from students, journals will be reviewed upon return from the immersion experience for common themes in cultural knowledge and competency.

**Analysis:** Quantitative data will be reported in aggregate form using descriptive correlational non-parametric analysis. Qualitative data will be used illustratively only. Researchers will analyze qualitative survey questions and journals to construct comparison for common themes.



**Implications for Practice:** It is important for educators to spend time teaching about cultural competence in the health care fields. Health care providers are expected to be prepared to provide culturally sensitive care to the U.S.'s increasingly diverse population in various health care settings. With limited access to diverse populations for experiences, it is important for educators to look for alternative ways to provide cultural encounters for students to learn about the importance of providing cultural competent care. International immersion experiences can support learning about cultural competency and be a regular part of a curriculum for students in the health care fields.

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## SCI PST 2 - Scientific Poster Session 2

### Sexual Sensation Seeking and Situational Influences among Men Who Have Sex with Men from Northern Mexico: A Pilot Study

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#### Purpose

determine the relationship of sexual sensation seeking and situational influences (places to meet potential sex partners) among men who have sex with men (MSM).

#### Target Audience

group interested in sexual identities and HIV

#### Abstract

**Introduction:** Sexually Transmitted Infections (STIs) such as the Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) are considered one of the most devastating epidemics in recent decades and has caused many problems of social, economic and public health. It is estimated that over 34 million people worldwide living with HIV still primarily affected marginalized populations and those excluded due to their sexual practices, which contributes to the epidemic from spreading (World Health Organization [WHO], 2012). The National Center for Prevention and Control of HIV/AIDS (Censida, 2009) notes that in Mexico there are currently 220,000 people living with HIV, of which 60% of those affected are men who have sex with men and women. Men who have sex with men (MSM) represent the largest group of people living with HIV in Mexico. There are several factors that may be causing the infection continue. The sexual sensation seeking is a psychological factor associated with risky sexual practices. Some authors suggest that MSM who seek sexual feelings are associated with drug and/or alcohol consumption, more sexual activity and receptive anal sex without a condom (Matarelli, 2013). However it is important to consider situational influences (places) where MSM can find potential sex partners. Therefore the purpose of this paper is to determine the relationship of sexual sensation seeking and situational influences (places to meet potential sex partners) among men who have sex with men (MSM).

**Methods:** A cross methodology was used, including 30 MSM over 18 years in the metropolitan area of Monterrey, Nuevo Leon, Mexico. The average age of participants was 26 years with an age range of 20-40. Data were collected using the instrument of Sexual Sensation Seeking Scale and Situational Influences on MSM Scale. The instruments were applied through the SurveyMonkey website for online surveys. For the selection of participants used Respondent Driven Sampling (RDS).

**Findings:** Also, 42.5% of participants reported identifying as gay and this may be due to their economic status and 32.5% identified themselves as homosexual, 15% as bisexual an equally relevant data. Only 2.5% identified themselves as transgender, transvestite and MSM, the latter may not be identified as such because it is a relatively new term and is used to encompass in the epidemiology of HIV. In relation to STIs 14.3% reported having or having had gonorrhea. The study showed that sexual sensation seeking had positively related to situational influences (places to meet potential sex partners); bars/nightclubs ( $r = .604, p < .01$ ), porn movies ( $r = .446, p < .05$ ), internet cabins ( $r = .410, p < .05$ ), restroom ( $r = .512, p < .01$ ) and sex parties ( $r = .430, p < .05$ ).

**Conclusions:** The results of this pilot study suggest increasing the number of participants. Also, the relationship between the sexual sensation seeking and places to meet potential sex partners allow us to suggest short interventions in those sites frequency of MSM. These results highlights the need for further research in this population considered vulnerable.

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## SCI PST 2 - Scientific Poster Session 2

### Being There: Undergraduate Nursing Students' Perceptions of Nursing Presence

*Carol Toliuszis Kostovich, PhD, RN, USA*  
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#### Purpose

The purpose of this study is to explore undergraduate nursing students' perceptions of nursing presence during a medical-surgical clinical rotation.

#### Target Audience

The target audience of this presentation is nurse educators teaching in a school of nursing.

#### Abstract

**Purpose:** The purpose of this study was to explore undergraduate nursing students' perceptions of nursing presence during a medical-surgical clinical rotation.

**Significance/Rationale:** Nursing presence is defined as the physical and emotional availability of the registered nurse to the patient. Technological advancements coupled with an emerging nursing workforce comprised of a technology-dependent millennial generation could potentially threaten the emotional connection between nurse and patient. Few studies have explored nursing presence from a student perspective.

**Methods and Analysis:** The phenomenon of nursing presence was presented during an undergraduate junior level medical-surgical nursing theory course. Thirty-two students enrolled in this course participated in the study. On the last day of the semester, students responded in writing to 4 open-ended questions asking about their observations of nursing presence during their clinical rotation. Data were coded by two nurse researchers, first separately, then collaboratively. The 12 items from the Presence of Nursing Scale-RN "Being With" subscale, representing the emotional connection between nurse and patient, served as the codebook to guide the analysis.

**Results:** Narrative comments by students represented all 12 items on the "Being With" subscale. Some elements of "being with" the patient were described frequently, while other elements were expressed less frequently.

**Conclusions:** Junior-level undergraduate nursing students are able to recognize and recount their experiences of nursing presence during a medical-surgical clinical rotation.

**Implications:** Teaching undergraduate nursing students to recognize nursing presence can serve as the foundation for teaching patient-centered nursing care delivery. Other methodologies for introducing this phenomenon to students, including simulation, should be explored.

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## SCI PST 2 - Scientific Poster Session 2

### Knowledge of Chronic Renal Disease in Adults with Hemodialysis

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*Milton Carlos Guevara-Valtier, MSN, BN, RN, Mexico*

*Esther C. Gallegos, PhD, FAAN, Mexico*

#### Purpose

1) The purpose of this presentation is to present a general panorama of knowledge of people with hemodialysis on basic aspects of Chronic renal failure. 2) The purpose of this presentation is to discuss the similarities with others.

#### Target Audience

The target audience of this presentation are clinical nurses, students and professors.

#### Abstract

**Introduction:** Chronic renal failure (CRF) is a complex disease in which life is compromised and is associated with the quality of this, hospitalizations and high mortality. Globally there is an alarming and progressive increase in the number of patients with this disease, 90% of people who have it do not know. In Mexico an estimated incidence of patients with CRF 377 cases per million inhabitants. By 2025 a significant increase in the IRC, in states like Chiapas, Quintana Roo and Guerrero, this increase is mainly due to unfavorable conditions of access to treatment of diabetes and hypertension are the main cause diseases IRC projects. In Mexico for dialysis treatment is a health problem that has significant social and economic implications, 72% of patients with CKD are on the agenda of peritoneal dialysis (PD); unlike other countries like Japan and USA where less than 4% of patients are in DP and the rest on hemodialysis. About 80% of patient treatment is covered by the Mexican Social Security Institute with an annual growth of 11%; however, it is important to mention that there per patient receiving treatment surrogates one dies without access to this. In the state of Chiapas 542 deaths were registered by IRC, of these 273 were females, however, does not exist in the state an official register of patients in treatment hemodialysis

**Objective:** To know the different types of knowledge about the chronic renal failure in patients in hemodialysis.

**Methodolgy:** Descriptive correlational study was conducted in n= 54 patients with hemodialysis in a hospital

**Results:** The average of age was M = 55.02 years (SD = 13.16; 24-38), 51.9% were male. The marital status 66.7% (36) reported having a partner and others without a partner. For the years of formal education the average was M = 9.39 years (SD = 5.36; 0-19) found that 31.6% attended a technical or professional career, 25.9% (14) to the sixth grade, and the rest secondary level. The average time of hemodialysis participants reported having at the time of the interview was M = 3.85 years (SD = 3.07; 1-12). The knowledge that participants had about their disease was finding that 46% of participants had low general knowledge of the disease. Also, the knowledge of the participants was evaluated in three dimensions: knowledge dimension of Chronic Renal Failure, Knowledge and Knowledge Treatment of complications. It was noted that in the first two dimensions participants have low knowledge, while in the third dimension participants reported having an average knowledge of complications related to the disease

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## SCI PST 2 - Scientific Poster Session 2

### Scoping Review: Medication Adherence in Type 2 Diabetes

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#### Purpose

The purpose of this presentation is to share information from a scoping review on medication adherence in type 2 diabetes using the Social Ecological Model.

#### Target Audience

The target audience of this presentation is educators, nurses, and clinicians.

#### Abstract

In 2010, the most recent years for which national prevalence data are available, diabetes affects 25.8 million people, approximately 8.3% of the U.S. population (CDC, 2011). Logden, Lamb, & Carroll (2010) indicate that in 2007-2008 approximately 30% of the U.S. population is obese which has a correlation to diabetes and other chronic health conditions. There are 18.8 million people diagnosed with diabetes and approximately 7.0 million people undiagnosed (CDC, 2011). More than 90% of those diabetes cases are type 2 or adult onset diabetes (Seppa, 2011). In 2010, there were an estimated 688,000 North Carolina adult residents with diabetes (CDC, 2010). The highest prevalence of diabetes exists in the South, western Appalachians, and costal Carolinas (CDC, 2009). Diabetes lowers life expectancy by up to 15 years, increases the risk of heart disease, and is the leading cause of kidney failure, lower limb amputation, and adult-onset blindness (CDC, 2008). In 2007, the estimated financial cost of diabetes in the United States.

The Social Ecological Model (SEM) provides a framework for multilevel factors affecting health behaviors and impacting health behavior change, as well as a theoretical framework for the interactions between persons and groups (Stokol, 1995). Over the past twenty years, there has been an increasing focus upon disease prevention and changing individual health behaviors to avoid chronic diseases (McLeroy et al., 1988). Health promotion programs have led to community-driven efforts to promote fitness, health eating habits, and non-smoking campaigns (McLeroy et al., 1988). The Social Ecological Model (SEM) conceptual framework is determined by the following: intrapersonal factors; interpersonal processes; institutional factors; community factors; and, public policy (McLeroy, et al., 1988). The Conceptual Model – Social Ecological Model (SEM): Medication adherence and type 2 diabetes, as described by SEM will be included in the poster, if accepted.

**Results of Literature Synthesis:** The SEM for health promotion addresses the individual and social environmental factors for interventions (McLeroy, Bibeau, Steckler, & Glanz, 1998). SEM is defined by: intrapersonal factors, interpersonal processes, institutional factors, community factors, and public policy. Medication adherence and type 2 diabetes primarily had interventions within the intrapersonal and interpersonal domains, as discussed in the following sections.

**Intrapersonal factors:** SEM includes “intrapersonal factors include the individual’s characteristics such as, knowledge, attitudes, self-concept, skills, and etcetera” (McLeroy et al., 1998, p. 355). Additionally, developmental history of the individual is included (McLeroy et al., 1998).

Bains & Egede (2011) conducted a survey of one hundred twenty-five adults with diabetes from a primary care clinic to complete a validated survey assessing health literacy, diabetes knowledge, and self-care. The authors reported that health literacy was independently associated with diabetes knowledge but not associated with glycemic control (Bains & Egede (2011). The authors also found that health literacy did not have a direct correlation to glycemic control, but suggest there is possibly an influence through diabetes knowledge (Bains & Egede, 2011). Cohen et al. (2010) found a strong association between medication adherence, as measured by medication possession ratio, for oral glycemic lowering agents

(OGLA) and A1C control among insured diabetes patients with poorly controlled A1C, especially those taking two or more OGLA.

Hernandez-Tejada et al. (2012) found an association between diabetes empowerment and increased medication adherence, increased knowledge, and effective self-care behaviors for participants with type 2 diabetes. Hill-Briggs, et al. (2007) found a correlation among higher Diabetes-related Problem Solving (DPSS) scores being related to better medication adherence and more frequent self-monitoring of blood glucose. DPSS scores above the mean were also associated with better A1C levels (Hill-Briggs et al. 2007).

In their study of diabetes health beliefs among the Lumbee Indians living in rural Southeastern North Carolina, Jacobs, Kemppanen, Taylor, & Hadsell (2014) found that study participants did not hold strong beliefs about their ability to understand the nature of diabetes as a chronic disease (Jacobs, Kemppanen, Taylor, & Hadsell, 2014). The authors also discussed participant's beliefs about ability to control symptoms and lower confidence in efficacy of treatments (Jacobs, Kemppanen, Taylor, & Hadsell, 2014). Parchman, Zeber, & Palmer (2010) conducted an observational study and found that participatory decision making during primary care encounters by patients with type 2 diabetes resulted in improvements in A1C levels and improved medication adherence. Piette, Heisler, Harand, & Juip (2010) sought to understand the differences between African American and White participants in diabetes patient's medication related beliefs and adherence problems due to cost concerns. The authors found that significant number of diabetes patients endorsed negative beliefs about their medications including: doctors would prescribe fewer medications if they spent more time with patients; most prescriptions were addictive; and negative beliefs were consistently more common among African-American than White patients (Piette, Heisler, Harand, & Juip, 2010).

Powell, Hill, & Clancy (2007) used the Rapid Estimate of Adult Literacy in Medicine (REALM) literacy instrument prior to completing the Diabetes Health Belief Model (DHBM) scale and Diabetes Knowledge Test (DKT) to 68 eligible participants. The participants were recruited from a general internal medicine clinic that cared for low-income, medically underserved population (Powell, Hill, & Clancy, 2007). There was no significant association between the DHBM scale score and literacy level (Powell, Hill, & Clancy, 2007). Ruelas, Roybal, Lu, Goldman, & Peters (2009) conducted a randomized, prospective study in an underserved, Latino area to establish a disease-management program to determine effectiveness. The results included an overall decrease in A1C by 1% and medication adherence was the strongest predictor (Ruelas, Roybal, Lu, Goldman, & Peters, 2009). Knowledge scores also increased in the group that reached the target A1C score (Ruelas, Roybal, Lu, Goldman, & Peters, 2009). Sarkar, Fisher, & Schillinger (2006) performed a randomized, prospective, observational study in which patients enrolled in the type 2 diabetes program and were measuring self-efficacy, health literacy, and self-management behaviors. The study participants were ethnically diverse and 52% had limited health literacy (Sarkar, Fisher, & Schillinger, 2006). Self-efficacy was associated with self-management behaviors across race/ethnicity and health literacy levels (Sarkar, Fisher, & Schillinger, 2006). Walker et al. (2006) conducted a randomized controlled primary prevention study for type 2 diabetes in the continental U.S. and Hawaii. Participants included 2,155 adults with impaired glucose tolerance that were randomly assigned to a metformin treatment arm or placebo treatment arm.

**Interpersonal factors:** McLeroy, Bibeau, Steckler, & Glanz (1998) describe interpersonal factors of SEM as "formal and informal social networks and social support systems including the family, work group, and friendship networks" (p. 355). These relationships can have an impact upon health behaviors in people with type 2 diabetes.

Mayberry & Osborn (2012) conducted a mixed methods study and used focus group session to evaluate perceptions of family members' self-care knowledge, perceptions of family members' diabetes-specific supportive and non-supportive behaviors, and participant's diabetes medication adherence and glycemic control. The results indicated that family members who perform more nonsupportive behaviors reported less adherence to diabetes medications, which was associated with less glycemic control (Mayberry & Osborn, 2012). However, there was no association between family members who performed more



diabetes-specific supportive behaviors and medication adherence or glycemic control (Mayberry & Osborn, 2012).

**Institutional processes:** A third level of SEM focuses upon institutional processes. This level includes such processes as how organizations support behavior changes, the importance of health promotion activities for behavior change; the importance of organizational support (McLeroy, Bibeau, Steckler, & Glanz, 1998). Institutional processes include formal and informal rules and regulations for operation (McLeroy, Bibeau, Steckler, & Glanz, 1998).

While no studies directly addressed institutional processes, there are study outcomes that impact organizations such as public health. Type 2 diabetes, a chronic disease, impacts healthcare costs and this issue is impacting financial decisions.

**Community factors:** A fourth level of SEM is community factors which includes “relationships among organizations, institutions, and informal networks within defined boundaries” (McLeroy, Bibeau, Steckler, & Glanz, 1998, p. 355). Community can have multiple meanings including mediating structures that embrace families; relationships among organizations such as volunteer agencies; and, community defined in geographical and community terms (McLeroy, Bibeau, Steckler, & Glanz, 1998).

There are direct and indirect community impacts from type 2 diabetes. Ruelas, Roybal, Lu, Goldman, & Peters, 2009, discuss the establishment of a disease-management program in an underserved, Latino area to determine effectiveness of diabetes interventions is an example of community support. The community impact of this program reaches far beyond the participant. Additionally, Mayberry & Osborn (2012) conducted a study about family support and non-support of diabetes-related behaviors. While this study relates to intrapersonal factors, it also applies to the community factors due to the significant contributions of the discussions created within the community. As the participant and family discuss diabetes and new knowledge, there is more opportunity for others to learn.

**Public policy:** The final level of SEM is public policy which includes local, state, national laws and policies (McLeroy, Bibeau, Steckler, & Glanz, 1998). The use of public policy has a potential to protect the health of the community through regulatory policies and laws (McLeroy, Bibeau, Steckler, & Glanz, 1998).

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## SCI PST 2 - Scientific Poster Session 2

### Facebook Use, Self-Esteem and Alcohol Consumption in Adolescents

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*Mario Enrique Gamez, MSN, RN, Mexico*

#### Purpose

The purpose of this presentation is disseminate knowledge generated through the support of a nursing model.

#### Target Audience

The target audience of this presentation is for academics, students and researchers in the area of health.

#### Abstract

The use of new technologies such as electronic social networks have changed the way we relate to other people, daily life and even leisure activities. An increasing amount of time young people and teenagers spend online social networks like Facebook, which has aroused considerable concern about the influence of the use of Facebook in risky behaviors such as the consumption of alcohol. Alcohol consumption is a public health problem with serious health consequences, particularly in adolescents who are vulnerable to damage in their development and integrity. High self-esteem has been presented as a protective factor for the onset of drinking. The theoretical perspective that allowed me to support the objective of this study was Neuman Systems Model. The aim of this study was to describe the relationship of the use of Facebook and the level of self-esteem with alcohol consumption in adolescents. The study design was descriptive correlational, for this report, a preliminary sample consisted of 47 high school students aged between 14 and 19 years was considered. The results showed that most teens use Facebook every day with an average of two hours, the use of Facebook was related to alcohol consumption, just as little more than half said that the use of Facebook has affected their friends to consume alcohol. We also found that most teens had low self esteem, low self-esteem likewise related to alcohol consumption in adolescents where more than half of the sample was classified as hazardous drinking and harmful use.

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**Showcase of Magnet<sup>®</sup> Hospital Research and  
Evidence-Based Practice Poster Presentations  
(MAG PST)**

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## MAG PST - Magnet Posters

### Caring for the Nurse in the Hospital Environment

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*Tanya F. Lott, MSN, BSN, RN-BC, USA*

*Elizabeth T. Clerico, MSN, BSN, RN, CGRN, USA*

#### Objectives

Describe the purpose of the Caring Work Environment Survey© and the domains that are measured.

#### Purpose

to disseminate original nursing research findings as part of the New Knowledge, Innovations, and Improvement (NK) Magnet component and to encourage discussion with other nurses from around the world as to how to better care for nurses within the hospital environment.

#### Target Audience

any RN but specifically those RNs working in the clinical setting.

#### Abstract

Nurses at this Magnet hospital adopted Jean Watson's Theory of Caring as their foundational theory of practice. The Nursing Research Council (NRC) wanted to investigate nurses' perceptions of the hospital environment as caring and the degree to which nurses felt cared for within the hospital environment. The Caring Factor Scale© was modified from reflecting patients' perceptions of being cared for by providers to measure nurses' perception of feeling cared for within the hospital work environment.

The BSSF Caring Work Environment Survey© is administered electronically each year to all RNs in this healthcare system. It consists of 12 questions that measure four domains: physical needs, spiritual needs, intellectual stimulation and authentic relationships. Additional questions related to demographics and caring initiatives that the nurse has participated in vary slightly from year to year. Participation is voluntary and confidential. The overall mean caring score is calculated and item analysis is completed to provide comparison of the domains and comparison of responses among different demographics.

Overall, the nurses feel cared for within the work environment. Questions relating to spiritual needs and intellectual stimulation score highest; physical needs score lowest. In 2012, the NRC questioned: Is there a difference in caring scores for nurses who take breaks as compared to those who do not? Two survey questions relating to breaks were added. Nurses who always or usually take breaks had significantly higher mean caring scores than those who take breaks less frequently or never ( $p < .01$ ). Nurses who take an uninterrupted 30-minute break had significantly higher mean caring scores than those whose break gets interrupted ( $p < .01$ ).

ANA Code of Ethics states that healthcare workers have a moral obligation to care for themselves so they can care for others effectively. Taking breaks, and the benefits of breaks both for the nurse and for the patient, was promoted in 2013. Analysis of the 2013 survey results demonstrated that nurses who take breaks have higher scores and perceive their environment as more caring; those who don't take breaks have lower scores and perceive their work environment as less caring. These results indicated that interventions during 2013 were effective and nurses associate taking breaks with a more caring environment. The research team plans to:

- Continue to identify: 1 ) barriers to nurses taking breaks; and 2 ) strategies to allow nurses to take breaks.
- Promote the importance of nurse self-care and care of others on the healthcare team, including breaks, and the subsequent benefits that this will have on patient care and patient outcomes.
- Re-administer the BSSF Caring Work Environment Survey© at annual intervals to evaluate caring initiatives over time that affect the nurses' perception of feeling cared for within the hospital environment.

The nurses share a vision of caring and the survey allows them to be engaged in a scientific approach to strengthen caring among nurses with the ultimate goal of improving patient outcomes.

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## MAG PST - Magnet Posters

### Magnet® Facility Nurses: Pursuing a Baccalaureate Degree in Nursing

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*Elizabeth J. Winokur, PhD, MSN, BSN, RN, CEN, USA*

*Dana N. Rutledge, PhD, RN, USA*

*Amy D. Hayes, MSN, BSN, ADN, RN, PCCN, USA*

#### Purpose

To describe results from a 2014 descriptive study that suggests that peer/leadership support play a larger role in facilitating BSN completion than previously reported, and that Magnet culture influences decision making. The study aimed to describe factors that influence nurse pursuit of baccalaureate education when employed by a Magnet® organization.

#### Target Audience

Practicing nurses, nurse administrators, and nurse educators interested in understanding more about factors influencing and supporting associate degree and diploma nurses pursuing further nursing education. Another audience is nurses interested in the potential impact of Magnet culture on school re-entry of associate degree and diploma nurses.

#### Abstract

**Background:** In Future of Nursing (2011), the Institute of Medicine (IOM) concluded that nurses should be prepared at the baccalaureate level. Magnet organizations are encouraged to meet the IOM goal of 80% nurses with a BSN by 2020. Aiken's recent comments (2014) on the value of employing a predominately BSN workforce in hospitals underline the benefits in decreasing lengths of stay and readmission rates (cost savings), as well as improved patient mortality. With ~60% BSN-prepared nurses, our twice Magnet-accredited hospital is working toward this goal. Little is known about the effect of Magnet status on employed nurses considering or returning to school.

**Method:** In February 2014, a 15-item online survey (14 multiple choice, 1 open-ended) was sent to hospital nurses to assess factors that motivate RNs to pursue a BSN. Descriptive statistics for multiple choice items and thematic analysis for open-ended responses were completed.

**Results:** A 20% response rate (N = 191) was achieved. Most respondents already had a BSN/MSN or were currently enrolled but had entered nursing as associate degree/diploma graduates. "Encouragement from other nurses" was the most frequently selected factor facilitating return to school/graduating. Impeding factors included personal factors (e.g., finances) and the belief that the BSN would not enhance competence. Of nurses who returned to school, 20% reported that the 80% Magnet goal was a catalyst in deciding. Of nurses not intending to obtain further education (15%), most perceived lack of value in obtaining a BSN.

**Discussion:** Our findings supported our literature-driven conceptual framework, which posits that employed nurse motivation to return and stay in school is influenced by individual nurse characteristics along with organizational and academic program influences. The three types of influencing factors (individual nurse, employing organization, and academic program characteristics) appear to drive nurses to return to and stay in school. Factors can serve as both positive and negative facilitators; for example, older age may serve as a positive influence (perception of fewer family or financial responsibilities) while serving as a barrier (why bother to get further education when I will not be working much longer). At the individual nurse level, in aggregate, these factors influence nurse motivation to pursue further education. Additionally, perceived personal effort, self-efficacy, and how well the influencing factors or facilitators address specific individual nurse barriers can further modify motivation. The perception of feasible amounts of personal effort, as nurses described in our qualitative data, seem to strongly influence whether a nurse either returns to school, or once enrolled, continues enrollment. Of interest is the contrasting idea that nurses reported being paralyzed when they perceived the effort required to attain a baccalaureate degree was too much; thus, they did not return to school. Peer support was noted as

highly important to nurses in our sample. As seen in Warren and Mills work (2009), the degree to which varying facilitators actually work is that they contradict or act against individual nurse, organizational, or academic factors.

**Implications:** Findings suggest that peer/leadership support play a larger role in facilitating BSN completion more than previously reported, and that Magnet culture influences decision making. Additional investigation is required to understand factors hindering nurses from returning to school and facilitators to staying in school.

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## MAG PST - Magnet Posters

### Developing a Culture of Inquiry through Nursing Research: A New Hospitals' 3-Year Journey to Magnet® Designation

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*Denise Harris, MSN, MBA, RN, NEA-BC, USA*  
*Tanya Marie Cohn, PhD, MEd, RN, USA*

#### Purpose

The purpose of this presentation is to describe how a new, non-replacement hospital, took the 3-year journey of Magnet® designation regarding the development of a culture of inquiry through nursing research. In addition, the presentation will showcase the research activities of the nurses.

#### Target Audience

The target audience of this presentation is direct patient care nurses, nurse leaders, hospital administrators, and nurse researchers.

#### Abstract

Background: The American Nurses Credential Center (ANCC) Magnet Recognition Program® and its key components are considered a driving force for building professional practice environments that are healthy and supportive of nurses (Sherman & Pross, 2010). Magnet® designation helps to promote nursing professional development, resulting in positive work environments and increased nurse satisfaction (Renter & Thallas, 2014). Part of professional development is the engagement of nurses in a culture of nursing inquiry which is showcased in the New Knowledge and Innovation, and Improvements portions of the Magnet® designation application. When developing a culture of nursing inquiry through a nursing research program it is important to keep nursing research visible through its integration into nursing staff meetings and organization meetings (Steele-Moses, 2010). In addition, the initiation and utilization of a nursing research council, with a clearly defined purpose, along with a step by step process for obtaining approval for research is essential for sustaining a productive nursing research program (Steele-Moses, 2010).

Objective: The overall objective was to create a culture of nursing inquiry through the development of a strong nursing research program. Secondary objectives included: (1) developing inter professional research lead by clinical staff; and (2) providing exemplar nursing research to support Magnet® designation in three years.

Implementation: From the conception of West Kendall Baptist Hospital (WKBH), a non-replacement hospital which opened in 2011, a culture of inquiry through nursing research was created by employing a Nurse Scientist to develop the program from the ground up. The Nurse Scientist was added as a standing voting member of the Nurse Governance Council which further anchored WKBH's support in recognizing the value of research and assisted in hardwiring the culture of inquiry. Not only did this include the Nurse Scientist's consistent outreach during staff meetings and membership on hospitals councils, but also the development of an inter professional Evidence-based Practice (EBP)/Research Council. The purpose of the council is to support evidence-based nursing and allied health practice while providing a forum for the facilitative review process of all WKBH research protocols. Therefore, during monthly council meetings the Nurse Scientist and EBP/Research Nurse Educator provide mini research educational sessions to the direct patient care nurses and allied health professionals with the expectation that they will disseminate to their respected units/ departments to assist in supporting and maintaining the culture of inquiry. In addition, the council is tasked with reviewing all nursing and allied health research based on four components: clinical significance, professional significance, logistics, and human protection in research. This focused review format helps all council members, especially those with less research experience but strong clinical expertise, to successfully participate and provide essential clinical input. This facilitative review helps to expedite the Institutional Review Board (IRB) approval resulting in



more active studies progressing toward answering important clinical questions. Furthermore, once the research studies are complete, the Nurse Scientist continues to support the nursing and allied health research studies through the dissemination process. For example, the Nurse Scientist maintains an ongoing abstract book for all research studies so that researchers can easily adapt their abstracts for submission to conferences. Finally, the Nurse Scientist assists the research team in navigating through the publication process and team writing.

**Outcomes:** During the first year of opening there were 9 active research studies that included WKBH nurses as Principal Investigators (PIs) or members of the research team. One of these studies is assessing the effects of nighttime use of earplugs on delirium onset and sleep perception of patients in the Intensive Care Unit (ICU) which is funded by the Neuroscience Nursing Foundation and the PI is a direct patient care nurse working in the ICU. By the end of 2014, there were 23 active research studies that include WKBH nurses as PIs or members of the research team. Of these studies a second grant was awarded to a Medical/Surgical direct patient care nurse from the Academy of Medical/Surgical nurses for the first PI-initiated randomized controlled trial assessing the impact of 4% sodium bicarbonate additive during intravenous Potassium Chloride replacement on pain and incidence of phlebitis. In addition, to the development of research there have been over 30 accepted abstracts for posters or podium presentations at local, national, and international conferences. There have also been 3 publications in peer-reviewed journals.

**Implications:** Developing and implementing a culture of inquiry through a nursing research program can be successful and sustainable in the clinical setting by integrating the concept into staff and organizational meetings along with the utilization of an EBP/Research council. In addition, having a Nurse Scientist assists with the management of the research program along with promoting direct patient care nurses in developing research through research mentorship.

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## MAG PST - Magnet Posters

### Success with the High 5 Initiative through Patient and Family Engagement

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*Elizabeth 'Libby' Rosen, PhD, BSN, RN, IBCLC, USA*

#### Purpose

The purpose of this presentation is to have the participant be able to identify engagement strategies nurses can use to help patients achieve their goals for breastfeeding and to have the participant be able to describe evidence-based practices which encourage and sustain breastmilk feeding, and improve overall health care outcomes.

#### Target Audience

The target audience of this presentation is hospital maternal/child nurses, healthcare administrators, nursing educators and health care practitioners who are working to achieve the perinatal core measures for exclusive breastmilk feeding and increase their understanding of ways to effectively improve breastfeeding outcomes and improve the health of the community.

#### Abstract

The "High 5 for Mom & Baby: Hospital care that supports breastfeeding" is an initiative supported by the United Methodist Health Ministry Fund. This Kansas organization modeled their program after similar state wide initiatives. Utilizing evidence-based practice, this initiative has been shared with over 70% of the delivering hospitals in the State of Kansas which account for 93.4% of the babies born in the state. The five practices include: assuring immediate and sustained skin-to-skin contact between mother and baby after birth, giving newborn infants no food or drink other than breast milk unless medically indicated, practicing rooming-in, giving no pacifiers or artificial nipples to breastfeeding infants, and providing mothers options for breastfeeding support upon discharge. These strategies are for medically stable term infants to improve initiation, duration, and exclusivity of breastfeeding. Bartick and Reinhold (2010) stated that we could save lives and more than 13 billion dollars in health care related expenses if 90% of new families breastfed exclusively for the first 6 months of the infants life. Reducing barriers to successful breastfeeding in the hospital increases the duration and exclusivity of breastfeeding overall (AAP, 2012; DHHS, 2011). There are adapted practices that are applicable to the NIC and pediatric units and a handout to address those populations will be provided. A barrier to successful implementation identified early in the process was family education. To successfully implement these practices, patient and family understanding is essential. Hospitals have identified and implemented strategies to meet this challenge, including handouts, texting programs, community wide education, television spots and billboards. During hospital stays having "common questions" cards and scripts for staff to practice responses has improved consistent messaging with new parents. Having a follow up clinic that is open and free to the public after discharge has been essential to meeting the needs of new families having breastfeeding challenges. The High 5 for Mom and Baby task force guided the change process and assisted the team in dealing with provider resistance as they adapted usual routines to accommodate skin to skin in the first hour of life and rooming in. Clinics and outpatient offices also needed education to be equipped to explain to families about the program and to adapt visitation and goals for the hospital stay. Webinars sharing information on skin to skin during cesarean birth and vaginal birth have provided essential strategies to assist work flow. Other webinar topics have included rooming in and implementing quiet time for hospital maternity units. Finally, through family-centered prenatal education, community-wide education and collaboration, in-hospital bedside patient education, and utilization of a Breastfeeding follow-up clinic, engagement of patients and families can be accomplished. Patient and their families will understand the importance of the High 5 practices to assist them in achieving their goals for breastfeeding and improving their infant and family's health.

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## MAG PST - Magnet Posters

### Filling the Gaps: How “Super Utilizers” Received Care through a Hospital-School of Nursing Partnership

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*Della J. Anderson, MSN, MBA, RN, USA*

#### Purpose

The purpose of this presentation is to share how our Continuum of Care Department, Emergency Department (ED), and an affiliated School of Nursing implemented an innovative collaboration through a student coach model to decrease non-emergent ED visits.

#### Target Audience

Nursing Educators (Leadership, Community Health, Med Surg), Hospital CEO, Physicians, Nurses, Clinic Nurse Managers, Hospital senior management, Quality Improvement Directors, Other-Case Management/Social Work Hospital Setting

#### Abstract

**Purpose:** Our Emergency Department (ED) was experiencing increased visits by a patient population referred to as “Super Utilizers.” The Continuum of Care department recognized an opportunity for innovative collaboration with the Emergency Department (ED) and an affiliated School of Nursing. A zero cost model program was created using Camden Model/Spectrum Health/Colorado Mental Health Model of Care as the basis. We determined these patients returned because of challenges in access to a primary care; inability to pay for healthcare services; lack of health education; or desire for social interaction. Most ED patients do not return after treatment. However, these patients received repetitive care that often included costly testing.

**Methods:** By partnering with the school, students became health coaches to assist with “gaps” in care. Student pairs were assigned one patient and a prepaid telephone for 24/7 access; then given medical history, information about community resources and health insurance/benefits to provide support. The ED notified students when a patient visited and follow-up was completed in the ED or by telephone the next day. Students proactively contacted the patient to discuss appropriate ED usage, emotional support, and follow-up care.

**Results:** The initial program assisted 21 patients who had made 710 visits and total patient charges of \$2.45 million during the previous year. Program results projected a decrease to 510 visits and total charges of \$1.76 million annually.

**Implications:** This unique partnership meant “Super Utilizers” received a more appropriate level of care, students received hands-on health management training, and the ED experienced a decrease in non-emergent visits.

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## **Clinical Symposia**

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## A 05 - Called to Promote Global Nursing Excellence

### Called to Promote Nursing Excellence as Transformational Leaders

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*Sharon R. Redding, EdD, MN, BSN, RN, CNE, USA*

#### Purpose

The purpose of this presentation is to explore innovation strategies to promote excellence in global nursing.

#### Target Audience

The target audience of this presentation is nurses interested in collaborative experiences.

#### Abstract

American nurse educators share their experiences as volunteer nurse educators representing Project HOPE. This organization's mission is to achieve sustainable advances in health care by implementing health education programs. Project HOPE partners with host nation health officials in select locations to provide human resource talent for improving academic and technical skills. The American nurse educators are recruited for their expertise in nursing education as well as one educator having certification as a wound care ostomy clinical nurse specialist to work with Chinese nursing faculty at Wuhan HOPE School of Nursing where they teach undergraduate courses in health assessment and nursing. Additionally, they instruct in a research readings course at the graduate level. They are involved in clinical practicum activities, organize seminars, and are guest lecturers at other hospitals in large population centers. They are involved in continuing nursing education offered at various academic institutions in Wuhan, surrounding communities and other cities in China. Another activity is teaching "medical" English to health professionals who will be going abroad for residency and advanced health education and training programs. The American wound care ostomy clinical nurse specialist consults with a certified ostomy and wound care nurse specialist in Wuhan, reviewing evidenced based practices and health education strategies. The American nurse educators assist faculty to prepare research for publication in international nursing and health care journals. They work with faculty in meeting the criteria for establishing an Honor Society of Sigma Theta Tau International Nursing Honor Society, which is the first Honor Society in mainland China.

Wuhan HOPE School of Nursing was established by Project HOPE in 2002 to serve as a model for nursing education in China. Using the expertise of seasoned American volunteer nurse educators, nursing simulation was integrated into the curriculum. Chinese nurse educators traveled to the United States to learn the use of manikins, develop scenarios and organize a simulation lab. The Wuhan Chinese educators have since taken this training to a higher level and present nursing simulation workshops on a regular basis to Chinese nurse educators from other Chinese universities. American nurse educators continue to promote simulation teaching, integration of simulation in continuing education programs and use of the simulation lab by nursing personnel from area hospitals for purposes of orientation and education. Wuhan HOPE School of Nursing offers the baccalaureate program in English and the Han Chinese dialect. The expectation is that students who complete the English language program will then enter the graduate program which is offered only in English. Because of the international emphasis in nursing education at Wuhan HOPE, nursing students take advantage of increased opportunities for study abroad programs. Nursing faculty members pursue educational opportunities, conferences and seminars that promote their understanding of research and trends in nursing education.

American nurse educators work closely with Chinese nursing faculty to promote improved understanding of current trends in nursing education and clinical practice. Seminars in curriculum planning, test writing, and select teaching strategies are offered. Chinese faculty members ask the American educators for assistance in improving the organization of the concept-based curriculum so a review of current nursing literature is conducted. Both formal and informal discussions of evidence-based practices are held on a regular basis. Textbook resources are reviewed to determine those that are most appropriate for the

Wuhan HOPE nursing program of study. Frequent discussions of the role of the clinical instructor and best practices in clinical teaching are held with nursing administrators and faculty. This assists in the planning process for Project HOPE personnel in seeking future volunteer nurse educators to meet the specific needs of the Wuhan HOPE nursing program.

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### **Called to Promote Nursing Excellence as Global Educators**

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*Mary Kay Smid, EdD, MSN, BSN, RN, USA*

#### Purpose

The purpose of this presentation is to describe the use of interactive and concept based teaching educational materials that can be adapted to diverse health care environments.

#### Target Audience

The target audience of this audience is nurses interested in collaborative global teaching projects.

#### Abstract

An American nurse educator spends a semester as a visiting professor at Wuhan HOPE School of Nursing in Wuhan, Hubei Province, China under the auspices of Project HOPE. Activities include helping to strengthen the Wuhan baccalaureate and masters' in nursing programs and creating an environment in the classroom and clinical settings to enhance achievement of desired cognitive, affective and psychomotor outcomes. This American nurse educator in the role of an affiliate faculty teams with a nursing faculty member at a private women's college in the Midwest United States, who is preparing to teach a nursing education methodologies course at the master's level. Learning outcomes are developed which allow both educators to integrate diverse teaching strategies while taking advantage of technology and resources that are multidimensional and add richness to the learning experience in both areas of the world.

Prior to leaving for China, the American nurse educator presents an overview of the upcoming semester abroad to the American MSN students. The Midwest nurse educator, as the course facilitator, explores possible projects which support the MSN course outcomes of distance learning, technology and cultural consideration with the use of problem-based learning. Upon arrival in Wuhan, the American nurse educator consults with the Chinese nursing faculty to identify course content the American nurse educator will focus on, which includes maternal-newborn concepts. The American nurse educator presents an introduction from China to the American MSN students using the Skype audio/video conferencing program. The American and Midwest nurse educators then discuss options and propose that three MSN student groups develop materials for use in the American and Chinese classrooms. Various technologies are explored and tested to insure that the materials can be viewed in the Wuhan classroom. The project includes a video presentation, a PowerPoint on the selected content area and the development of a clinical teaching guide. Topics are chosen which support the Wuhan concept based curriculum strand of "the expanding family": newborn assessment, postpartum assessment and assessment of deep vein thrombosis (DVT). The American MSN students begin a literature review which addresses the issues of Chinese environmental health, community resources and social welfare and the role of nursing in Chinese health care settings. The American nurse educator shares this with the Chinese nurse educators and proposes that the Chinese students work as groups on other selected topics. Chinese nursing faculty believe this is a valuable approach and various topics are chosen. Faculty in both programs develop learning objectives, identify evaluation criteria, and develop guidelines for the nursing students' projects. Chinese nursing faculty post this assignment on the Chinese Blackboard nursing course site.

Using cloud technology, the American MSN students complete their projects and submit them for review. The American and Midwest nurse educators suggest changes in the projects related to language and terminology as well as the use of culturally sensitive images for the presentations. After final editing,

the projects are shared with Chinese faculty. The American nurse educator integrates the American MSN students' PowerPoint presentations into the Chinese classroom teaching, and shares the videos and clinical teaching guides with the Chinese nursing students. The Chinese students' group projects are also presented which included bathing the newborn and umbilical cord care, neonatal jaundice, characteristics of the normal newborn, home care after cesarean birth, prenatal health promotion and education and breastfeeding. Chinese nursing students develop a short PowerPoint presentation on the topic and a clinical teaching guide (in the Han Chinese dialect, with one copy translated into English). The American MSN students review the projects with interest to see how much of the teaching they develop is being incorporated. A common booklet cover is distributed to the American MSN and Chinese students and the American and Chinese teaching guides are included. The American and Midwest nurse educators discuss the "take-away" messages learned as a result of implementing the project as well as its application to other global nursing settings. The American nurse educator describes working with the Chinese faculty to develop test questions based on the content provided by the American MSN students.

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### **Called to Promote Nursing Excellence as Facilitators of Service Learning**

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*Linda Rice, MS, RN, CWOCN, USA*

#### Purpose

The purpose of this presentation is to describe the role of nurse educators as facilitators of service learning.

#### Target Audience

The target audience of this presentation is nurses interested in international service learning efforts.

#### Abstract

Experienced American nurse educators discuss their experiences living in and learning about the Chinese culture. They were in residence in Hubei Province, China from February through July 2014, living in Wuhan, a city of 12 million people in the central region. This city is the Chinese center of high-speed railway transportation, automobile, computer and electronic manufacturing. Wuhan is located on the Yangtze River and has a rich cultural history. The educators share their integration as visiting professors of nursing into Wuhan HOPE School of Nursing, their adaptation to the Chinese culture, and their personal learning. This includes visiting historic sites such as the Yellow Crane Tower in Wuhan, the Terracotta Warriors of Xi'an and the Great Wall of China, near Beijing. The educators reflect on clinical teaching activities in and touring Chinese hospitals, clinics, health centers, and community centers. They share the day-to-day experiences of observing health care, medical and nursing practices. Living in a densely populated city results in learning to overcome the challenges of using transportation systems, shopping for personal items, and obtaining required resources. Other issues that are shared include the effects of pollutants, in the air and water, and how this is integrated into the daily living routine and work setting. The educators were teaching in a nursing program that was presented in English, but lived in a community where the Han oral and written Chinese dialect is used. This is a challenge when using transportation and business services.

Cultural learning focuses on the role of Chinese nurses in diverse health care settings and the community perspective of the nursing professional. Chinese nurses are limited in their opportunities to practice what they learn in the classroom. In most health care environments, the focus of the Chinese nurse is on medication administration with patients and families accepting only teaching by the Chinese physician. Patients and families have limited understanding of the nursing role and their expectations are that nurses are there to work under the direction of the physicians. Nurses are not viewed by the Chinese as individuals in leadership roles, as providers of client education, or in a direct hands-on role for routine day to day care. Patients and families expect nurses to administer medication according to their preferences, rather than following established guidelines. New graduates are expected to be competent at performing



nursing skills by passing national and hospital based exams as part of their nursing registration. New graduates seeking employment must meet hospital hiring requirements of height and personal appearance, and have lengthy orientation periods before being assigned to a specific unit in a permanent full-time position. The expectation is that the nurse will work the assigned hours, and accept the directives of nursing administration. There are opportunities for assuming additional responsibilities with graduate education and time in the position. There has been increasing incidents of violence against doctors and nurses perpetrated by dissatisfied patients. Much of this violence results from patients' lack of understanding of Chinese health care financing and insurance, the increasing distrust of pharmaceutical and health care industries as more incidents of product contamination and profiteering emerge, and the increasing government burden in providing health care to the world's largest population. The American nurse educators discuss their perspectives on the diversity of nursing practice observed in hospitals, hygiene and sanitation standards, equipment being used, organizational practices, standards of care, the use of computer and other electronic resources, and the limited availability of community health services.

The American nurse educators discuss the nature of their experience from the service learning perspective. The educators supported nursing students who were providing health promotion activities at the only geriatric residential care facility in Wuhan. The educators obtained a Sigma Theta Tau, Gamma Pi At-Large service grant to assist the Chinese students to purchase supplies and equipment to offer health education classes, exercise programs, and other activities at this geriatric center. The educators worked with a videography company in writing and developing a video about the nursing students' service learning project which was used for a major grant application by the Chinese nursing faculty at Wuhan HOPE School of Nursing. This grant would support community nursing practicum activities resulting from the opening of the new rehabilitation center at Wuhan HOPE School of Nursing. The American educators worked with Chinese nursing faculty in writing, filming and narrating a video which will be used for a future grant application for another community service project. A third video the American educators assisted with was a commemorative project celebrating the founding of the Wuhan HOPE School of Nursing. This was shared at a medical center/university convocation, the dedication of a memorial to a donor to the Wuhan HOPE School of Nursing and the opening of the rehabilitation center.

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## A 06 - Working Together to Provide Greater Interprofessional Opportunities for Education and Research in a Simulation Environment

### Standardized Patients Providing Clinical Learning Opportunities for Learners across the Continuum

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*Miriam E. Bar-on, MD, USA*

#### Purpose

The purpose of this presentation is to familiarize participants in the use of Standardized Patient (SP) programs and understand the educational rationale for their implementation. Participants will have the opportunity to engage in thinking about learning and evaluation opportunities to use the SP program.

#### Target Audience

The target audience of this presentation is individuals who are interested in learning about an SP program, potential use of an SP program and the rationale behind implementing one.

#### Abstract

An integral component of the Clinical Simulation Center of Las Vegas is the standardized patient (SP) program. This program is housed in the 12 room standardized patient hall and provides both formative assessment and summative evaluation for medical students, residents and nursing students – undergraduate and graduate.

The SP program was developed by the University of Nevada School of Medicine (UNSOM) under the direction of an SP educator. This individual initially worked with the directors of the Clinical Reasoning in Medicine (CRIM) course to design and replicate a high-stakes examination for the third year medical students. This examination is given statewide twice a year at the end of the primary care semester. After this initial success, the SP program began to participate in formative educational events. Standardized patients are used routinely as part of the learning process in CRIM. In addition, the SPs are incorporated into an informed consent exercise for the UNSOM residents and for a variety of remediation activities.

Based on the success of the SP program at the medical school, the University of Nevada – Las Vegas (UNLV) School of Nursing faculty believed that incorporating standardized patients in nursing education and evaluation would be beneficial. They worked closely with UNSOM faculty to extend their established SP program to Nurse Practitioner (NP) students. Initially, we offered an optional pilot program for 4 local NP students. This was reviewed well by faculty and participating students. Currently NP students have high-stakes examinations at the end of each clinical course. This allows faculty to evaluate students more fairly as they see the same types of patients. Once this program was established, faculty teaching UNLV BSN psychiatric course desired to use SP as part of their clinical orientation to psychiatric nursing in a formative educational experience. Cases focusing on bipolar disorder, paranoid schizophrenia, and anxiety were developed, piloted, and implemented during the first year of the program. Feedback from nursing students was overwhelmingly positive with students asking for more cases. Consequently, a post-traumatic stress disorder was developed and implemented. After these experiences in a safe environment, students feel more comfortable in psychiatric settings.

As the SP program expands, other demands for SP learning events increase. Standardized patients were used in an inter-professional activity demonstrating the challenges of dealing with geriatric patients and recently incorporated in a multiple mini interview program as part of the application process to medical school. The potential for this program is limitless however, funding constraints impose boundaries.

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## **Overview and Introduction to the Clinical Simulation Center of Las Vegas**

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*Carolyn B. Yucha, PhD, MSN, BSN, RN, CNE, USA*

Purpose

The purpose of this presentation is to provide participants an overview on the development and administrative structure of the Clinical Simulation Center of Las Vegas.

Target Audience

The target audience of this presentation is participants interested in the elements necessary for developing a collaborative simulation center.

Abstract

Simulation based education is costly and time intensive at a time when resources are difficult to secure. As a result, Deans from the University of Nevada Las Vegas School of Nursing, Nevada State College School of Nursing and the University of Nevada School of Medicine pooled their resources to design and operate a collaborative simulation center. Established in 2009, this was a major undertaking requiring close to one year to design and build. Recently, the Clinical Simulation Center of Las Vegas (CSCLV) celebrated its fifth year of operation, successfully achieving simulation-based education for students (nursing and medical) and residents (medical and surgical). It is a highly successful collaboration that provided 7,500 hours of student and resident learning activities in the last academic year.

This symposium will provide a brief overview of the CSCLV, its structure, staffing, and funding. Two other presentations will provide information on initiatives that have emerged from these disciplines sharing a simulation center. The first is a standardized patient program initiated by the medical school and subsequently adopted by one of the nursing schools for evaluation of Nurse Practitioner students. The second presentation focuses on the promotion and development of inter-professional education and research in the CSC and will describe some of the ongoing educational research being conducted.

A long term collaboration will necessarily be tested by changes in leadership. While the CSCLV has had the benefit of a very stable and collaborative leadership team, it is inevitable that change will occur. In the past year, one of the establishing deans retired and was replaced by a dean, new to the role. This has created challenges as he has been integrated into an ongoing system. The final presentation will focus on strategies to maintain an effective center in the face of changes in leadership. Together, these presentations will describe the multiplicative advantages of a collaborative simulation. In addition, challenges for sustaining this productive team will be discussed.

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## **Inter-Professional Education and Research in a Collaborative Simulation Center**

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*Jessica Doolen, PhD, MSN, BSN, ADN, APRN-C, CNE, USA*

Purpose

The purpose of this presentation is to offer insight on how to facilitate inter-professional education in simulation. Simulation programs and simulation centers across the globe may find these suggestions

helpful. The development of any simulation program is facilitated with international networking on "how to and how not to"

### Target Audience

The target audience for this presentation are international, national, and local simulation educators with small simulation laboratories to large simulation centers nationally and internationally.

### Abstract

Since 1972 the Institute of Medicine (IOM) has addressed the importance of educating healthcare students together to purposely prepare them for collaborative professional practice. Collaborative professional practice begins with academia and has been linked to a safer patient centered healthcare system (Inter-professional Education Collaborative Expert Panel, 2011). Over this last decade the IOM (IOM, 1999; 2003; 2004; 2006) and the World Health Organization (2010) have highlighted the importance of educating health professional students together to decrease medical errors and increase patient safety (IOM, 1999; 2003; 2004; 2006). A multi-institutional collaborative simulation center provides a variety of opportunities for inter-professional education (IPE) and research. This presentation describes the development of IPE and research at a collaborative simulation center. Topics include: 1) how IPE faculty were trained in simulation based learning, 2) the genesis of an IPE research trajectory in a collaborative simulation center and, 3) how faculty obtained funding for IPE research.

To advance IPE education at the center each of the three collaborating schools attended simulation training provided by a consultant group. During the first three month training period there were three days of didactic sessions followed by interactive workshops. Both faculty and simulation technicians participated in the training (Baily, Bar-on, Yucha, Snyder, 2012). As an example, after a didactic session in the lecture hall faculty divided up into groups of eight. Each group worked together and developed, piloted, and debriefed their IPE scenarios. The simulation technicians also participated in the interactive training in the simulation control hall. Training continued by phone conference and with face to face workshops. The training was successful and well appreciated by faculty (Baily, Bar-on, Yucha, Snyder, 2012). Consequently, two day training sessions are offered every semester and are identical to the original consultants' training program. Working closely together and becoming friends enabled faculty to network ideas for teaching and research. As an example, collaborative code research led to incorporating mock codes into simulation curriculum for the school of medicine and a school of nursing. The nurse practitioner program participates with the surgical technician for the school of medicine to teach a basic suturing class. And the standardized patient program is incorporated into an undergraduate psychiatric course and for objective structured clinical exams for the nurse practitioner program.

**Research:** During the first year the CSCLV was open the advisory board offered grant awards for inter-professional research (IP). The School of Nursing designated \$5000 from its discretionary funds to support one research grant, with a Nursing faculty member as the principle investigator. The School of Medicine obtained \$5000 from the school of medicine's IDeA Network of Biomedical Research Excellence grant to support a second research grant with a school of medicine faculty member as the principle investigator. Both grants required that the other discipline be included as co-investigators and that the project involve students from both institutions. Grant application process was developed and grants were reviewed by a subset of the Advisory Committee. Examples of IP research were: from 2010 to 2012 the Measurement of Acquisition of Crisis Resource Management Skills Using Simulated Emergency Codes, and Incorporating Simulation and Interactive Response System in a Pediatric Nursing Course were successfully completed. In 2013 two IPE teams completed two additional research studies, Simulating Teamwork and Observation for Procedural Safety and: the Effect of Collaborative Simulation Training for Pediatric Residents and Nursing Students on Team Work Skills in Patient Care.

We have had success and we have experienced barriers to IPE and to complete IP research. Scheduling is harder for the medical school because residents are providing medical care for patients. Also, nurses outnumber residents making it difficult for all nursing students to participate in research studies. And there are differences in the nursing and medical model that requires negotiating especially in debrief. Lessons learned will be shared with the audience.

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## **Continuity in the Face of Changing Leadership**

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*Neal S. Rosenberg, PhD, MSN, BSN, BA (Hons), RN, USA*

### Purpose

The purpose of this presentation is to highlight strategies to nurture the growth and success of new nursing educational leaders via a strong succession plan developed between the administrator mentor and mentee.

### Target Audience

The target audience of this presentation is experienced and novice nursing educational leaders in the academic and clinical communities.

### Abstract

During the growing number of transitions in nursing leadership, it is imperative that experienced nurse leaders are well poised to successfully nurture and facilitate the succession of their important roles to new nursing leaders. This is the case in Southern Nevada where the nursing leadership in the Clinical Simulation Center – Las Vegas (CSCLV) has begun. The transition of deanships, experienced faculty and support staff is inevitable. The thoughtful and thorough planning from expert to novice and subsequent development to expert is instrumental to the success of all stakeholders.

The CSCLV leadership structure includes three deans; two from schools of nursing and one from a school of medicine. The CSCLV opened its doors in 2009 under the guidance and leadership of three experienced deans. In the summer of 2014, CSCLV began the first major transition of leadership as one nursing dean retired and a novice-nursing dean was appointed. Entering an established system can be very challenging and might be even more so if existing leadership is stable and the unit is functioning well. This presentation will discuss the strategies, barriers, strengths and limitations of the current transition as it relates to the overall health of the CSCLV and the nursing community in Southern Nevada.

The heuristic nature of this discussion will explore the perception of transition, inclusion and next steps by the existing deans and the new dean as they navigate the path of successful transitions in a fast-paced and growing shared simulation center. The strength of informal and formal mentoring is emphasized between the two nursing deans. The role of mentor and mentee at the academic leadership level is scant in the literature. This presentation lends to sharing stories of success and challenges, both structural and political, in busy academic settings from sister institutions. The strategic planning, sharing of knowledge and patient guidance from expert to novice are explored in this session.

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## B 05 - Bridging the Practice/Research Chasm

### Bridging the Practice/Research Chasm

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*Rebekah Powers, DNP, RN-BC, CMSRN, CSPHA, USA*  
*Carol Boswell, EdD, RN, CNE, ANEF, USA*

#### Purpose

The purpose of this presentation is to set the stage for the three CIT projects to be presented by frontline staff members showcasing their advancement.

#### Target Audience

The target audience of this presentation is frontline nurses and managers who are interested in challenging their units to advance health care.

#### Abstract

The literature repeatedly affirms that the time period for translating research findings into the practice arena requires approximately 17 years. Recent studies have identified the presence of a research mentor as the key to overcoming identified barriers to both generating clinically based evidence and incorporating that evidence into practice. While widespread agreement that this time lag must be reduced is supported, substantive change on this issue has yet to occur -- despite repeated recommendations for increased collaboration between researchers and practitioners. Indeed, collaborations between academic and practice settings benefit both parties in fostering clinical nurses' research skills, contributing to innovations in patient care and nursing practice and enriching nursing research. The Care Innovation and Transformation (CIT) initiative, which is a program sponsored by AONE, supports innovative change, culture evolution, and implementation of health care reform. Using the conceptual framework of Situational Approach to Leadership, this symposium provides examples of how the CIT concepts have successfully supported clinical nursing research teams in acute care settings. All examples include a description of the clinical problem addressed, the nature of the research team addressing the problem, the style of support employed within the collaborative role, and how the results of the project were used to inform practice changes. This model provides a structure for clinical nurses in developing the skills and confidence to evaluate and implement evidence into the practice setting in a timely manner.

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### Effective Nursing Work Flow: Making a Difference

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*Ausrine Buzick, ADN, RN, USA*  
*Stephanie Lanes, ADN, RN, USA*  
*Estella Contreras, LVN, USA*

#### Purpose

The purpose of this presentation is to demonstrate how an effective decision making model can be used by frontline nurses to improve the workplace environment and benefit the patients.

#### Target Audience

The target audience of this presentation is frontline nurses and managers who are interested in challenging their units to advance health care.

#### Abstract

Efficiency of spaces are linked to less interruption to nurses work flow, shorter travel time and distance resulting in the staff being able to accomplish assigned tasks and increased face time with

patients. A growing body of research focusing on spatial flow of clinical units suggests that equipment organization and location are key factors in achieving clinical efficiency.

Objective: The project's objective was to demonstrate how a properly sized sling placed in a patient's room could benefit patient's safety, decrease nurse's time spent looking for proper equipment and increase nurse's productivity.

Methods: The initial stage of the project was to study the medical unit layout and identify the areas for sling rack placements. Slings were conventionally located on the top of linen carts in the clean utility rooms. Sling racks were moved to the hallway and placed in close proximity to bariatric rooms. The criteria for sling placement in the patient's rooms was established based on the assessment of patient population. Factors guiding the assessment included level of assistance required, patient's functional status, safety and comfort.

Four main guidelines were used to determine sling placement: 1) score of mobility test and/or Hendrich scale, 2) neurovascular/musculoskeletal status, 3) bariatric patients, 4) total care patients.

Results: Safe Patient Handling team's internal monthly audits revealed the increase in compliance of proper sling placement and usage. Four month audit data was used in the study. Easy access to equipment was directly correlated with frequency of its usage.

Conclusion: The benefits of easy access to slings include: 1) saved time for locating the necessary equipment, 2) increased nurse-patient face time 3) increased utilization of proper equipment 4) reduced number of patient fall, injuries incidents. The project revealed the need to eliminate unnecessary complexity in equipment organization and location. It proved that functional efficiency is closely linked to economic efficiency.

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## **Avoiding Delays for Surgery: It is Important**

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*Susana Dominguez, BSN, ADN, RN, USA*  
*Arculana Robles, RN, BSN, USA*

#### Purpose

The purpose of this presentation is to showcase the work done through a CIT project with frontline nurses to advance their problem solving abilities while addressing critical challenges confronted.

#### Target Audience

The target audience of this presentation is frontline nurses and managers who are interested in challenging their units to advance health care.

#### Abstract

Problem: No physician pre-operative orders and day of surgery orders was identified as a critical challenge. Absent physician orders was causing delays in surgical start times due to lack of operative consent and incorrect or missing pre-operative testing needed by the physician.

Aim: The aim for the CIT project was to find a solution to prevent patients from arriving to their pre-operative appointment without any orders. One physician showed interest in participating in the project to prevent delays in his surgery start times. A group of nurses from the pre-operative center and same day

surgery met with physician to find a solution to the problem. During this meeting, the data collected was presented to the doctor.

Method: Data was collected to determine how many patients from his office presented to pre-op without orders and still went to surgery. The physician then passed the collection of data back to his staff. The solution was that all patients would have orders inputted in the electronic medical record at the time of their appointment with the physician. It was also decided by the physician that all patients would be seen one day prior to their pre-operative appointment to aid in this process.

Results: Data was collected after the implementation of the new guidelines. A dramatic decrease in patients arriving with no orders was noticed. The physician saw a total of 26 patients during the data collection period and 6 patients, or 24%, arrived with no pre-operative orders. After the solution was implemented, only 1 patient out of 18, or 6%, arrived with no pre-operative orders resulting in a positive test of change.

Conclusion/Recommendation: Since the process worked well with this physician, the process is being implemented with other offices to hopefully yield the same positive results.

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## **Effective Communication Using Huddles**

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*Andreanna Sookhi, ADN, RN, USA*  
*Deborah D'Agostino, BSN, RN, USA*  
*Sharon McGowen, BSN, RN, USA*

#### Purpose

The purpose of this presentation is to show the work that can be done to advance frontline nurses as they strive to improve the care provided on a medical unit.

#### Target Audience

The target audience of this presentation is frontline nurses and managers who are interested in challenging their units to advance health care.

#### Abstract

Problem: Information such as process changes and unit metrics found within the HCAHPS scores not being shared consistently to all team members on the post surgical unit was identified as a challenge.

A team of staff nurses worked together to discover a way to communicate. The team goal was to identify: a way to communicate that did not interrupt the workflow of the day, the staff preferred method of communication, and the best time in the work day to communicate along with how much time is required to effectively communicate key information. The team surveyed the staff members and found the preferred method of communication was verbal. It was also determined that the staff wanted communication to occur during the middle of the shift.

Huddles were scheduled to occur at 1030. The same information would be included for several days so all staff would hear it. In addition, the unit clerk would send a text message to staff to remind them of huddle time.



Results: After implementing huddles, staff were surveyed. 86% of staff who completed the survey voiced that sharing information had improved. 98% stated they know more about expected trends on the unit (HCAHPS). 50% of staff agree shift huddles at 1030 and 2230 can easily be incorporated into workflow.

Plan for further implementation is to create a binder for those who are off the unit to review upon their return to work.

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## **B 06 - Dimensions of Care Coordination Clinical Reasoning: Systems Thinking, Value Network Analysis and Health Analytics**

### **Care Coordination Clinical Reasoning Model for Advanced Practice Nurses**

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*RuthAnne Kuiper, PhD, MN, BSN, RN, CNE, ANEF, USA*

#### Purpose

The purpose of this presentation is to describe the Care Coordination Clinical Reasoning model of complexity and systems thinking, and value network analysis that teaches advanced practice nursing students the management of patient problems across health care contexts. Model worksheets support learning strategies and habits of mind for future practice.

#### Target Audience

The target audience of this presentation is clinical educators who guide and mentor advanced practice graduate nursing students as they learn to manage patient problems, interventions and outcomes. The CCCR model is designed to help students recognize practice issues that involve interdependent health care provider role relationships.

#### Abstract

In the current health care arena, practice has shifted to include systems thinking and value network analysis to determine priority patient health care issues that interface with interdependent health care provider roles and relationships. The major focus of current health care practice is interest in identification and achievement of patient health outcomes. To function effectively in this arena, nurses need outcome specification skills. The role of case manager and care coordinator is becoming essential for meeting patient health care outcomes. Advanced practice nurses such as nurse practitioners in these roles require additional clinical reasoning skill sets and ways of thinking to manage cases on a day to day basis if they are to practice to the full extent of their education (IOM, 2003).

To expand the nursing process and include activities related to interprofessional collaboration, we propose a Care Coordination Clinical Reasoning framework that includes the OPT model of clinical reasoning and the CCCR systems model to thoroughly think and reason through patient and family cases to achieve outcomes across health care services. Clinical reasoning for case management includes care coordination competencies to address essential patient and family needs. The core competencies suggested by the Institute of Medicine include providing patient-centered care, working in interdisciplinary teams, employing evidence-based practice, applying quality improvement, and using informatics (IOM, 2003). These competencies are embedded in the AACN (2011) essentials for advanced practice nurse education and therefore important to the care coordination model we propose. These essential care coordination needs are; conducting a needs assessment, initiating medical care services and testing, evaluating capacity, resources and skills, developing an individualized plan of care, coaching and educating the patient and family, monitoring plan of care and safety, promoting self-management, and team collaboration.

Introduction to the Care Coordination Clinical Reasoning (CCCR) systems model web shows the essential care coordination practice issues and organizes thinking to focus on the priority needs within health care systems. The CCCR systems model then describes the care coordination practice issues and determines interventions, outcomes and the values for each essential need. This process involves individual-systems thinking, team-systems thinking and organizational-systems thinking to thoroughly and efficiently manage all aspects of patient and family cases.

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### **Future Think: Clinical Reasoning, Care Coordination and Health Analytics**

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*Daniel J. Pesut, RN, PhD, PMHCNS-BC, FAAN, USA*

#### Purpose

The purpose of this presentation relates to the care coordination clinical reasoning model for nursing practice and emerging trends associated with health analytics and big data. Nursing knowledge classification systems, electronic health records and the role of health analytics will be related to the creation of future nursing process models.

#### Target Audience

The target audience of this presentation is nurse educators who teach clinical reasoning with attention to the impact and influence of standardized nursing knowledge classifications and electronic health records.

#### Abstract

This presentation will relate the care coordination clinical reasoning model to professional nursing practice and emerging trends associated with health analytics and big data. As the nursing profession develops and grapples with how best to master the use of standardized language the emergence of health analytics and big data -- providers have to grapple with how health analytics can support the future of care coordination clinical reasoning. In this presentation six generations of the nursing process from 1950 to 2050 will be defined and described. The value of nursing knowledge classification systems and electronic health records will be emphasized and the role of health analytics in the creation of future nursing process models will be defined. Four types of analytics: descriptive, comparative, prescriptive and predictive will be defined and discussed. The impact and influence of health analytics on the evolution and transformations of nursing process and the clinical reasoning skills needed for contemporary and future practice will be deliberated. Nurse educators who teach clinical reasoning to advanced practice nurses will find this information important in order to promote and influence standards for nursing knowledge classifications and electronic health records.

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## **Unfolding Case Study Exemplifying Care Coordination with Advance Practice Nursing**

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*Tamatha Arms, DNP, MSN, BSN, ADN, RN, PMHNP-BC, NP-C, USA*

#### Purpose

The purpose of this presentation is to unfold a developing case study commonly seen by nurse practitioner students in the primary care office setting. The case study shows nurse practitioners using nursing process to assess, develop, implement, and evaluate an individualized plan of care and coordinate care across healthcare systems.

#### Target Audience

The target audience of this presentation is graduate nurse clinical educators who teach advanced practice nursing students.

#### Abstract

The development, progression and evolution of the nursing process which begins with a foundation for patient problem management also parallels with dynamic thinking processes. The third generation of nursing process or the Outcome-Present State – Test (OPT) emphasized clinical reasoning that was reflective, creative and outcome specific given a client's story. However, healthcare practice has yet shifted again to a focus on care coordination, systems thinking, value network and analysis to determine priority patient healthcare issues that interface with interdependent health care provider roles and relationships.

The authors propose a Care Coordination Clinical Reasoning model that includes structure, content and process to guide the novice practitioner through individual-systems thinking, team-systems thinking and organizational-systems thinking. The Care Coordination Clinical Reasoning (CCCR) systems model web shows essential care coordination practice issues and organizes thinking to focus on the priority needs within health care systems. This framework utilizes standardized languages that are used to communicate between and among interprofessional health care providers. For example, the Care coordination reasoning web organizes thinking to focus on priority health problems associated with ICD-9/ICD-10 medical diagnosis codes and aligns these with domains of nursing diagnoses.

The purpose of this presentation is to display an example of an unfolding case study commonly seen by nurse practitioner students in the primary care office setting. This case study will show how the nurse practitioner uses the nursing process to assess, develop, implement, and evaluate an individualized plan of care with management and coordination across health care contexts. A new care coordination clinical reasoning systems model will show the use of team and organizational-systems thinking to achieve health outcomes. The participants will be engaged in an actual case development with the model worksheets for practice with care coordination essentials. The target audience of this presentation is graduate nurse clinical educators who teach advanced practice nursing students with a care coordination model.

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## **C 05 - CONNECTS: Capacity Optimized Neural Network Extending Clinical, Theory, and Skills**

### **CONNECTS: Building Capacity for Building Skills**

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*Kathleen Williamson, PhD, MSN, RN, USA*

#### Purpose

Describe CONNECTS, which is a program that builds Capacity while Optimizing the Neural Network at Extending Clinical, Theory and Skills for students and faculty in the pre-licensure nursing education program. It combines the optimization of space, utilizing supportive technology while extending clinical opportunities and linking clinical, theory and skills.

#### Target Audience

Nurse Educators, clinical educators, Simulation center directors, Nurse Educator Administrators

#### Abstract

CONNECTS, is a program that builds Capacity while Optimizing the Neural Network at Extending Clinical, Theory and Skills for students and faculty in the pre-licensure nursing education program. It combines the optimization of space, utilizing supportive technology, while extending clinical opportunities, and linking clinical, theory and skills. The school of nursing's reliance in using the simulation center is due to patient care areas shrinking, the increased use of acute care simulations and in scheduling all partners; the center is almost at maximum capacity. This presentation will share how the simulation center increased its capacity and trained faculty in developing scenarios and educational lesson plans in using simulation and technology in more strategic ways. Presented will be how when faculty create interactive simulation experiences along with expanding capacity can promote student and program success.

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### **CONNECTS: Simulation as an Instrument**

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*Melody Chandler, MSN, RN, USA*

#### Purpose

Describe the operations of a free-standing simulation center that provides nursing education/competency validation using high-fidelity patient simulation and skills training to a regional consortium partnership consisting of three separate institutions and ways to build capacity.

#### Target Audience

Nurse Educators, Clinical Educators, Simulation Center Directors, Nurse Educator Administrators

#### Abstract

Using simulation in nursing education has become a common teaching/learning milieu that most educational and healthcare entities have subscribed to in providing training and validation of clinical competence of participants. With ever-shrinking clinical opportunities and increases in nursing school enrollment, a significant challenge is for those educational centers to investigate innovative ways in which to increase capacity without compromising the quality of their offerings.

Creating a regional consortium, The Regional Simulation Center (RSC), has proven effective in combining and conserving resources while providing a shared environment for nursing education. The RSC provides high-fidelity simulations and skills training to a broad variety of participants in a fully staffed facility. The goal of the RSC is to continually be progressive and improve upon its offerings to create

optimal learning environments with superior learning experiences for the participants. Development includes seeking out innovative ways to connect theory, technology and skills within the center.

Learners from multiple, diverse educational settings, that may have never had a clinical experience, to seasoned healthcare professionals, who may have spent years in acute care settings, utilize the RSC. The RSC strives to create meaningful learning experiences based on specific learner objectives to increase the likelihood of these connections. Another effort is made aesthetically to provide clinical experiences that appear as real as what a participant would experience in a true clinical setting. Partnering with the local, regional hospital, the consortium has access to all of the current practice changes as well as medical supplies that tend to be ever-changing in the clinical setting. When learners transition back and forth throughout the semester from the clinical setting of the hospital to the RSC, it fosters more confidence in the learners since they have the opportunity to practice with familiar, similar equipment in both environments.

Over the past 10 years the RSC has experienced a tremendous increase in utilization which has forced it to seek out innovative ways to increase its capacity. Advances in technology with barcode scanning systems, bedside charting and electronic medical records have also created a learning gap and a need for increasing utilization of technological advances in the RSC. CONNECT is a program that strives to bridge this gap.

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## **CONNECTS: Making the Connection**

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*Robin Lockhart, RN, MSN, USA*

#### Purpose

The purpose of this presentation is to share ideas for linking course content and clinical experiences to enrich the students' understanding of the course content and their development of clinical skills. Additionally, to share how technologies can assist the educator to communicate and measure those linkages.

#### Target Audience

The target audience for this presentation is nurse educators who are struggling to ensure student retention of content or concepts in courses that include clinical skills. Academic administrators also will find the presentation useful in measuring student learning outcomes and reporting these outcomes.

#### Abstract

Retention of nursing students is an issue for many nursing programs. The most common cause of attrition is poor academic performance. Nursing continues to increase in complexity, leaving students to struggle within content- and concept-laden courses. As a practice discipline, nursing has a rich source of clinical experiences to enhance learning ensuring connections between content and practice. However, frequently students fail to understand the linkages between content and their clinical experiences. The CONNECT program links content, clinical skills and clinical reasoning in an interactive manner. It uses simulations and classroom technologies to plan, deliver, and evaluate student learning. The program was created to expand the use of the simulation center. However in the planning for this expansion, we realized we had the opportunity to connect classroom and simulation in a more fluid manner than had been previously implemented. We actively share content and concepts being taught in the classroom with students completing simulation experiences. Additionally, simulations completed are shared with students in the classroom. Classroom technologies available enhance the ability to link content, clinical skills, clinical reasoning and student learning evaluation. This presentation addresses these linkages.

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## D 04 - Practice and Academics Partnering to Improve Patient and Student Outcomes

### Exemplar Unit Initiative Framework: Engaging Faculty and Staff to Improve Patient and Student Outcomes

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*Dana Tschannen, PhD, RN, USA*  
*Leah Shever, PhD, RN, USA*

#### Purpose

to provide an overview of an initiative aimed to fully actualize an Academic Service Partnership through a microsystem (i.e. unit) level approach. This approach will focus on deeply embedding clinical faculty on their respective unit and creating partnerships with unit leadership through the implementation of specific structure and process components.

#### Target Audience

The target audience of this presentation includes academic leads, faculty, nursing staff, and students. The project described provides an exemplary example of how faculty, staff, and students can work collaboratively to improve patient outcome.

#### Abstract

In an effort to fully explicate the academic service partnership between the University of Michigan School of Nursing and University of Michigan Health System, three pilot units were chosen to participate in the exemplar unit initiative (EUI). Work done previously in the partnership had made advances in student experiences but had not achieved improved patient outcomes. Objectives of the EUI included: (1) provide structure for improved communication and integration between clinical leadership and clinical faculty; (2) create an environment for a robust, mutually beneficial partnership aimed at improving patient care quality; and (3) ensure alignment with unit-specific goals and effective resource use to reach goals. Common goals included providing evidenced-based care and improving patient outcomes (e.g. falls, satisfaction with pain). These goals were attained through the implementation of specific EUI central and unit-level structure and process components.

**EUI Intervention:** An EUI leadership team—Associate Dean for Clinical Practice, Director of Research and Innovation, and lead faculty—created the EUI intervention. The microsystem intervention was based on the Donabedian's Quality Outcomes Model, which incorporates structure, process, and outcome into a linear model for understanding care quality (Table 1).<sup>1</sup>

The structural component activities included consistent meetings for both unit and larger EUI teams. Teams met locally on the unit and then all local teams met with the central leadership team. This ensured opportunities for all members of the initiative to discuss (1) progress towards attaining goals; (2) changes needed in processes to achieve goals; (3) current state of the intervention and (4) problem-solve as needed.

Additionally, the embedded faculty was expected to become an active member of the unit-based shared governance committee, providing leadership in an area aligned with their clinical expertise. Other ways that faculty became more embedded and a part of the unit team included meeting with nursing unit leadership, rounding on staff/students, providing expert consultation, problem-solving with staff on student issues, and generally being more visible on the unit.

Process component activities provided guidance towards unit-specific area of focus and implementation strategies. Specifically, each microsystem/unit team identified a quality indicator goal and a professional practice model goal. Upon mutually identifying the goals, the team created an action plan (e.g. objective, key action steps, accountable person(s), and due dates). Another process component included rounding

on the units by the EUI leadership team to understand the dynamics of the EUI and progress towards unit-specific goal attainment.

Outcomes of the EUI were evaluated on an ongoing basis, including determination if the EUI intervention was actualized and identification of improvements in the microsystem unit quality and model of care goal. It was expected that patient care would be improved; student learning would be maximized as students were engaged in work around improving a specific quality indicator, and staff/students would be active members of the team.

The EUI components were developed to provide guidance to the units, realizing each unit would individualize the intervention to align with the uniqueness of their respective microsystem. The initiative occurred over a 12-month timeframe, with specific touch points throughout the intervention to ensure progress towards reaching the EUI goals.

**EUI Evaluation:** A primary aspect of the evaluation was determining the actualization of each of the EUI components. Each EUI components was reviewed to determine if the structure and processes were met/not met.

**Central Structure & Process Components.** All of the central structure and process component activities were successfully implemented. All members of the EUI—including the EUI leadership team, nurse managers, directors, and faculty—met monthly during the intervention. Additional members of the unit leadership team (e.g. CNS, unit-based committee lead) were asked to join the meeting very early on in the intervention, as it became clear they were needed to ensure intervention success. All members were highly engaged in the discussions, providing opportunities for reflection and learning from others. Quality indicators chosen by the units included patient satisfaction with instructions for home, patient satisfaction with pain, and falls; professional practice model goals included self-care efficacy and patient story—both critical elements in the health system’s nursing model of care.

Rounding by EUI leadership began approximately four months after implementation of the EUI. Observations from the rounds included significant engagement of students, staff, and unit leadership in attaining the quality and model of care goal. Staff members articulated goals of the intervention, describing ways in which students were assisting with attaining those goals. Staff mentors reported students being more prepared and helpful to their practice. Faculty on the unit were identified as ‘one of them’, a valued member of the team. Additional process components, identified in a monthly meeting, included an individual meeting with each microsystem team and central leaders to gain clarity around quality metrics.

**Unit-based Structure and Process Components.** Each of the unit based structure and process components were implemented, although the manner in which they were implemented varied across units. For example, the embedded faculty was asked to communicate with the staff nurse mentors the general learning expectations for each level of learner on the unit. One faculty member held ‘open houses’ for staff, providing an opportunity for the staff nurses to hear about learning expectations, as well as provide an avenue to give initiative feedback. Another faculty created and disseminated YouTube videos in collaboration with her students, outlining the student goals for the week throughout the semester.

Another unit-based component was to ensure embedded faculty were actively engaged in the unit-based committee (UBC). All of the embedded faculty were members of the UBC and were involved in staff meetings. In one unit, the embedded faculty provided educational training to staff around skin/wound assessment and treatment. The additional components were achieved by all three pilot units. The faculty and unit leadership met both formally and informally throughout the intervention to review progress towards the goals, communicate initiatives at the school of nursing and health system, and evaluate current status of the EUI.

**Outcomes.** Unit teams embraced each of the model components, operationalizing each structure and process in alignment with the unit environment. Unit leadership, faculty, staff, and students all described



benefits of the EUI. As noted above, staff regarded the faculty as ‘part of the team’, feeling very confident in reporting any concerns they have related to student education. Students described improvements in their confidence levels around patient interviewing—a component of most unit action plans—as well as feeling engaged and ‘valued’ for the work they did towards improving quality.

A second factor in determining the success of the EUI was to identify attainment of the two goals (e.g. quality goal, model of care goal) set forth by the respective units. In all three units, patient and/or student outcomes improved during the intervention. Specific findings will be discussed in the remaining presentations within this symposium.

**Conclusion:** Evaluation of the EUI provided evidence that we were successfully able to embed faculty into a clinical unit, further strengthening the academic partnership. Many of the activities described by the unit teams portrayed that of a successful academic partnership, including frequent communication/open dialogue; appropriate allocation of shared resources; shared vision/goals/mission; trust, respect, and commitment.<sup>2</sup> Unit leadership, faculty, nurse mentors, and students all clearly identified the positive impact of the EUI on education and practice. Embedded faculty were completely integrated into the unit team, being seen as a valued team members, which led to trust, collaboration, ability to problem-solve, and open dialogue related to feedback on the initiative. Additionally, students were actively engaged in an initiative aimed at improving patient care. Staff members saw students as ‘value-added’ as they saw the impact their work had on improving clinical practice and outcomes.

This model is mutually beneficial—impacting patient outcomes while developing staff and students in a collaborative team environment. This model will impact practice in the future by fostering nurses who not only have been trained around world-class clinical standards, but also how theory and research are applied in clinical practice. Using this approach, the next generation of nurses will become strong leaders who can facilitate the advancement of nursing science.

Table 1: EUI Structure and Process Components

<b>Central / System Processes</b>
EUI lead and unit teams meet monthly to discuss unit activities, improvements in care, and actualization of EUI components.
A quality area of focus and one Patient Care Model goal is mutually identified.
An action plan is developed based on the unit goals.
EUI lead team rounds to understand dynamics of the CEI, and progress toward improving the QI area.
Additional process components implemented based on unit needs.
<b>Unit-based Structures</b>
EUI lead and unit teams meet to determine unit priorities.
The embedded faculty is an engaged member of the unit-based committee.
The embedded faculty communicates with the nurse mentors the student learning expectations.
Students review their daily learning goals with their mentor and faculty.
The nurse manager seeks opportunities to embed faculty on the unit.

The nurse manager communicates to faculty major unit initiatives/priorities.
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The unit team problem-solves as issues arise related to students, mentors, action plan.
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The nurse manager shares QI data with faculty as appropriate.
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## **Impact of a Student and Faculty Collaboration on Patient Satisfaction with Pain Management**

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*Mary Lynn Parker, MS, RN, USA*

*Jole' L. Mowry, MS, BSN, ADN, RN, USA*

#### Purpose

The purpose of this presentation is to provide an example of a clinical unit initiative.

#### Target Audience

All--Faculty, Students, Clinical Staff

#### Abstract

##### **Objectives:**

1. Describe collaborative interventions used to improve orthopedic patient satisfaction with pain management
2. Discuss methods used to develop BSN student knowledge regarding pain assessment and management

**Background:** Undermanaged post-operative pain is one of the biggest challenges for orthopedic patients, their families and nurses (Pasero and McCaffery, 2007). These patients can experience high pain levels and do not always perceive their pain needs are being heard or met which can lead to decreased satisfaction. Despite advances in pain management, nurses and practitioners receive very little formal education (Cordts, et. al.,2011) in analgesic and non-analgesic therapy for hospitalized orthopedic patients.

The orthopedic unit was chosen as one of three pilot units for the UM Hospital and School of Nursing (SON) Exemplar Unit Initiative (EUI). Over the past year, this unit noted a gradual decline in Press Ganey scores related to patient satisfaction with pain management. Therefore, "Improving patient satisfaction with pain management" was identified as the project focus. The group also wanted to facilitate student knowledge with patient pain assessment and management and strengthen the interaction between the nurse mentor and the student.

##### **Purpose:**

The purpose of the EUI collaboration between the Orthopedic unit and the School of Nursing was to:

1. Improve orthopedic patients satisfaction with pain management
2. Increase nursing students' knowledge in pain assessment and management
3. Improve staff nurse engagement and communication with students

**Process:** A method to increase student nurse involvement in patient pain assessment and management was developed. An in-depth interview survey "Improving Patient Pain Satisfaction" was designed to be completed by the BSN nursing students.

The goals of this intervention were to:

1. Provide structure for improved communication between patients and nursing

2. Integrate a framework for clinical education
3. Define mutually beneficial partnerships to improve patient care
4. Improve student clinical experience through well-defined goals and responsibilities
5. Increase student involvement and understanding of quality and evidence based practice

**Summary:** Over a nine month period, the EUI intervention was implemented in an acute care orthopedic unit. BSN sophomore students conducted patient pain management interview surveys, performed patient pain assessments, and wrote the patients' current pain score and pain 'goal for the day' score on the patients' whiteboard. These focused interventions were in addition to the students' direct patient care responsibilities with their assigned staff nurse mentor and attending post-clinical conferences with the embedded clinical faculty.

BSN students completed a Pain Management and Communication Pre and Post-Survey to assess individual and aggregate knowledge. Students were surveyed on the first day of clinical—prior to pain management education and on the last day of clinical. Two forums for orthopedic staff nurse mentors were held to provide feedback related to the EUI intervention, mentor role clarification and suggestions for student and mentor improvements.

Data was collected on the following:

1. Patient whiteboard pain goals
2. Student "Pain Management and Communication" pre- and post- surveys
3. "Improving patient pain satisfaction" surveys
4. Press Ganey patient satisfaction scores

The SON clinical faculty obtained whiteboard pain goal data (key process measure) and scored the students' Pain Management and Communication Pre- and Post-Surveys (student outcomes). Patient pain management interview survey data was reviewed by the unit's Clinical Nurse Specialist then entered into a spreadsheet by a SN assistant (key process measure). The Press Ganey Patient Satisfaction scores were obtained from the unit's Clinical Nurse Manager (patient outcomes).

**Findings: Patient Outcome Measures:** Press Ganey survey scores improved for five items in June 2014 vs. baseline June 2013:

2. How well was your pain controlled? (score 88.2; improved 3.8 points)
3. Caregivers response to concerns/complaints? (score 86; improved 4.0 points)
4. Staff worked together to care for you? (score 89.9; improved 2.5 points)
5. Attention to special/personal needs? (score 88.8; improved 1.2 points)
6. Nurses attitude toward requests? (score 90.8; improved 1.3 points)

**Key Process Measures:**

2. Acceptable pain goal documented on patient's whiteboard (55.5%)
3. Patient interviews completed by BSN students ( N=176)
4. Number of times whiteboard documentation complete compared to number of patient interviews completed (54.5%)
5. Number of times patients' acceptable pain goal for the day was met (55.3%)

**Student Outcomes from Pain Management & Communication Survey:**

- Knowledge at baseline (pre-intervention survey) 60.8% N=31
- Knowledge attained (post-intervention survey) 67.1% N=31

**Staff outcomes—Qualitative results:** BSN students reported the nurse mentors increasingly asked and discussed pain goals and pain management with the patient. More patient education opportunities were noted and some changes in analgesic medication regimes occurred. Staff nurse mentors listened to students' information related to patients' pain concerns and addressed issues in a timely manner. Staff mentors' forums were held the second month of the interventions and staff commented that students needed more education about patients' realistic pain goals—especially those with chronic pain history. The staff mentors were surveyed in the sixth month of the interventions and demonstrated 100%

of mentors were aware the students were interviewing patients about their pain satisfaction (n=4). Seventy-five percent of mentors reported the student's interview with the patient 'Sometimes' or 'Usually' improved that patient's satisfaction with their pain management (n=4). When asked whether the student wrote the patient's pain goal on the whiteboard, mentors responded equally among 'Rarely', 'Sometimes', 'Usually' and 'Always' (n=4).

**Conclusion:** Since implementing this project, we have seen the following:

- Improved student nurse knowledge in listening to the patient's story and performing a pain assessment
- Patients perceived increased collaboration and attentiveness to their individual needs
- Clinical staff nurse mentors were more engaged in student learning
- Increased student engagement in improving patient outcomes and experiences were noted by both nursing staff and students
- Improved Press Ganey patient satisfaction scores in five key areas r/t pain management

In summary, the EUI collaborative relationship and intervention was perceived as very valuable to patients, nursing staff and BSN students despite the time requirements. School of Nursing and Health System leaders were very pleased with the process and patient satisfaction outcomes. The group will continue to work improving patient satisfaction with pain management and increasing student and staff knowledge in providing safe and effective pain measures. This project is being repeated on the orthopedic/trauma unit within the hospital.

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### **Student Assessment and Fall Evaluation (S.A.F.E. Team): A Collaborative Initiative in an Academic-Service Partnership to Improve Patient Safety**

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#### Purpose

The purpose of this presentation is to describe the Exemplar Unit Initiative (EUI) at the University of Michigan Health System on a medical-surgical unit, and illustrate the collaborative academic-service partnership through a fall prevention pilot.

#### Target Audience

The target audience of this presentation is registered nurses, nurse educators, nursing leadership, and nursing students.

#### Abstract

**Background:** Academic-service partnerships (ASP) are becoming more prevalent in the United States, and while there is no perfect model for this partnership the urgency for health care institutions to establish collaborative relationships for scholarly practice is evident. An ASP is a structural linkage between

universities and service entities whose primary goal is to share one vision through collaboration and improving patient care quality with innovative processes or interventions.<sup>[1]</sup> One such partnership exists at the University of Michigan Health System where the Clinical Excellence Initiative (CEI) has been implemented since 2009. In the last year three units were chosen within this partnership to pilot an exemplar unit initiative (EUI). An exemplar unit is one that provides an integrated structure for clinical and academic leadership that is mutually beneficial and works towards common goals using quality measures and implementation processes.

**Purpose:** The purpose of this presentation is to describe and illustrate the innovative processes implemented through fall prevention pilot program on one of the three units chosen for the EUI.

**Methods:** A leadership team was chosen from the selected EUI that consisted of an embedded faculty member, unit leadership, and clinical nurse specialist. The leadership team met monthly with the guidance of the ASP leadership where it was decided to implement a process that impacted the quality of care and practice on the unit using the undergraduate baccalaureate nursing students as part of the process. Using the current quality data provided by unit leadership, patient falls was identified as a priority quality indicator. Past and current fall prevention practices on the unit were discussed and a logic model for the implementation of a fall prevention pilot was developed based on resources available. A literature search was conducted by a staff nurse with faculty assistance to evaluate the best evidence for a fall prevention program on a medical surgical unit. The current literature suggests that a multimodal individualized patient approach to fall prevention was the most successful way to address inpatient fallers. Oliver et al (2010)<sup>[2]</sup>, identified consistent risk factors for patient fallers to have: experienced a recent fall, muscle weakness, behavioral disturbance, agitation, confusion, urinary incontinence or frequency, drugs, and hypotensive episodes or syncope. Short term and long term goals were identified for pilot program and included: the reduction of the current fall rate on the unit (falls per 1000 days), identification of specific risk factors for the EUI patient population, collaborative development of a multimodal fall prevention plan specifically for the EUI patient population, and development and implementation of an interactive fall prevention process for student learning and promotion of safe collaborative patient care. The Student Assessment and Fall Evaluation (S.A.F.E.) team was developed with staff nurse consultation and nursing leadership approval. Implementation of the S.A.F.E. team included: data collection from the risk pro management system to identify past fallers and possible risk factors, icon sign development and placement for each patient room to clearly and quickly identify a patient's specific risk factors, nursing student rounding (in addition to nurse rounding) once a week to gather patient stories and identify current patient risk factors, elimination of the immediate environmental risk factors for the patient, promotion of immediate patient protolieting, the provision of in time patient/visitor fall prevention education, and student-charge nurse collaboration to address identified patients at highest risk to fall. Process outcomes measured included: completed patient interviews, compliance to bedside posters, environment of care attention, provision of protolieting, and provision of patient education. The pilot is ongoing and starts each semester with a new group of nursing students; however, the fall data is from the past year (2014) and the student confidence levels are from the past two semesters (8 months total).

**Results:** The overall fall rate for the EUI unit did not show an immediate reduction from the previous year; however, the overall fall rate for the unit has been on a downward trend. A large increase was noticed in student confidence levels (N=24 pre & N=20 post) through a pre and post survey in regards to their interviewing skills and identification of patients individualized risk factors as well as a patient's overall risk to fall. Individual interviews with the nursing staff (N =5) identified a better understanding of individualized characteristics for the fallers on the EUI unit after reviewing the cleaned risk pro data sets to include the demographics of mean age of patient fallers, % of male to female fallers, time of day for falls, and patient story (identified risk factors).

**Conclusion:** Implementing a student driven interactive fall prevention pilot on a medical surgical unit has its challenges, however, the overall experience of its implementation has been overwhelmingly positive for both sides of the partnership. Although the immediate impact on the fall rate has not been realized the process will be continually monitored and developed to meet the needs of the patient population, clinical practicing staff, and learning needs of the students. This is a dynamic process and as we learn more about the EUI units' patient population through the patient stories and demographics more opportunities

will come into play to fine tune the fall prevention program and promote safer patient care through the use of evidence based multimodal fall interventions.

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## D 05 - Clinicians Using Standardized Clinical Data to Inform Practice and Influence Health Policy Directions

### Standardizing the Collection of Clinical Outcomes to Support Evidence-Based Practice

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*Peggy Ann White, MN, BA, RN, Canada*

#### Purpose

describe the background and intent of the C-HOBIC initiative.

#### Target Audience

Staff nurses, nurse managers, executives, decision-makers.

#### Abstract

Measuring and improving the quality of health care delivery is one of the most critical challenges facing health care clinicians and decision-makers. In the Canadian province of Ontario, a task force recommended the capture of information reflecting nurses' contributions to patient care; specifically, clinical outcomes. The Health Outcomes for Better Information and Care (HOBIC) initiative was established to identify nursing-sensitive outcomes and processes for their capture in electronic health records and subsequent extraction to centralized databases.

HOBIC introduced a systematic structured language to patient assessments for a suite of evidence-based clinical outcomes: functional status, readiness for discharge, symptoms (pain, nausea, fatigue, dyspnea), safety outcomes (falls, pressure ulcers. This information is abstracted with ADT (admission, discharge, transfer) information, to a real time database that, as of January 2015 houses over 1,000,000 assessments from more than 185 organizations across Ontario.

This presentation will describe the background to this initiative and the approach to collecting this dataset at the point of care. One of the key goals of this work is to engage nurses and nurse leaders in realizing the benefits of standardized clinical outcomes information to inform quality patient care. Through the electronic collection of the standardized clinical outcomes at the point of care, nurses, nurse executives, researchers and policy makers are provided with real time information. Examples of how nurses and leaders in health care organizations are using the HOBIC information to assess performance within units and organizations to facilitate quality patient care will be presented.

As part of this initiative, researchers have access to an aggregate database of standardized clinical information. Current efforts are focused on linking this dataset with other datasets, and exploring the ability of this suite of standardized clinical information to predict the need for alternate level of care status and length of stay for patients that are admitted to acute care. Initial research findings have been shared with clinicians, challenging them to think about their practice with a goal of better preparing patients to manage their self care on discharge from acute care.

To advance clinical practice it is essential that data be collected in a format that allows for sharing of data between clinicians, within organizations and across clinical borders to facilitate transitions and support quality patient care. Collection of data in a standardized format and the active engagement of clinicians is and will continue to be essential to transforming healthcare in Canada. With an increasing focus on professional and financial accountability it is important that nurses are able to demonstrate the impact of their practice on patient outcomes within the healthcare system. This initiative is leading the way by providing nurses with evidence-based information to evaluate the impact of their practice.

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## Evaluating the Use of C-HOBIC and the C-HOBIC Transition Synoptic Report

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Lynn M. Nagle, PhD, MScN, BN, RN, Canada

### Purpose

provide a summary of the evaluation activities associated with the use of C-HOBIC and the Transitional Synoptic Report. Findings and implications of evaluation activities will be reported and discussed in terms of health policy directions.

### Target Audience

Staff nurses, managers, nurse executives, nurse informaticians, and decision makers.

### Abstract

**Purpose/Objective:** Electronic health records (EHRs) offer the opportunity to improve patient outcomes across the continuum of care. Fundamental to achieving these improvements is the use of standardized clinical data to measure and compare clinical outcomes across care settings. The Canadian Health Outcomes for Better Information and Care (C-HOBIC) encompasses a suite of standardized outcomes including: a) functional status, b) symptom management (dyspnea, nausea, pain, fatigue), c) continence, d) risk for falls and skin breakdown, and e) readiness for discharge. The acute care admission and discharge assessments of these outcomes has been captured numerically and graphically in a Transition Synoptic Report (TSR) designed for sharing with clinicians in post-acute discharge sectors. The TSR provides a summary of the acute care admission and discharge C-HOBIC information. By comparing the clinical outcomes between admission and discharge, health care providers (HCPs) can plan for appropriate care and the resources needed for ongoing patient care. The components of these evaluation efforts included online surveys, focus groups, and senior nursing leader interviews. The evaluation questions focused on their perceptions of the C-HOBIC measures and TSR usability, utility and value to clinical practice. Evaluations have been conducted to understand clinician use and perceptions of the impact and value of the outcome measures and a TSR. In this presentation, the results of the evaluations and recommendations for future directions will be provided.

**Findings/Results:** Evaluations have been completed in 2 provincial jurisdictions, specifically engaging acute care and home care clinicians. In this presentation, the C-HOBIC and TSR post-implementation evaluation findings will be presented and discussed. Implications for future implementations of C-HOBIC and the TSR will be addressed.

**Conclusion:** The importance of adopting clinical data standards to facilitate the consistent measuring, monitoring, and reporting of clinical outcomes cannot be underestimated. Standardizing patient assessments within and between care settings has the potential to demonstrate the collective impact of various providers, interventions, and supports on patient outcomes, system costs, and overall use of the healthcare system. The value of using a graphic and numeric representation to share clinical outcomes in the form of a TSR between care settings is yet to be fully understood. Our initial implementation and evaluation activities provide insights to inform future use.

This initiative was sponsored and managed by the Canadian Nurses Association, and funded with contributions from Canada Health Infoway and participating provincial partners.

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## Advancing Clinical Data Standards in Canada

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Kathryn J. Hannah, PhD, MScN, BScN, RN, FAAMI, Canada

### Purpose



Describe the significance of adopting clinical data standards for nursing practice and the relationship of C-HOBIC to ICNP v.2.0 and SNOMED-CT.

#### Target Audience

Staff nurses, managers, and executives, decision-makers.

#### Abstract

The collection, reporting and use of standardized data offers the opportunity to transform healthcare, however, for the most part the standardized data collected to date is predominantly comprised of performance indicators. The uptake and use of standardized clinical data continues to present a challenge in healthcare. Canadian Health Outcomes for Better Information and Care (C-HOBIC) is an initiative of the Canadian Nurses Association (CNA) that is leading the way with the collection of standardized clinical outcomes reflective of nursing practice in Canada. Building on groundbreaking work in Ontario, C-HOBIC introduces systematic structured patient assessments that are documented in standardized clinical terminology across the health care system. The use of standardized clinical terminology to document the assessments enables them to be abstracted into jurisdictional EHRs and anonymized for use in national databases. Thus patients' clinical outcomes information is available to clinicians through the EHR but also for healthcare executives, policy makers and researchers by way of aggregated and anonymized population data. The C-HOBIC dataset is a Canada Approved Standard.

Work is now underway to advance the collection of this dataset across Canada. With funding from Canada Health Infoway and participating provincial partners, pilot projects were undertaken to demonstrate the feasibility and value of collecting this dataset in different settings and jurisdictions across Canada. The lessons learned from this work are informing future implementations in Canada. To support the inclusion of this assessment data in electronic health records (EHRs) as they are being implemented, the C-HOBIC dataset has been mapped to both ICNP® V2 and SNOMED CT. Because SNOMED CT is the clinical terminology recommended for use in EHRs in Canada this will have far-reaching impact on the uptake of these clinical outcomes in jurisdictions and care settings across Canada.

The approaches to enabling adoption through the development and implementation of the C-HOBIC dataset will be examined with a focus on the opportunities for outcomes data to support evidence based care, improve clinical patient outcomes, inform policy making and enhance health system effectiveness. The strategies for advancing the uptake of the C-HOBIC dataset in healthcare settings across Canada will be discussed.

The importance of adopting clinical data standards to facilitate the consistent measuring, monitoring, and reporting of clinical outcomes cannot be underestimated. Standardizing patient assessments has the potential to demonstrate the collective impact of various providers, interventions, and supports on patient outcomes, system costs, and overall use of the healthcare system.

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## F 05 - The Wonders of Concept Mapping as Learning Tool

### Using Concept Maps as Reflective Activity

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*Gisela H. Van Rensburg, D Litt et Phil, MA Cur; BA Cur(Hons); BA Cur, General nurse (RN), Midwife, Community nurse, Psychiatric nurse, Nurse educator, Nurse manager and Orthopaedic nurse, South Africa*

#### Purpose

provide the basic characteristics or criteria of a concept map. The findings of a case study on postgraduate group supervision will be discussed and value of using concept maps will be highlighted.

#### Target Audience

Nurse educators, postgraduate supervisors and preceptors

#### Abstract

The dynamic relationship between student learning, pedagogy and context necessitate innovative strategies in teaching and learning. These strategies suggest an integrative approach to ensure quality teaching and learning. Innovative strategies refer to strategies that meet needs in a more effective manner by approaching practices differently or developing new strategies. The outcome of innovative strategies is to achieve 'growth' in the teaching and learning process.

Concept mapping provides a visual presentation of meaningful relationships between concepts in the form of propositions (two or more topics linked by verbs that describe the relationship between them). It creates an avenue for expression in a creative manner and represents a person's own interpretation of ideas in a diagrammatic form, allowing the person to organise information based on knowledge, insight, understanding and experiences within a given context.

Concept mapping was used as a reflective activity in a specific case study on postgraduate group supervision. The findings provided significant insights into the use of concept maps as learning tools and reflective activities in that it allowed for critical reflection and assisted in addressing identity issues and hidden assumptions.

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### Developing Critical Thinking Skills through Concept Mapping

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*Yvonne Botma, PhD, MSocSci, HonnSocSci, BSocSci, RN, RM, FANSA, South Africa*

#### Purpose

The purpose of this presentation is to develop critical thinking skills by using concept mapping as a learning tool

#### Target Audience

all preceptors and nurse educators

#### Abstract

Concept mapping provides a visual presentation of meaningful relationships between concepts in the form of schemes. Competence in nursing is based on the ability to integrate knowledge in order to identify the problem or shortcomings and understand the related theory to the problem. Evidence of competence further lies in the application of the integrated knowledge in a practical event or situation in a real life setting or simulation. A competent practitioner therefore has the ability to think critically.

In using concept maps, critical thinking skills are developed through the graphic presentation of the following:

- the central issues and assumptions in the argument
- declarative knowledge and information from a wide range of sources
- different arguments, claims and evidence
- important relationships and evidence-based interpretations
- valid and reliable evidence
- inferences drawn from the evidence
- conceptualisation of decisions and solutions to problems

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## **The Value of Concept Maps in Theory-Practice Integration**

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*Lizeth Roets, PhD, MSocSc, BSocSc, PhD, MSocSc, BSocSc, South Africa*

Purpose

to provide the audience with information on what and how the concept maps should be assessed and make recommendations on the use of concept mapping as a learning and teaching tool.

Target Audience

Nurse educators, postgraduate research supervisors, preceptors

Abstract

Concept mapping enables the educator, preceptor and student to make 'connections' between concepts, theory and practice and different experiences. It stimulates creative thinking through freely associated connections between concepts, thus stimulating independent learning.

Although concept mapping proved to be an effective learning and teaching tool, supervisors of postgraduate students need to reflect on what is portrayed in the concept maps in order to assess whether evidence of theory and practice integration are represented in the concept maps. Thus the cyclic process should provide evidence of this.

To prevent that concept mapping is just another tool in research supervisory practices, the supervisor needs to reflect on the content and implications of the concept maps provided. In order to improve and contribute to evidence-based supervisory practice narrative reflections on the concept maps and the meaning thereof is an important aspect in this cyclic teaching process.

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## G 05 - QSENizing the Practice Setting: A Three-Part Presentation, Applying the QSEN Framework to Practice

### Innovation in Practice: A QSEN Framework for Redesigning a Clinical Advancement Program for Nurses

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*Kathleen A. Bradley, DNP, RN, NEA-BC, USA*

#### Purpose

Describe the use of a competency framework for transforming a clinical advancement program for practicing nurses. A 12-step process for building a comprehensive clinical ladder will highlight application of IOM recommendations and the strategic addition of leadership as a distinct competency characteristic needed for nursing practice.

#### Target Audience

Academic or practice leaders interested in translating the quality safety work of Quality Safety Education for Nurses from the academic setting to the practice environment.

#### Abstract

The Institute of Medicine recommendations to address quality and safety provided the spark for the Quality Safety Education for Nurses (QSEN) movement. This spark has also been felt within the practice setting. QSEN now serves as the cornerstone for building competency-based practice focusing on the six domains of nursing practice.

Healthcare reform is a driving force in the practice setting. Nursing executives value competency as the driver of quality, patient safety and cost of care. Improving nursing competency and advancing the profession are the goals of a clinical advancement program.

This presentation will describe how a large academic healthcare system used QSEN competencies to redesign a clinical advancement program for registered nurses. A twelve step process was used to build a competency-focused, clinical advancement program, or clinical ladder.

The first step was recognition and support from nursing leaders, the Nursing Credentialing Review Board (NCRB) and human resources. Step two was involvement of nurses at all levels in subcommittees to lead the design and process work. Step three was completion of literature review and benchmarking for current clinical ladders in healthcare. Step four was drafting the ladder in a categorized, competency-focused framework or "QSENizing" the design. Of note, graduate level competencies were used for higher levels within the ladder and an additional leadership competency was added. Step five was redesigning the process for applications and credentialing within the NCRB. Step six was to gain approval of the new ladder and process through various decision-making committees. Step seven was the completion of a comprehensive market evaluation for compensation practices with the new ladder. Step eight was building an education plan for rollout. Step nine was building the infrastructure for the electronic submission process of credentialing through portfolios. Step ten was educating leadership and nursing staff on the competency focused clinical ladder. Step eleven was building professional portfolios for over 500 nurses and step twelve was building new registered nurse job descriptions based on the clinical ladder.

Using QSEN as the framework helped to define the domains of nursing practice and now serves to provide definitions of higher levels of nursing professionalism within the practice setting.

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# **Innovation in Practice: A QSEN Framework for Redesigning a Clinical Advancement Program for Nurses and Strategies to Grow and Sustain a Competency Assessment Model Utilizing the Quality Safety Education for Nurses (QSEN) in the Clinical Setting**

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*Nicki M. Shonka, MS, RN-BC, CPN, USA*

## Purpose

The second presentation discusses the process of integrating, expanding, and sustaining a clinical competency assessment model utilizing the QSEN framework. A four phased approach for building a comprehensive competency tool will be illustrated. The presentation highlights the pearls and pitfalls of implementing an innovative standardized approach to measuring competency.

## Target Audience

Academic or practice leaders and educators interested in translating the quality safety work of Quality Safety Education for Nurses from the academic setting to the practice environment.

## Abstract

The Institute of Medicine recommendations to address quality and safety provided the spark for the Quality Safety Education for Nurses (QSEN) movement. This spark has also been felt within the practice setting. QSEN now serves as the cornerstone for building competency-based practice focusing on the six domains of nursing practice.

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Using QSEN as the framework helped to define the domains of nursing practice and now serves to provide definitions of higher levels of nursing professionalism within the practice setting.

In the practice setting, a comprehensive measurement of competency assessment is essential in initial orientation and ongoing education of clinical staff. This presentation will describe how a large academic healthcare system integrated, expanded, and sustained a clinical competency assessment model utilizing the Quality Safety Education for Nurses (QSEN) framework. As the Institute of Medicine (IOM) identified criteria for nursing to provide safe quality patient care, it became apparent the use of a traditional skills

checklist was not an accurate measurement of competency. This shifted the thought process from measuring skills to a more comprehensive approach including knowledge, skills and attitudes.

A review of the literature was completed and QSEN provided the framework for the competency assessment model. In 2011, the basic competency assessment tool utilizing the six Institute of Medicine (IOM) criteria was developed. The new competency assessment tool included sections for learner self-assessment, method of instruction and validation of competency. This became the basic nursing competency assessment for all newly hired nurses. Phase two was the development of what is now a three tiered comprehensive competency assessment process that includes knowledge, skills and attitudes specific to patient populations. A formative evaluation was conducted with preceptors and new hires, which identified a knowledge gap about QSEN, as well as utilization of the new competency assessment tool. Phase three introduced the expansion of the competency tool to disciplines outside of nursing. Phase four was the creation of the sustainability process including a three year revision cycle.

The introduction of this innovative competency assessment process was a significant cultural change for the organization and presented many challenges including educational deficits. Ongoing education continues on QSEN, defining competency, and standardizing criteria across all three competency tiers to build on strengths of this model. Over the past four years this competency assessment work has flourished from a basic nursing assessment tool into an inter-professional framework. This work will continue to expand as we explore new opportunities.

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## **Strategies to Grow and Sustain a Competency Assessment Model Utilizing the Quality Safety Education for Nurses (QSEN) in the Clinical Setting**

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*Ciara Culhane, MS, RN-BC, CPN, USA*

#### Purpose

The second presentation discusses the process of integrating, expanding, and sustaining a clinical competency assessment model utilizing the QSEN framework. A four phased approach for building a comprehensive competency tool will be illustrated. The presentation highlights the pearls and pitfalls of implementing an innovative standardized approach to measuring competency.

#### Target Audience

Academic or practice leaders interested in translating the quality safety work of Quality Safety Education for Nurses from the academic setting to the practice environment.

#### Abstract

In the practice setting, a comprehensive measurement of competency assessment is essential in initial orientation and ongoing education of clinical staff. This presentation will describe how a large academic healthcare system integrated, expanded, and sustained a clinical competency assessment model utilizing the Quality Safety Education for Nurses (QSEN) framework. As the Institute of Medicine (IOM) identified criteria for nursing to provide safe quality patient care, it became apparent the use of a traditional skills checklist was not an accurate measurement of competency. This shifted the thought process from measuring skills to a more comprehensive approach including knowledge, skills and attitudes.

A review of the literature was completed and QSEN provided the framework for the competency assessment model. In 2011, the basic competency assessment tool utilizing the six Institute of Medicine (IOM) criteria was developed. The new competency assessment tool included sections for learner self-assessment, method of instruction and validation of competency. This became the basic nursing competency assessment for all newly hired nurses. Phase two was the development of what is now a three tiered comprehensive competency assessment process that includes knowledge, skills and attitudes specific to patient populations. A formative evaluation was conducted with preceptors and new

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## **How to Excel at Evaluating a New Graduate Nurse Residency Evidence-Based Practice Program**

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*Donnya E. Mogensen, MS, RN-BC, USA*

#### Purpose

This presentation discusses tool development, implementation, evaluation and program changes of the Evidence Based Practice (EBP) component within a one-year nurse graduate residency program. This evaluation tool assesses the knowledge, skills and attitudes of new graduate nurse over three separate time points related to integration of EBP into practice.

#### Target Audience

Academic or practice leaders interested in translating the quality safety work of Quality Safety Education for Nurses from the academic setting to the practice environment. Additional target audience includes clinical educators and leaders interesting in expansion of new graduate nurse residency programs.

#### Abstract

Evidence Based Practice (EBP) is an integral part of nursing and needs to be included in any program that transitions new nurses into practice. New Graduate Nurse Residency Programs (NGNRP) are designed to build knowledge, skills and attitudes of new nurses during this transition. The NGNRP in this example is a year-long program featuring three distinct components; classroom learning, clinical precepted experience and an EBP project. The EBP component is designed to ignite the spirit of inquiry and advance best practices. The EBP component includes classroom EBP curriculum, a hands-on EBP project and outcome measurement of the assimilation of evidence into practice. This presentation will focus on how a large academic healthcare system developed an innovative method to evaluate the EBP components within the NGNRP.

Currently, individual classes in the NGNRP are evaluated using a level one evaluation of objectives. Anecdotal evidence indicated residents gained knowledge of EBP, but were not always comfortable with the process of integrating evidence into practice. As a means of measuring the new graduate nurses transition in knowledge, skills, and attitudes related to EBP it was determined that a more summative program evaluation was needed. After a search of the literature no evaluation tool was discovered measuring EBP knowledge, skills and attitudes in the new graduate nurse population.

An innovative program evaluation tool was developed to evaluate the effectiveness of the didactic content and project completion of the EBP component within the NGNRP. Quality Safety Education for Nurses (QSEN) competencies related to EBP were used as a reference during the development of the thirty question Likert scale tool. In addition, questions reflect separate categories of knowledge, skills and attitudes of the new graduate nurse around EBP competencies. EBP surveys are distributed at the beginning of the residency and re-evaluated at 6 months and one year.

This tool was originally designed as a program evaluation tool. Initial data indicates residents value EBP but lack knowledge and skills related to EBP models. Based on this initial data, program curriculum has been modified to encompass more details around EBP steps. Further application of this tool will be discussed.

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## H 05 - Innovative Use of Technology to Change Nursing Practice

### Using SMART Technology to Measure Nursing Practice at the Organization, Unit, and Individual Levels

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*Jeanine Rundquist, DNP, RN, NEA-BC, USA*

#### Purpose

The purpose of this presentation is to demonstrate how the use of the electronic auditing tool resulted in improvement in efficiency and effectiveness of the observational auditing process resulting in significant improvement in PIVIE, CLABSI, and HAPU bundle compliance.

#### Target Audience

The target audience of this presentation is nurse leaders, clinical nurses and/or quality/safety professionals.

#### Abstract

When implementing changes in nursing practice, it is important to audit for compliance with the change. Within quality and process improvement methodology, observational audits are considered the 'gold standard' because observing the practice in its natural setting is more reliable than documentation or self-report. As one large, academic pediatric organization was implementing standard care bundles to reduce preventable harm to patients, the inter-professional leaders of this work knew it was imperative to conduct observational audits.

Historically, conducting observational audits was both time and cost-prohibitive. The auditors needed at least basic clinical acumen in the focus of the audits, as well as training to ensure inter-rater reliability. Audits were on paper and thus needed entry into a spreadsheet or software package for analysis. Information necessary from the electronic medical record was pulled manually through chart audits, or by running electronic reports that then needed validation. With the large number of audits needed for the preventable harm initiative, the team brainstormed alternatives to this traditional method of auditing.

In creating a plan to make bundle compliance audits more efficient and effective, various software applications were evaluated. The inter-professional team decided to use software that was designed for research but transferrable to quality and safety. "Data were collected and managed using REDCap electronic data capture tools hosted at our organization. REDCap (Research Electronic Data Capture) is a secure, web-based application designed to support data capture for research studies, providing 1) an intuitive interface for validated data entry; 2) audit trails for tracking data manipulation and export procedures; 3) automated export procedures for seamless data downloads to common statistical packages; and 4) procedures for importing data from external sources" (Harris et al, 2009).

REDCap provided this organization the opportunity to create audit surveys accessible through iPads and iPhones as well as at computer stations throughout the organization. This greatly improved efficiency as the data was directly entered into the database at the time of the audit rather than on paper to be entered at a later date. REDCap was also able to automatically populate fields from the electronic medical record into the audit thereby reducing time and increasing reliability of the data. Finally, the REDCap database could interface with the quality dashboard providing real-time data reporting. Overall, adoption of this technology improved effectiveness – time spent on just-in-time education and coaching rather than completing paper audits.

REDCap audit surveys were built for all the preventable harm teams. After implementing REDCap for auditing in the three pilot teams (peripheral intravenous catheter infiltrates/extravasations (PIVIE), central line associated blood stream infections (CLABSI), and hospital-acquire pressure ulcers (HAPU)) the auditors reported ease of use, shorter time needed to conduct an audit, and more time to do just-in-time teaching and coaching on the bundle elements. Each audit team could also access the reports to see the bundle compliance data for their unit and as a whole hospital in real time. The unit auditor could then

focus education on any element lagging and/or design other interventions to improve the overall compliance. Each bundle has three to six elements so compliance for each element was reported as well as the all-or-none compliance. All-or-none compliance means that every element in the bundle was completed.

This presentation will demonstrate how the use of the electronic auditing tool resulted in improvement in efficiency and effectiveness of the observational auditing process resulting in significant improvement in PIVIE, CLABSI, and HAPU bundle compliance.

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## **Dashboards and Data: Supporting Strategy through Transparency of Metrics**

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*Diedre Bricker, MSN, RN, CRRN, USA*

Purpose

The purpose of this presentation is to teach the audience how to build a nursing quality dashboard and describe the utilization of the quality metrics.

Target Audience

The target audience of this presentation is nurse executives, leaders and quality/safety professionals.

Abstract

The Triple Aim was developed by the Institute for Healthcare Improvement (IHI) and encompasses three aims in improving healthcare performance: 1) improving the patient experience of care, 2) the health of populations, and 3) reducing the per capita cost of healthcare (IHI, 2014).

Nursing performance metrics are often static and provided in summary reports monthly or quarterly. Analysis of these metrics is 'after the fact' and offers no pro-active opportunities. Using an innovative graphical software program, Tableau, a dynamic nursing quality dashboard was created with real-time metrics, end-of-month, end-of-quarter, and nationally benchmarked metrics. The nursing dashboard contains performance metrics important to the operations of a nursing unit, including quality and safety, finance, and personnel indicators.

The nursing quality dashboards are posted on the internal Intranet site for easy access. The dashboard has a dynamic table of contents for each unit where the nursing staff and leaders can navigate through all available performance metrics. It is possible to drill-down on performance metrics by type (i.e. pressure ulcers, infections, nurse satisfaction, patient satisfaction), date and in some cases, cause of the issue. Both process measures and outcomes measures are provided for quality improvement initiatives.

The individual preventable harm work teams utilize the dashboards for analysis of compliance with standard patient care, as well as the outcome of their improvement efforts. Nursing leaders utilize the real-time information to adjust resources to support the patient experience, the continuum of care and positive patient outcomes. Nursing leaders have the opportunity to use the performance metrics throughout the month to understand both process and outcomes metrics for priority initiatives. Balancing the quality and safety outcomes with financial targets enables a triple aim perspective of nursing practice. This perspective is essential for elevating the role of the nursing leaders by providing them with unit, service-line, or organizational metrics in an easy-to-view manner, critical for successful analytics and action planning. Examples will be provided of utilization of the nursing dashboard and data driven decision-making.

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## Got Projects? An Innovative Use of Technology to Approve and Track Nursing Projects

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*Kathleen A. Bradley, DNP, RN, NEA-BC, USA*

### Purpose

The purpose of this presentation is to describe how to build an electronic project tracking process and mentoring program for nursing projects.

### Target Audience

The target audience for this presentation is nurse leaders and project managers.

### Abstract

Supporting a Magnet culture includes mentoring the next generation of nurse scientists. Using a triad approach to monitoring, mentoring, and tracking nursing projects enables the growth of nursing involvement in research, quality improvement and application of evidence based practice.

SharePoint is team collaboration software from Microsoft Office. In our organization, SharePoint was introduced as a document sharing option for departments, committees and work teams. At first, the Nursing Division utilized SharePoint as intended for committee/council sites, but soon realized its potential to meet other needs of the Division. Through collaboration with information technology, nursing designed and built an electronic approval and tracking process for nursing projects.

This unique use of SharePoint has provided the opportunity to not only approve and track nursing projects electronically, but design a step-by-step process for conducting projects and receive mentoring from internal experts along the way. A Nursing Project Review Board (NPRB) consisting of quality experts and nurse scientists was developed to oversee this new process. The nurse submits the project in the form of PICO (problem, intervention, comparison, outcome), estimates the time necessary to complete the project and electronically submits the project to the manager for approval. After manager approval, it routes to the NPRB. The NPRB determines the type of project (research, quality, evidence-based practice, program evaluation), assigns a mentor and ensures the design/methodology is sound before final approval. The project lead automatically receives quarterly update reminders to inform the NPRB of progress. Also embedded within the system are resources to assist the lead through each step of the project including workshops, library resources, article critique forms, and biostatistician contacts.

Since its inception in early 2014, 65 projects have been submitted. A database is automatically created with all the projects and posted on the intranet so anyone can view the current project list; this transparency results in reduction of work duplication. This innovative approach allows an organization to support nursing involvement in projects and improvement in mentoring and tracking nurses' professional work.

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# **Evidence-Based Symposia**

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## **A 10 - Collaboration between Nursing Faculty and Instructional Designers Enhances Affective Learning Leading to Improved Knowledge Transfer of Evidence-Based Practice for Professional Nurses in a Graduate Education Program**

### **Effective Pedagogy Using Affective Learning Strategies Empowers Learners to Translate EBP Knowledge for Practice**

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*Patricia Bicknell, EdD, MSN, BSN, RN, APRN, ACNS-BC, CNL, USA*

#### Purpose

The purpose of this presentation describes a collaborative approach between faculty and instructional designers to develop affective learning strategies for Graduate EBP education. Multimedia instruction helps students develop self-efficacy and confidence. This strategy is intended to reduce cognitive load, improve transition, and implementation of research models from theory to practice.

#### Target Audience

The target audience of this presentation is academic and clinical leaders concerned with the adoption, translation and sustainability of Evidence-based practice.

#### Abstract

The first part of the symposium focuses on theoretical outcomes from the use of affective learning strategies. Nursing education is often focused on the cognitive domain of learning; acquisition of new skills, and higher -level thinking are used to promote healthcare quality and safety, and are important outcomes of educating professional nurses in graduate coursework. While these same outcomes apply to teaching and learning goals for Evidence-based Practice (EBP) education, integration of teaching strategies in the affective domain are designed to motivate professionals to integrate and sustain a way of nursing practice known to improve care for patients and families. Learning in the affective domain for EBP puts the primary emphasis on discovery of meaning, capturing the essence of the practice, and perceptions of empowerment of nurses' ability to be successful innovators. Interprofessional collaboration with Instructional Designers assist faculty to develop innovative curricular elements to achieve these goals. Using Roger's Model of Diffusion as a framework, faculty and Instructional Designers plan interactive learning modules using visual art, and multimedia pedagogy. This allows students to not only build competence, but also confidence, with the process. Persuasion, decision-making and implementation are built on non-threatening formats for learning and practice. Implementation of the process allows students to internalize and value their new learning in the course. Outcomes demonstrate that this translates into knowledge transfer for clinical practice.

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## **Interactive Instructional Design Strategies for Online Nursing Education**

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*Nicholas Charles Gogno, MS, BA, USA*

#### Purpose

The purpose of this presentation is to present successful, online teaching and learning strategies designed to guide practicing nurses to evidence-based solutions in the field that improve patient outcomes.

#### Target Audience

Practicing Nurses, Nursing Faculty, Nursing Students, Instructional Designers

### Abstract

This portion of the symposium will present successful, online teaching and learning strategies designed to guide practicing nurses to evidence-based solutions in the field that improve patient outcomes. To overcome negative student emotions that may translate into reluctance to use research in practice, course designers created interactive, self-paced learning objects to instruct practicing nurses in the application of the Iowa Model and the Rogers' Diffusion of Innovations Theory. Research by Reilly, Gallagher-Lepak, and Killion (2012) points out that students may feel trepidation given the large volume of required readings in nursing education and desire more of an overview and clearly understandable materials that present content in new ways. Concept maps (ie - visual and text representations) of each research model help demonstrate complex concepts and improve student learning (Pilcher, 2011). By using cognitive maps, graphic art and multimedia, the learning objects featured in this symposium help reduce the cognitive load and negative emotions of students learning research models for the first time and allows them to move more quickly to the applying the model in their practice. The learning objects used were largely self-paced, self-directed, and included graphics, theory and case studies. These features support learners' individual learning preferences and achievement of learning objectives (Cottrell & Donaldson, 2013).

### References:

Pilcher, J. (2011). Teaching and learning with concept maps. *Neonatal Network*, 30 (5), 336-339. Cottrell, S., & Donaldson, J. H. (2013). Exploring the opinions of registered nurses working in a clinical transfusion environment on the contribution of e-learning to personal learning and clinical practice: Results of a small scale educational research study. *Nurse Education In Practice*, 13(3), 221-227. doi:10.1016/j.nepr.2013.01.014 Reilly, J. R., Gallagher-Lepak, S., & Killion, C. (2012). "Me and my computer": Emotional factors in online learning. *Nursing Education Perspectives*, 33(2), 100-5. Retrieved from <http://search.proquest.com/docview/1009642520?accountid=11999>

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## **Empowering Nurses to Implement Evidence-Based Practice through Instructional Design**

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*Priscilla C. O'Connor, PhD, MS (Nsg), BSN, RN, PMHCNS-BC, USA*

### Purpose

The purpose of this presentation is to demonstrate how staff nurses were empowered to apply the Iowa Model and the Rogers' model to their clinical practice.

### Target Audience

The target audience of this presentation is staff nurses who are members of evidence-based practice and faculty who teach evidence-based practice courses.

### Abstract

Staff nurses have been mandated to conduct and use research in their practice as part of a Magnet application. However, many nurses are reluctant to begin the process, because they are not familiar with the abstract nature of the research process, let alone, the application of research into practice (Shivnan, 2013). In fact the word, research, can cause nurses to experience anxiety at the very term. Those same nurses may have extensive clinical experience and can identify patient problems without difficulty. The challenge for nurses who do have research experience and evidence-based practice skills is to identify methods to merge the clinical experience of staff nurses with research and evidence-based practice skills. Empowering nurses can lead to their ability to merge research and evidence based practice (Huddleston, 2014). This presentation is an example of how staff nurses were empowered to apply the Iowa Model and the Rogers model into their clinical nursing practice (Schmidt & Brown, 2015). Through collaboration with

an instructional designer, learning objects were created to convert the abstract nature of research and evidence based practice into a concrete form for relaxed learning of the process.

References:

Huddleston, P. (2014). Health work environment framework within an acute care setting. *The Journal of Theory Construction and Testing*, 18(2). 50-54. Schmidt, N.A. & Brown, J.M. 2015). *Evidence-based practice for nurses: Appraisal and application of research* (3rd ed.). Burlington, MA: Jones and Bartlett Learning. Shivnan, J.C. (2011). How do you support your staff promote EBP? *Nursing Management*, 42 (2), 12-14.

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## **B 10 - Publishing Evidence for Impact on Practice**

### **Leading the Development of Nursing Practice and Policy through Successful Publication**

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*Ian J. Norman, PhD, MSc, BA, RN, FAAN, FRCN, United Kingdom*

#### Purpose

The purpose of the presentation is to provide the audience with information which will improve the quality of their published outputs and draw out their implications for nursing practice and policy.

#### Target Audience

The target audience of this presentation is professional nurses, midwives and other healthcare professionals who write or are thinking about writing for publication and healthcare students who are undertaking research as part of their professional development.

#### Abstract

Publication of research findings may be regarded as a moral duty – after all what good is research if it does not inform the evidence base of professional nursing? Yet a substantial amount of health related research remains unpublished and much more virtually unread. A survey of 635 completed clinical trials funded by the National Institutes for Health (NIH) found that less than half the results were published within 30 months of completion and a third of results remain unpublished 51 months following completion (Ross et al 2012).

In this presentation the editor-in-chief of a leading academic nursing journal will highlight reasons for non-publication of nursing research and share their 'top-tips' for researchers about how to improve their chances of publishing research findings in high impact journals and ensure that those findings will be used by practitioners and researchers.

#### Reference

Ross JS, Tse T, Zarin DA, Xu H, Zhou L and Krumholz HM. 2012. Publication of NIH funded trials registered in ClinicalTrials.gov: cross sectional analysis. Brit Med Journal. doi: 10.1136/bmj.d7292

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### **Maximizing the Impact of Your Publications in an Open Access Environment**

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*Peter Griffiths, PhD, United Kingdom*

#### Purpose

The purpose of this presentation is to increase the audience's understanding of debates within academic healthcare care publishing about the merits of different forms of publication and the use of social media to disseminate research findings and increase the likelihood of them informing nursing policy and clinical practice.

#### Target Audience

The target audience of this presentation is professional nurses, midwives and other healthcare professionals who write or are thinking about writing for publication and healthcare students who are undertaking research as part of their professional development.

#### Abstract

The pressure on nursing scholars to publish their research findings has never been greater. Publications bring scholars and their employing institutions recognition, raise the likelihood of further research funding



and are the pathway to a successful academic career. However, publishing practices and the publishing environment are changing. Whereas frequency of publication was once the main criterion for academic success (Norman & Griffiths 2008) the emphasis today is on producing fewer papers, but ones that are highly used and cited and published in high impact journals. Added to this the long and sometimes heated debate about the merits or otherwise of open access publishing (Griffiths 2014) of research findings seems to have been superseded by a commitment of major funding bodies internationally to open access publication as a requirement of research funding (HEFC 2014).

So what implications do all these changes in publication practices have for nursing scholars and the evidence based of nursing practice? Is open access publication really a good thing and what do we know about its impact on nursing practice and scholarship? And what is the role of social media in the dissemination of research outputs? These questions will be addressed in a presentation by led by the executive editor of a leading academic nursing journal followed by discussion with the audience.

#### References

Higher Education Funding Council for England. (2014). Policy for open access in the post-2014 Research Excellence Framework. HEFC, London, UK. Retrieved from <http://www.hefce.ac.uk/pubs/year/2014/201407/> Griffiths P (2014) Open access publication and the International Journal of Nursing Studies: All that glitters is not gold. International Journal of Nursing Studies 51 (5): 689-690. DOI: <http://dx.doi.org/10.1016/j.ijnurstu.2014.02.010> Norman I J, Griffiths P (2008) Duplicate publication and 'salami slicing': Ethical issues and practical solutions. International Journal of Nursing Studies 45 (9): 1257-1260

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## **Examining the Trends of Nursing Evidence-Based Research and the Measurements of Quality**

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*Sarah J. Davies, BA, United Kingdom*

#### Purpose

The purpose of this presentation is to increase the audience's understanding of trends in academic nursing publishing, the ways in which the quality of published papers in nursing and healthcare are assessed and to a critical awareness of the use and potential abuse of publication metrics.

#### Target Audience

The target audience of this presentation is professional nurses, midwives and other healthcare professionals who write or are thinking about writing for publication and healthcare leaders and managers who are interested in increasing the reputation of their organisation through contributing to the evidence base of nursing practice.

#### Abstract

It will have been demonstrated earlier in the symposium how the pressures of increasing demand of research output, and the changing publishing landscape, has resulted in a boom period for nursing publications. In this paper a senior publisher of Elsevier academic nursing journals will examine the analytical tools employed by the research community to measure the 'impact' of this output (McKenna 2015). She will also take a look at new channels of dissemination and their potential effect on the evaluation of the clinical/community use of the evidence-based research.

The presentation will: (1) examine the trends of publication output in nursing over the last decade, using tools such as term maps and journal citation maps to demonstrate the changing landscape of nursing evidence-based publication; (2) provide an overview of the measurements used to assess nursing publications and their perceived "value" to the research community; and (3) consider some of the new

channels available to disseminate, share and measure the clinical relevance and impact of the published evidence – looking at new technologies and new tools (Elsevier 2014).

#### References

Elsevier (2014) Elsevier for editors: Journal and articles metrics. <http://www.elsevier.com/editors/journal-and-article-metrics> (Accessed 24 December 2014) McKenna, H. (2015) Research assessment: the impact of impact. *International Journal of Nursing Studies* 52 (1): 1-3.  
DOI: <http://dx.doi.org/10.1016/j.ijnurstu.2014.11.012>

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## C 09 - Practices of Reflective Leaders

### Practices of Reflective Leaders: Being Thrust into Leadership

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*Patricia K. Young, PhD, RN, USA*

#### Purpose

The purpose of this presentation is to describe an interpretive phenomenological study of the experiences of becoming a nurse faculty leader and explicate themes (findings) related to the particular experience of being thrust into leadership.

#### Target Audience

The target audience of this presentation is nurse educators and administrators.

#### Abstract

This presentation describes a multi-year interpretive phenomenological study of the experiences of becoming a nurse faculty leader and explicates themes (findings) related to the particular experience of being thrust into leadership. How the practice of reflection underpins the work is also highlighted.

Researchers interviewed 23 self-identified nurse faculty leaders from across the United States about their experiences of becoming a leader, whether leadership occurred in the classroom, among colleagues, within their institution, or more broadly in academe. Interviews were tape-recorded, transcribed, and the written texts were analyzed hermeneutically by a research team for themes (common shared experiences or practices). Hermeneutic analysis is a reiterative process of reading the text (data), writing an interpretation, and then rereading and rewriting as understanding is reshaped by continued reflective dwelling in the narrative data. Researchers engaged in reflection through reading the data, writing interpretations, and then reading the interpretations generated by research team members and dialogue with the team.

One theme was further explored through data obtained two years after the initial interviews by re-interviewing six of the original participants and conducting two focus-group discussions among seven members of the research team, focusing on the experience of taking risks as a nurse faculty leader. This recorded and transcribed data was then analysed hermeneutically. Last, to further explore another theme, three members of the research team formed a focus group to dialogue about the experience of reflecting in leadership decision-making. This dialogue was recorded, transcribed, and analyzed hermeneutically. In total, 30 nurse faculty leaders participated in 39 interviews. Findings include four main themes and many sub-themes—all practices of becoming a nurse faculty leader—that illuminate practical knowledge about developing as a leader in nursing education.

One common experience of participants was being thrust into leadership. This occurred when taking on something new and succeeding or simply by enacting ways of being. In addition, building in a pause for reflection was an effective practice when educators found themselves facing the situation of being asked to take on a new assignment and were feeling leadership being thrust upon them. Acknowledging and identifying one's feelings in response to a situation was another small but significant act of being thrust into leadership.

Exemplars with explications of these four practices as well as questions designed for personal reflection on one's own leadership capacity will be offered to encourage introspection on leadership practices and challenge nurse educators to consider areas for growth and development as a leader.

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### Practices of Reflective Leaders: Taking Risks

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*Karen Pardue, PhD, MS, BS, RN, CNE, ANEF, USA*

### Purpose

The purpose of this presentation is to examine the nursing leadership practices associated with the experience of risk taking.

### Target Audience

The target audience of this presentation is academic and administrative nursing faculty.

### Abstract

Stories of becoming a nurse faculty leader reveal the common experience of risk taking. This is not to imply that nurse leaders are risky about what they do, but to acknowledge that risk taking is an everyday occurrence in leadership. Faculty narratives help us to understand and identify the art and complexity of taking risks. The aim of this presentation is to examine leadership practices associated with risk taking.

Faculty identify themselves as leaders when they take risks with their teaching by trying something new with students. Whether motivated by boredom, educational reform, or a desire to exercise creativity, moving out of one's comfort zone feels risky because by doing so you open yourself to the possibility of failure. Moreover, teachers who lead educational change may be perceived by other faculty as disrupting the status quo, resulting in colleague resistance to their ideas. Leaders additionally describe how, in championing new approaches, they commonly enact the practice of speaking up. Reflection and rehearsal are essential activities for trying something new and speaking up.

A common leadership practice associated with risk taking involves doing your homework. The process of engaging in homework is demanding, but the investment worthwhile, as well-executed homework enhances likelihood for risk taking success. A deliberate praxis of homework involves weighing the costs and the benefits of a decision. This involves careful consideration as to the pros and cons of a given situation. Homework also entails learning the context, as every leadership decision takes place within the nuances of an organizational climate. Lastly, homework involves cultivating relationships as building community serves to unite and energize people. Collective action mitigates risk, as liability is subsequently distributed across all members of the organization.

Nurse leaders additionally describe risk taking in response to the desire to do the right thing. The underpinning for doing the right thing often stems from a sense of responsibility on the part of the leader. Narratives from nurse leaders reveal a deep personal responsibility to successfully execute their role. Additionally, they describe taking risks and doing the right thing in response to enacting their vision. This means leaders feel compelled to act based upon their individual vision and passion. Finally, doing the right thing is grounded in being true to a core self and following one's own values. Knowing one's values provides a strong foundation for leadership which supports the experience of risk taking.

Stories from nurse leaders highlight risk taking may result in failure. Being willing to fail reveals a less explored aspect of nursing leadership. Willingness to fail describes the disposition of being open to the possibilities which are realized through failure. Leaders who are willing to fail develop a culture supportive of experimentation. A climate of experimentation is characterized by curiosity; an environment where greater emphasis is placed on the testing process itself and less on the actual outcome. Learning lessons from failure reveals an important practice for being willing to fail. Examining adversity provides opportunity for personal, professional, and organizational growth. A final practice which supports being willing to fail is engagement in hard work. The experience of risk taking and failure may generate added leadership work, as more time and effort may be needed to "work out the kinks".

This workshop will provide opportunities for participants to engage with exemplars illustrative of leadership risk taking, and apply the described practices to their own leadership experiences. Reflective questions will additionally be posed designed to encourage participants' growth and introspection as nurse leaders.

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## **Practices of Reflective Leaders: Facing Challenges and Advancing Reform**

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*Sara Horton-Deutsch, PhD, MS, BSN, RN, ANEF, FAAN, USA*

### Purpose

The purpose of this presentation is to illuminate the practices of facing challenges and advancing reform among nurse faculty leaders.

### Target Audience

The target audience for this presentation is nurse educators and academic administrators.

### Abstract

This presentation describes the common shared experiences of becoming a nurse faculty leader through facing challenges and advancing reform. These experiences were common for many nurse leaders as they sought to advance their careers by taking on new positions and responsibilities. These themes along with several sub-themes will be explored through description and story. Finally, participants will be asked to reflect on their own experiences of facing challenges and advancing reform.

One common experience of participants was facing challenges. Reflecting, persevering through difficulties, and learning to relate to others in new ways represent how nurse faculty faced challenges while becoming a leader. Engaging in self-discovery through reflection was effective practices that lead to self- and other-awareness and more caring relational interactions where people were open to learning from one another and consider ways to make the greatest impact. In addition, listening attentively was an effective practice for cultivating a deeper dialogue and understanding while vicariously building relationships. Practices of reflecting and persevering while facing challenges lead to a transformation where leaders ultimately learned to relate to others in new ways. These practices supported leadership development by facilitating self-exploration, thoughtful interactions with self and others, and values clarification.

Another common experience of participants was advancing reform. A number of intentional practices favorably supported leadership development for advancing reform. Being involved with others cultivated relationships and generated energy in discovering new and unconventional ways for nurse educators and practitioners to work together. During this process of being involved with others, leaders discovered the importance of remaining authentic or true to their core values and beliefs. In addition, reform was additionally supported by the leadership practice of creating environments for change. This involved cultivating climates receptive to fresh ideas and innovative approaches, and then adopting change in small, manageable steps.

Stories of how nurse leaders faced challenges and advanced reform through earnest engagement with others will be threaded throughout this presentation. Implications of these practices will be considered. Finally, questions to facilitate participants' reflection on their own leadership practices will be offered as a way to highlight the value of reflection as an intentional strategy for leadership development.

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## D 09 - Integrating Evidence-Based Practice and Process Improvement Models to Decrease Catheter-Associated Urinary Tract Infection

### Evidence-Based Practice Change to Prevent CAUTI: A Team-Based Approach

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*Catherine M. Riedel, MSN, RN, ACNS-BC, CCNS, CCRN, USA*

#### Purpose

This presentation describes how a team, composed of clinical educators and a CNS, applied the ARCC, Lean Six Sigma, and PDSA models to implement CAUTI prevention practice changes. In addition, the team will share their experiences with establishing process and outcomes measures to communicate progress toward goal achievement.

#### Target Audience

The target audience is nurses involved in planning, implementing, and sustaining evidence-based practice change. Advanced practice nurses, nurse educators, administrators, and bedside nurses will be able to apply this presentation to practice.

#### Abstract

CAUTI prevention is largely based on nursing awareness regarding best practices in catheter care and timely removal of the catheter. Nursing practice change is accomplished through development of a safety culture template for change using the Michigan Keystone Project four E's: engage, educate, execute, and evaluate.

A team of clinical educators and a clinical nurse specialist assembled to reduce hospital-wide CAUTI rates. The team contained representatives from every hospital nursing specialty. Key components of the Evidence-Based Advancing Research and Clinical Practice Through Close Collaboration (ARCC) Model, Lean Six Sigma concepts, and the Plan-Do-Study-Act cycle were integrated to develop a practice change model to improve care quality. The steps of identifying and implementing evidence-based CAUTI prevention practice changes will be discussed, and methods use to engage and educate team members and nursing staff will be highlighted.

An important component of executing and evaluating practice change is setting clear process and outcomes measures and creating a sustainability plan after initial goals are achieved. The process for establishing both process and outcomes measures for CAUTI prevention will be discussed. Specifically, the value of clinical educational and compliance audits will be emphasized as a method to sustain practice change, promote continued nursing staff engagement, and provide continuous educational opportunities at the bedside.

#### References:

Agency for Healthcare Research and Quality. (2014). On the CUSP: stop CAUTI implementation guide. Retrieved from <http://www.hret.org/quality/projects/stop-uti.shtml> Association for Professionals in Infection Control and Epidemiology. (2014). Guide to preventing catheter-associated urinary tract infections. Retrieved from [http://apic.org/Resource/\\_EliminationGuideForm/0ff6ae59-0a3a-4640-97b5-eee38b8bed5b/File/CAUTI\\_06.pdf](http://apic.org/Resource/_EliminationGuideForm/0ff6ae59-0a3a-4640-97b5-eee38b8bed5b/File/CAUTI_06.pdf) Fink, R., Gilmartin, J., Richard, A., Capezuti, R. Boltz, M. & Wald H. (2012). Indwelling urinary catheter management and catheter-associated urinary tract infection prevention practices in Nurses Improving Care for Healthsystem Elders hospitals. American Journal of Infection Control, 40,715-720. Halm, M. A. & O'Connor, N. (2014). Do system-based interventions affect catheter-associated urinary tract infection? American Journal of Critical Care, 23(6), 505-509. Oman, K. S., Makic, M., Fink, R., Schraeder, N., Hulett, T., Keech, T., & Wald, H. (2012). Nurse-directed interventions to reduce catheter-associated urinary tract infections. American Journal of Infection Control, 40, 548-553.

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## **Preventing Catheter-Associated Urinary Tract Infection in the Emergency Department: Tales from the Front Door**

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*Nancy A. Hagerman, BSN, RN, CEN, USA*

### Purpose

This presentation describes how an emergency department (ED) nurse educator and staff champion partnered to improve ED CAUTI prevention practices. CAUTI prevention strategies included introduction of new urinary catheter products, limiting catheter insertion to appropriate patients, and education regarding alternatives to urinary catheters and use of a bladder scan protocol.

### Target Audience

The target audience is nurses involved in planning, implementing, and sustaining evidence-based practice change. Advanced practice nurses, nurse educators, administrators, and bedside nurses will be able to apply this presentation to practice.

### Abstract

Catheter associated urinary tract infection (CAUTI) prevention begins when the patient enters the healthcare system. Emergency Department nursing staff does not typically envision themselves participating in CAUTI prevention except during urinary catheter placement by using strict sterile technique. The Emergency Department staff led by the Clinical Educator and a staff nurse champion joined the CAUTI prevention effort at our hospital by educating staff regarding CAUTI prevention practices and trialing a new indwelling urinary catheter kit which contained CAUTI prevention products, including a large orange sticker placed on the drainage collection bag indicating date and time of insertion. Staff feedback was positive, and the recommendation was made to use the new kit throughout the hospital. The Emergency Department Clinical Educator participated in policy development for a new indwelling urinary catheter paradigm: reduction of placement indications, increased use of bladder scanning and straight catheter bladder decompression, and nurse driven protocols for discontinuation. The Emergency Department Clinical Educator also developed an education program and badge cards for patient care technicians who had previously never been allowed to participate in indwelling urinary catheter management and emptying. In addition, all nursing staff were re-educated regarding use of the bladder scanner and straight catheter protocol and techniques for bladder decompression. The Emergency Department demonstrated that they are key participants in a hospital-wide CAUTI prevention effort.

### References:

Agency for Healthcare Research and Quality. (2014). On the CUSP: stop CAUTI implementation guide. Retrieved from <http://www.hret.org/quality/projects/stop-uti.shtml> Halm, M. A. & O'Connor, N. (2014). Do system-based interventions affect catheter-associated urinary tract infection? *American Journal of Critical Care*, 23(6), 505-509.

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## **Accidental Late Adaptor: Onboarding Surgical Services to a Developed Catheter-Associated Urinary Tract Infection Prevention Protocol**

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*Jodi Pelkey, BSN, RN, USA*

### Purpose

This presentation will address barriers to improving urinary catheter care in the OR, urinary catheter equipment evaluation processes, and methods to decrease urinary catheter use in selected populations.

Ultimately, this presentation will highlight OR culture change, increasing awareness that care in the OR impacts patient outcomes throughout the hospital stay.

#### Target Audience

The target audience is nurses involved in planning, implementing, and sustaining evidence-based practice change. Advanced practice nurses, nurse educators, administrators, and bedside nurses will be able to apply this presentation to practice.

#### Abstract

The lack of a unit-based educator for a period of time in surgical services fueled the development of a nursing staff knowledge deficit regarding a hospital-wide evidence-based CAUTI prevention protocol. The operating room nurse educator identified the need for a change in nursing workflow due to the introduction of an improved indwelling urinary catheter kit. Though staff had completed an online learning module, they were unsure of how to implement the care measures necessary to prevent CAUTI. In addition to assessing urinary catheter maintenance practice knowledge deficits among staff, the operating room educator encountered staff resistance to practice change. During evaluation of urinary catheter care processes, the operating room nurse educator and management team discovered that the pre-assembled surgical packs were not sufficiently stocked to meet the hospital-wide CAUTI prevention protocol. While evaluating the pre-assembled kit contents, discussion was initiated as to the necessity of including indwelling urinary catheters for each procedure using pre-assembled kits. This presentation will address common barriers to improving urinary catheter care in the operating room, the process for urinary catheter equipment evaluation, and methods to decrease urinary catheter use in selected populations. Ultimately, this presentation will highlight operating room culture change, with a heightened awareness that care in the operating room directly impacts patient outcomes throughout the hospital stay.

#### References:

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## **Diverse Educational Initiatives to Prevent Catheter-Associated Urinary Tract Infection in Critical Care**

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*Erika L. Simon, MSN-ED, RN, CCRN, USA*

#### Purpose

This presentation describes how diverse education methods in the critical care setting impacted CAUTI prevention strategies. Key educational activities included educational bedside audits, dialogue with nursing staff, and immediate care correction. In addition, a skills lab session was completed reviewing common catheter care deficits specific to the critical care units.

#### Target Audience

The target audience is nurses involved in planning, implementing, and sustaining evidence-based practice change. Advanced practice nurses, nurse educators, administrators, and bedside nurses will be able to apply this presentation to practice.

#### Abstract

Critical care units demonstrate the highest prevalence of Catheter Associated Urinary Tract Infection (CAUTI) and greatly impact acceptance of catheter use within a facility (Elpern et. al, 2009). The Critical Care department at Flagstaff Medical Center (FMC) encompasses an intensive care unit (20 beds), cardiovascular intensive care unit (11 beds) and step-down unit (18 beds). Changing the culture of urinary



catheter care among these units is challenging in regards to re-focusing nurses to think critically about the current state of catheter use, evidence-based catheter indications, and situations that potentiate the development of a CAUTI. Addressing education for staff started with catheter kit standardization and standards of care education. Weekly audits and bedside education were provided directly to staff based on the physical presentation of the catheter and patient condition. A hands-on, interactive approach elicited open-ended questions and assessment of nurse understanding of best practice. Evaluation of initial audits of staff performance pointed to clear deficits and need for further education. Common themes for improvement included defining a “dependent loop”, how to use sheeting clips, ensuring securement devices were applied for optimal drainage, prevention of further harm, and the importance of the maintenance phase (i.e. peri-care, use of graduated cylinders, prevention of catheters from touching the floor, keeping drainage bags out of the bed, awareness of catheter days). After assessing these educational needs, nurses in critical care were provided a 30-45 minutes hands-on, skills lab station over a period of 3 months to review appropriate catheter care, techniques and discuss CAUTI prevention specific to the assessed deficits. In combination with skills-lab education and continuing CAUTI audits, education has been adapted specifically to audited performance.

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## **Preventing Catheter-Associated Urinary Tract Infections in Medical-Surgical/Telemetry Units: Five Units, Five Cultures, One Goal**

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*Shannon Campbell, MSN, RN, PCCN, USA*

### Purpose

This presentation describes CAUTI prevention practice changes on five Medical-Surgical/Telemetry (MST) units that work as one cohort. It will highlight the MST educators' efforts in establishing process and outcomes measures, changing nursing culture regarding urinary catheter care, and communicating progress toward the goal of decreasing CAUTI rates.

### Target Audience

The target audience is nurses involved in planning, implementing, and sustaining evidence-based practice change. Advanced practice nurses, nurse educators, administrators, and bedside nurses will be able to apply this presentation to practice.

### Abstract

Flagstaff Medical Center's (FMC) effort to combat CAUTI in its Medical/Surgical-Telemetry (MST) units is as multifaceted as the five units themselves. Each unit is tasked with being able to care for any patient ordered to be MST status. One of the biggest obstacles all these units faced is the historical view that there must be a physician order to remove the catheter (Fakih et al., 2014). This has been a primary issue on the orthopedic surgery specialty unit. The unit is well-known as having a unique culture. The nurses were aware that the facility has a nurse-driven urinary catheter removal protocol but were driven by the history of pulling the catheters when the physician ordered removal. The other units' nurses knew the CAUTI prevention evidence but their biggest obstacle was providing task-driven care. The nurses often would wait until the end of the shift to discontinue the catheter because toileting patients increased nursing workload. The educators' initial approach was staff education regarding CAUTI complications and reinforcement of the nurse-driven urinary catheter removal policy. The real change did not occur until the nursing staff were shown the “so what factor”. Productivity is a main factor in the hospital's short term

incentive program, which is a yearly bonus focused on goals set by administration for each fiscal year. Nurses were shown each CAUTI has the potential to cost the hospital over \$2700 dollars per episode and decrease productivity (Gokula et al., 2012). In addition to emphasizing the financial impact of CAUTI, peer to peer education through educational audits was the final positive change to decrease CAUTI rates (Meehan & Beinlich, 2014).

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## **E 09 - Shining the Light on Senior Services: Driving Excellence through Leading Practices**

### **Making Senior Care a System Priority**

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*Ann Marie T. Brooks, PhD, MSN, MBA, BSN, RN, FAAN, FACHE, FNAP, USA*

#### Purpose

The purpose of this presentation is to describe and discuss how a five hospital system maximized its culture of safety program to focus on the geriatric population. Discussion of the structures, processes and measures of success for the interprofessional team will be presented.

#### Target Audience

The target audience are conference attendees who are interested in applying leading practices to the geriatric population within their inpatient model of care.

#### Abstract

Aligning a model of geriatric care with the system strategic plan and priorities is an expectation for nursing and physician leaders and provides an opportunity for ongoing interprofessional partnership and integration of practice education and research. This presentation will focus on how a nurse leader within a five hospital system in partnership with other leaders was able to influence and advocate for establishment of a commitment to expansion of geriatric services at the system level. Discussion of the challenges, innovative strategies and resources needed for development of a geriatric service line will be provided.

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### **Building a Culture of Geriatric Excellence: One Hospital's Experience**

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*Louise Laufer Hummel, MSN, RN, RN-BC, CEN, USA*

#### Purpose

The purpose of this presentation is to demonstrate how nurse educators optimize geriatric excellence through Gerontological certification and the Geriatric Resource Nurse Model utilizing NICHE principles for care of the elderly. This has led to care in a manner that is geriatrically sensitive, safe, knowledge driven and underscored by quality.

#### Target Audience

The target audience of this presentation is nurse educators and nurse leaders looking to strengthen their nursing workforce, who are caring for a geriatric population, through certification and education opportunities.

#### Abstract

Building a culture of geriatric excellence: Educational Innovations

It is well known that an acute care hospitalization can be a pivotal event in the life of an older person. Within our hospital, the average daily inpatient census is seventy (70%) over the age of 65. As the American population ages, so does the need to care for acute and chronic conditions effecting the geriatric population.

Through the leadership of the hospital's nursing vice president, it was determined that there was a need to have nurses with expertise in gerontological nursing practice.

Key stakeholders were chosen to focus on geriatric education, certification, and evidence based practices to provide superior geriatric care. These individuals formed geriatric work groups.

At the forefront was gerontological registered nurse certification. Within a three year period of time, the hospital was successfully able to have 63 registered nurses certified in gerontology. These nurses have been instrumental in leading geriatric work groups that are tackling challenges in providing excellence in geriatric care. These workgroups are focused on: dermal defense and wound care, early mobility and early ambulation practices, medication management, reduction in falls and aging sensitive care initiatives. They provide continuing education opportunities through lunch and learn events, community program offerings, Pit Stop education, computer based learning and innovations in content presentation and testing using technology.

The collaboration of these certified gerontology nurses has taken another step as they meet monthly with a physician Geriatrician champion and RN Geriatric Service Line Manager co-leading them. This inter-professional group has led to sharing of best practices within all of the nursing units, continuous learning utilizing the Nurses Improving Care for Healthsystem Elders Geriatric Resource Model of nursing practice, and the encouragement of more eligible registered nurses to become certified with hospital based gerontology certification review courses available to them.

Through continuing education, nurses working primarily with geriatric adults and their families, have been able to incorporate gerontological competencies to assess, implement, maintain and evaluate care to meet their specialized needs.

The hospital has also had two mentor/mentee dyads successfully complete the Sigma Theta Tau International (STTI) Geriatric Nurse Leadership Academy (GNLA). Each dyad piloted a geriatric initiative on their nursing unit that was later implemented throughout the acute inpatient care areas of the hospital where geriatric patients are treated. Through education innovations the gerontological nurses have transformed the delivery of care to patients over 65 years of age in manner that is geriatrically sensitive, knowledge driven and underscored by quality.

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## **Leading Practices in Geriatric Care: Building a Dermal Defense Team Makes a Difference!**

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*DeSales Foster, DNP, MSN, BSN, RN, CWOCN, CRNP, GNP-BC, USA*

#### Purpose

The purpose of this presentation is to describe methods of building and retaining a hospital dermal defense team to keep our patients safe by reducing hospital-acquired pressure ulcers, skin tears, and catheter-associated urinary tract infections. This will include methods to engage staff, using evidence-based practice and research.

#### Target Audience

The target audience for this presentation is caregivers, administrators, and staff who have special interest in geriatric patient care.

#### Abstract

The task of building and maintaining a dermal defense team requires commitment from all hospital units and administration. This commitment begins with the creation of a champion role. Each unit in the hospital has a nurse champion who represents the unit and each champion performs monthly prevalence studies, educates staff, and communicates findings via email and poster presentations. Education of champions starts with NDNQI pressure ulcer education using the four modules to teach staff how to perform a prevalence study. Once this education was complete the staff rounds with the dermal defense

team (DDT) leader to review skills by doing an inter-rater reliability test. This education was so successful the nursing administration approved this education for all nursing staff. This led to nursing and ancillary staff acceptance of accountability for vigilant effort to reduce pressure ulcers. Monthly continuing education is provided for the DDT and the team disseminates this information to the unit staff. Quality care is maintained with team effort of nurses and patient care technicians (PCT). Many units have both a nurse and a PCT champion on the DDT. Leading successful dermal defense teams happen when the interest of the team members is held. This interest is sparked by having a dermal day each spring. The DDT members have an opportunity to share their knowledge by creating posters using evidence-based practice guidelines. The posters are presented to staff and continuing education is provided. Each DDT member has an opportunity to shine and this keeps the team alive. Each team member is held accountable for keeping the unit staff up to date on all new dermal products and if a unit-acquired pressure ulcer occurs, team members discuss with colleagues to prevent this from occurring again.

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## G 09 - VHA Wellness Model of Health: Helping Veterans be Mission Ready for Life

### VHA Wellness Model of Health: Helping Veterans be Mission Ready for Life

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*Sheron L. Salyer, DNSc, RNC, RNC-OB, FACCE, CHRC, USA*

#### Purpose

The purpose of this presentation is to describe how one VHA healthcare system uses the VHA Office of Patient Center Care (OPCC) wellness model to conduct literature reviews; identify evidence based practice (EBP) strategies to change practice & use pre-existing data to evaluate changes made to enhance clinical care.

#### Target Audience

The target audience includes VHA employees making the transition to a personalized, proactive, patient driven model of care; individuals interested in learning how the theoretical framework can help integrate evidence based changes in the clinical setting; and clinicians interested in seeing how pre-existing data is used to evaluate practice changes.

#### Abstract

The Veterans Health Administration (VHA) mission honors Veterans by providing exceptional healthcare that improves their health and well-being. As Veterans' needs change, a healthcare system must be open to expanding beyond an illness focus to center on what is important to Veterans and the health care outcomes they desire. This symposium describes the theoretical framework developed by the VHA Office of Patient Center Care (OPCC) to guide our transformation into a personalized, proactive, patient driven model of care.

We reports how one VHA healthcare system uses the model to conduct literature reviews identifying evidence based practice (EBP) strategies to guide practice changes as well as developing methods to evaluate the success of changes made to enhance clinical care.

Literature reviews include:

1. EBP strategies to change the dialogue between Veterans and their care providers in clinical settings
2. PCC changes in the physical surroundings designed to generate healing environments
  - a. Ambient lighting use within inpatient mental health clinical settings
  - b. Physical design changes in the emergency department to promote PCC

Findings for each literature review will be presented independently – describing methodology used to locate published research studies and evaluate the combined level of evidence available to support EBP changes. Lastly, we explore how existing VHA data can be used to evaluate EBP changes. EBP tables summarizing findings and identifying outcomes measured in each study will also be shared. The EBP tables are then used to establish baseline measures prior to implementing changes with reassessment six months after changes have been implemented.

As more soldiers transition out of the military, demands for Veteran healthcare will increase with unique service related risks. It will be critical for VHA healthcare to continue to make theory driven changes to better meet their unique needs.

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## **Mission Ready: Use of Ambient Lighting in Creating a Healing Environment for an Inpatient Psychiatric Unit**

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*Mekeesha McClure, MSN, RN, ANP-BC, USA*

*Sheron L. Salyer, DNSc, RNC, RNC-OB, FACCE, CHRC, USA*

### Purpose

The purpose of this presentation is to gain insight into current evidence on human reaction to lighting on an inpatient psychiatric unit. Opportunities exist to offer environmental changes to the psychiatric unit. This review's objective is to determine if a positive relationship exists between lighting, circadian rhythm, and patient's mood.

### Target Audience

The target audience of this presentation is clinical staff working on the Psychiatric unit, academic participants who want to learn about an environmental impact on human behavior from evidence based research and other supportive staff interested in patient-centered change on the psychiatric unit.

### Abstract

**Purpose:** To gain insight into current level of evidence on human reaction to lighting on an inpatient psychiatric unit. As the environmental design of the psychiatric unit evolves to maintain safety of the patients and staff, opportunities exist to offer evidence based physical changes. One of the opportunities to create healing environments uses ambient lighting to influence mood and circadian rhythms. Creating a less rigid sterile environment on the psychiatric unit has been a norm to encourage treatment participation. The objective of this literature review is to determine if a positive relationship exists between controlled lighting on the psychiatric unit, circadian rhythm, and patient's mood.

**Method:** This presentation describes the use of the VHA wellness model to guide the methodology used to identify evidence based ambient lighting strategies to promote a healing environment. Databases were searched utilizing key words: ambient lighting, circadian rhythm, psychiatry, psychiatric disorders, mental illness, and environmental design. The search identified 29 articles for review with 3 additional articles obtained from the reference lists of reviewed articles. Eighteen of the reviewed articles were relevant to this review. Ten research articles and eight non-research articles are summarized in an evidence-based table. One systematic review with meta-analysis was noted, 4 quasi-experimental designs, and five descriptive/exploratory designs were included in the evidence table. Eight non-research designs were included and consisted of literature reviews, systematic reviews of non-experimental designs, and expert opinions. The evidence table was used to identify evidence based changes and develop evaluation plans using VHA existing data to provide objective outcome measures to evaluate the success as changes are made to meet the unique need for Veterans requiring inpatient psychiatric care.

**Conclusion:** Research on ambient lighting's impact on psychiatric units is limited. Overall, current data does suggest benefit from ambient lighting however the significance over control groups was minimal.

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## **Mission Ready: Changing the Physical ED Environment**

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*Donna Diogo, ADN, AAS, RN, USA*

*Sheron L. Salyer, DNSc, RNC, RNC-OB, FACCE, CHRC, USA*

### Purpose

The purpose of this presentation is to share the research evidence surrounding physical changes the Veterans Health Administration (VHA) is making in the Emergency Department (ED) environment to improve staff and patient satisfaction in providing holistic, patient-centered care (PCC).

### Target Audience

The target audience of this presentation is clinical staff who work in the Emergency Department (ED), academic participants who want to learn about synthesizing themes from evidence based research and administrative staff who would support a change in the physical ED environment to be holistic and patient-centered.

### Abstract

**Purpose:** The Veterans Health Administration VHA Wellness Model of Health identifies 8 critical components of health that expand on traditional problem based care to identify the Veterans' unique healthcare needs. In an effort to provide holistic, patient-centered care (PCC) in the Emergency Department (ED), it is important to consider the physical environment in which staff performs their job, and the role the environment plays in the patient and patient's family ED experience. This presentation looks at the professional literature as it relates to the physical surroundings component of this wellness model.

**Relevance:** A literature search was performed to answer the clinical question "Do evidence-based, patient-friendly environmental surroundings (interventions) in the ED produce different or better outcomes for patients when compared to the traditional ED environment?" To address this question, the Johns Hopkins Research and Non-Research evaluation tools were used to evaluate articles retrieved from the CINAHL and Medline databases and articles identified from reference lists of reviewed articles. Once evaluated, a table of evidence was created synthesizing results, identifying outcomes measured, and evaluating the level of evidence offered. Out of 59 articles initially reviewed, 21 were found to have evidence related to the PICO question. Ten articles were identified as research studies, with one quasi-experimental design and nine descriptive or observational designs. Non-research studies included concept analysis, quality improvement projects, and expert opinions. Common themes emerged in the findings, outcomes, and recommendations, which will be presented.

**Importance:** It is important to identify what evidence exists in the professional literature, and to determine the combined level of evidence available to support practice changes. The findings from this literature review indicate that more research is needed to help clinicians understand the impact physical changes in the ED that encourage a healing environment can have on clinical care.

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## **Mission Ready: Changing the Dialogue between Veterans and Their Care Teams in the Clinical Setting**

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*Pamela J. Laut, MSN, RN, USA*

*Sheron L. Salyer, DNSc, RNC, RNC-OB, FACCE, CHRC, USA*

### Purpose

The purpose of this presentation is to describe how the VHA model of care was used to guide a literature review to identify evidence based strategies designed to promote collaborative relationships in the clinical setting.

### Target Audience

The target audience of this presentation is Veterans receiving healthcare at one of the VHA healthcare systems; Patient Aligned Care Teams (PACT) and other health professions employed by VHA; health professionals interested in learning how the VHA model of care was used to integrate evidence based strategies into the clinical setting.

### Abstract

**Purpose:** To gain insight into current level of evidence on human reaction to lighting on an inpatient psychiatric unit. As the environmental design of the psychiatric unit evolves to maintain safety of the



patients and staff, opportunities exist to offer evidence based physical changes to create healing environments using ambient lighting to influence mood and circadian rhythms. Creating a least rigidly sterile environment on the psychiatric unit has been a norm to encourage treatment participation. The objective of this literature review is to determine if a positive relationship exists between controlled lighting on the psychiatric unit, circadian rhythm, and patient's mood.

Method: This presentation describes the use of the VHA wellness model to guide the methodology used to identify evidence based ambient lighting strategies to promote a healing environment. Databases were searched utilizing key words: ambient lighting, circadian rhythm, psychiatry, psychiatric disorders, mental illness, and environmental design. The search identified 29 articles for review with 3 additional articles obtained from the reference lists from reviewed articles. Eighteen of the reviewed articles were relevant to this review. Ten research articles and eight non-research articles are summarized in an evidence-based table. One systematic review with meta-analysis was noted, 4 quasi-experimental designs, and five descriptive/exploratory designs were included in the evidence table. Eight non-research designs were included and consisted of literature reviews, systematic reviews of non-experimental designs, and expert opinions. The evidence table was used to identify evidence based changes and develop evaluation plans using VHA existing data to provide objective outcomes measures to evaluate success as changes are made to meet the unique need for Veterans requiring inpatient psychiatric care.

Conclusion: Research on ambient lighting's impact on psychiatric units is limited. Overall, current data does suggest benefit from ambient lighting however the significance over control groups was minimal.

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# Leadership Symposia

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## **A 14 - Connecting and Engaging STTI Members Regionally to Advance World Health and Celebrate Nursing Excellence**

### **STTI Region 14: Connecting and Engaging Members Locally and Globally**

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*Teresa Torsney, MS, RN-BC, USA*  
*Jacqueline Cassagnol, MSN, RN, PMC, USA*  
*Ronn M. Callada, MS, BS, RN, ANP, USA*  
*Kirstin Patragnoni-Sauter, MSN, APN, FNP-BC, USA*

#### Purpose

The purpose of this presentation is to describe how the STTI Region 14 Coordinator and Chapters incorporated STTI Mission and the 2013 President Call to Action in their events and activities.

#### Target Audience

The target audience of this presentation are nurse educators, nurse leaders, nurse researchers, nursing students, all clinicians, and/or anyone who is interested and engaged in the improvement of global healthcare;

#### Abstract

The purpose of this presentation is to describe how the Sigma Theta Tau International (STTI) Region 14 Coordinator and Chapters incorporated STTI Mission and the 2013 Presidential Call to Action in their events and activities. The mission of STTI is to advance world health and celebrate nursing excellence in scholarship, leadership, and service. The 2013 STTI Presidential Call to Action challenged the organization and its members to "serve locally, transform regionally, and lead globally" incorporating themes of Servant Leadership, Connectedness, Transformation and Gratitude. This presentation will describe how the Region 14 Coordinator disseminated information to chapter leaders in New York and New Jersey, and encouraged them to incorporate the mission and the call to action by making them potential themes for their 2014 events. Through electronic mail, "The Circle" on the STTI website, Skype, teleconferences and phone calls, the Region 14 Coordinator was able to engage the region chapter leaders and support them as they created educational and social opportunities for the members at large. The Region 14 Coordinator also created different work groups, such a Planning Committee and Communication Committee to help in chapter endeavors. Region 14 Chapters actively incorporated the themes into their event planning for the year 2014. The STTI Mission and Call to Action were made the basis of the Region 14 Biennial Conference to give all members an opportunity to engage in the topic. The Region 14 Coordinator and Chapters were effective. Region 14 members incorporated the STTI Mission into their events and activities. The call to action also incited many members to start or continue service projects to communities locally, regionally and globally. Examples of chapter initiatives that included these themes were presented at the Founder's Day event of the New Jersey Consortium, the Long Island Consortium in New York, and in the Region 14 Biennial Conference. The initiatives included but were not limited to: service and medical missions to Haiti and Dominican Republic, educational opportunities for Haiti and Tanzania, and networking workshop for Region 14 members encouraging connectedness. Outcomes of these initiatives will be discussed.

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### **Providing Health Education and Disaster Preparedness Training in the USA and Haiti: A Global Collaboration**

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*Jacqueline Cassagnol, MSN, RN, PMC, USA*

#### Purpose

The purpose of this presentation is to describe how a STTI Region 14 member collaborated with STTI members and nurse leaders to provide health education and disaster preparedness training in the USA and Haiti.

#### Target Audience

The target audience of this presentation are nurse educators, nurse leaders, nurse researchers, nursing students, all clinicians, and/or anyone who is interested and engaged in the improvement of global healthcare;

#### Abstract

The purpose of this presentation is to describe how a Sigma Theta Tau International (STTI) Region 14 member collaborated with STTI members and nurse leaders to provide health education and disaster preparedness training in the USA and Haiti. The STTI Region 14 member initiated community health projects and disaster preparedness projects in the United States of America (USA) and Haiti, in collaboration with STTI members and nurse leaders. From 2012 to 2014, over 15 projects were initiated in New York, USA and Leogane, Haiti. The projects were conducted through Worldwide Community First Responder, Inc. (WCFR), a non-profit organization based in New York with a mission to prevent deaths worldwide through education and training. Projects in Haiti were supported by a grant from Haitian American Nurses Association (HANA) in Florida, and engaged the Faculté des Sciences Infirmières de Léogâne (FSIL), a nursing school in Haiti. STTI members and nurse leaders from different levels of leadership collaborated in the projects. The community health projects consisted of conducting community health assessments through surveys; analyzing data collected and recommending interventions to improve community health. The disaster preparedness projects consisted of community risk and vulnerability assessments for disasters; developing disaster preparedness plans including first response and first aid training. The projects were evaluated through pre and post questionnaires given to the participants on community health and disaster preparedness. The results were very positive. The community health projects engaged participants in promoting healthy lifestyles in their community. The disaster preparedness projects engaged participants in making their community safer, better prepared, and more resilient to disasters. The STTI Region 14 member connected and engaged STTI members and nurse leaders in providing health education and disaster preparedness training locally, regionally, and globally. The collaboration between STTI members and nurse leaders has proven to be beneficial for all stakeholders. The goals of the projects are: to improve the quality of pre-hospital care; and to lessen the adverse medical effects created by natural disasters. The importance of these collaborations between STTI members and nurse leaders to advance world health and celebrate nursing excellence will be discussed.

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### **Hybrid FNP Education in Haiti: A Global Collaboration**

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*Steven Baumann, PhD, MS, MSN, BSN, RN, USA*  
*Joanna F. Hofmann, EdD, ANP/GNP-BC, RN,, USA*  
*Jacqueline Cassagnol, MSN, RN, PMC, USA*

#### Purpose

The purpose of this presentation is to describe how STTI Region 14 members and nurse leaders developed and operated two FNP Master's Degree programs in Haiti.

#### Target Audience

The target audience of this program are advanced practice nurses, nurse educators and nursing leaders interested in developing sustainable international collaborations to raise the level of nursing and improve the health in very low resource countries.

#### Abstract

The purpose of this presentation is to describe how Sigma Theta Tau International (STTI) Region 14 members and nurse leaders developed and operated two Family Nurse Practitioner (FNP) Master's Degree programs in Haiti. The significance of this program is great as there is a huge need in Haiti for quality prenatal care, newborn care and graduate nursing education. 70% of Haitians live on less than \$2 a day. Haiti is one of the poorest countries in the world and has one of the highest infant and maternal mortality rates. It, also, has a dire shortage of nurses and physicians, and an outdated and poorly staffed nursing education system. The project, Promoting Health in Haiti (PHH), a non-profit organization was founded by STTI Region 14 members and nurse leaders to help with the problem. The project involved partnering with the Episcopal University of Haiti (UNEPH); the Faculté des Sciences Infirmières de Léogâne (FSIL) in Leogane; and with Hunter College in New York. PHH is offering the first Master's FNP program in Haiti. PHH is now moving ahead with a second FNP program to be offered in partnership with the University of Haiti. It is hoped that since FNPs have been known to provide quality primary care in the USA that by increasing the number of FNPs in Haiti, there will be increased access to quality primary care, prenatal care, and newborn care in Haiti with the result that high infant and maternal mortality rate in Haiti will be reduced. Developing clinical competencies of the students is being systematically assessed for ongoing program improvement. Currently, 18 students are enrolled and each has completed the first year of the program. The tuition is \$100 a month for a 36 month program. Several students receive scholarship assistance or work/study aid from PHH. The outcomes and lessons learned so far are that even a small amount of tuition is a burden for most of the students who are supporting families. Many students are not accustomed to deadlines and expectations of a rigorous graduate program. A more formal program evaluation using focus groups is planned for May of 2015 at the first FNP program. The implications of the work of PHH with the support of Region 14 members and the close work with the Minister of Health and nursing leaders in Haiti will be studied to formalize the role of FNPs in Haiti and to create sustainable FNP programs in leading private and public universities in Haiti. Discussion and planning are also underway to assist other schools to open similar programs in other very low resource countries.

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## A 15 - Perspectives on Global Learning and Relational Diplomacy

### Application and Evaluation of a Global Learning Rubric

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*Mary Riner, PhD, RN, USA*

#### Purpose

The purpose of this presentation is to describe and apply the Global Values Rubric to assessing student learning in study abroad programs.

#### Target Audience

The target audience of this presentation is leaders of study abroad programs

#### Abstract

The state of knowledge continues to evolve in terms of best practices for global learning under the broad rubric of internationalizing the curriculum. Educators can benefit from the use of peer reviewed tools in designing curricula, courses, and learning experiences for global learning experiences. Use of the Global Learning Value Rubric provides a means to develop curricula plans for comprehensive integration of global learning into nursing curriculum, define specific objectives for a range of learning experiences, and to assess student progression in developing global perspectives. The rubric can be used to develop common language and a research agenda around global learning in nursing and interdisciplinary disciplines.

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### Gaining Perspectives and Global Awareness through Collaborative Online Learning (COIL)

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*Teddie Potter, PhD, MS, RN, USA*

#### Purpose

To introduce the audience to a new global learning philosophy and methodology that can enhance the global perspective of all nursing students.

#### Target Audience

Nursing educators and nursing students.

#### Abstract

Global learning in higher education has transitioned from being an opportunity for the privileged few to a core competency for all students. Collaborative Online International Learning (COIL) offers all students an opportunity to interact directly with students and faculty from a distant global culture. This is especially important for students who might otherwise not be able to travel abroad due to finances, different physical abilities, or family obligations. Just as the rewards of COIL are numerous so are the challenges including language, time zones, technology, and different levels of comfort with online learning. This presentation will discuss the rewards and challenges of a newly created COIL course in the Doctor of Nursing Practice in Health Innovation and Leadership. The COIL course required many modifications in order to be successful but the outcome is that our students are prepared to lead global health care both at home and abroad.

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## United Planet: Principles and Strategies Global Learning and Relational Diplomacy

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*Dave Santulli, MA, CPA, USA*

### Purpose

None

### Target Audience

Non

### Abstract

The vision of United Planet is to create a world in which all people understand, respect, and support one another and the mission is to foster cross-cultural understanding and address shared challenges to unite the world in a community beyond borders. United Planet's community immersion programs help nursing students and professionals master and contribute nursing skills, and enhance their understanding of relational diplomacy. This session will describe and discuss key principles and strategies for planning, implementing and evaluating successful global learning experiences.

1. Explain the concept of relational diplomacy in the context of the vision, mission and goals of United Planet Programs.
2. Discuss principles and strategies that support the success of global learning experiences.
- 3.

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## B 16 - Promoting Global Nursing Education through Ongoing Engagement

### Enhancing Leadership in a Chinese Nursing Program

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*Linda Rice, MS, RN, CWOCN, USA*

#### Purpose

The purpose of this presentation is to share the activities of an expert volunteer American nurse educator in China during a collaborative semester-long experience with Chinese nurse educators in a baccalaureate nursing program.

#### Target Audience

The target audience is nurse educators and administrators interested in activities that promote global nursing education through volunteer teaching experiences.

#### Abstract

To make high quality health care available around the globe, American organizations such as Project HOPE provide training, technical assistance and expert mentoring to build capacity at all levels of the health care system. This includes offering assistance from a pool of professional health volunteers to supplement human resources. In partnering with public and private sectors, HOPE uses a model that teaches health professionals to continually enhance their expertise and improve knowledge. Expert American nurse educators address the pressing need for Chinese nurse educators which has come about since 1998 when reform began in the world's largest health professional education system. The need to strengthen nursing faculty, update curricular content, and emphasize ethical professionalism has been challenged by narrow technical training and admission of students who do not express an interest in nursing as their first career choice. This reform has been affected by international collaboration and involvement with Chinese nursing in China and abroad, the determination of Chinese leaders to evolve nursing as a unique and ethical profession and the needs of the population for the development of the profession.

Leadership activities by American nurse educator volunteers involve undergraduate and graduate teaching, role-modeling of effective teaching and evaluation strategies, curriculum and program planning, and offering faculty development and education programs. Critical discussion of integration of Western teaching methods and transfer of Western style teaching requires a high degree of cultural sensitivity on the part of American nurse educator volunteers.

Leadership exchanges occur as Chinese educators learn about and take advantage of opportunities to enhance their learning. Exposure to the use of interactive technologies and internet resources, access to professional nursing organizations and conferences and integration of research findings are areas that elevate professional standards. The leadership exchanges also occur at the clinical practice level, as American nurse educator volunteers promote enhanced cooperation with Chinese nurses in leadership positions in hospitals and community agencies. An example is assuming responsibility as the clinical instructor of nursing students and pairing with nurses at the clinical site. This addresses a Chinese concern about ensuring nurse accountability for conduct and practice.

The opportunity to work side by side, on a daily basis, allows for formal and informal discussion. This is identified as one of the key components in leadership development. When mentoring is continuous, in depth, and over an extended period, the momentum of change is enhanced. As Chinese nurse educators are exposed to increasing number of American nurse educators they learn to recognize how to use this expertise in a more mature manner. This places the collaborative assistance provider in the position of needing to be receptive to the changing relationship. Ongoing dialogue about outcomes becomes critical.



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## **Being a Leader in Chinese Nursing Education**

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*Qian Liu, BSN, MSN, RN, China*

### Purpose

The purpose of this presentation is to discuss the adaptation process of a Chinese nurse educator assuming a leadership position in a Chinese baccalaureate nursing program.

### Target Audience

The target audience of this presentation is nurse educators and leaders interesting in global initiatives to promote nursing education.

### Abstract

Chinese educators discuss the evolution of an international cooperation program at Wuhan HOPE School of Nursing, Wuhan, China. They reflect on the adoption of a concept-based curriculum being taught in English and a Chinese dialect, integration of nursing simulation as a teaching strategy, the development of a nursing simulation lab, the opening of a comprehensive rehabilitation center at the School of Nursing and the changing role of Chinese nurse educators in this program. They review the personal and professional growth that has occurred as young faculty members, influenced by Western thinking, have moved into leadership positions by virtue of interest, motivation and expectations of nursing administrators. They discuss their concerns about the differing perspectives of traditionally trained mature nurse educators and those who have received enhanced educational opportunities and interacted with nurse educators from other countries. They discuss the differences in the backgrounds of nurse leaders in health care practice and those in education settings. They review the current Chinese perspective of the nursing profession and the changing health care culture. They discuss their concerns about the need for nurses to assume larger roles in the community, enhanced independent practice, and health education. The economic reality of low nursing salaries, the changing dynamic of financing the Chinese health care system and the lack of understanding of Chinese people about nursing's role are challenges in educating future nurse leaders.

Two Chinese educators share their personal perspectives in fulfilling full-time nurse educator positions and balancing the Chinese cultural expectations of advancing their education within the context of the role of a Chinese woman as a wife and mother. There is also the looming concern of expectation of the role of the health care provider in meeting the demands of Chinese patients and the threat of violence and intimidation. Balancing the practice of traditional Chinese medicine with new advances in health care and technology has resulted in public distrust of an unregulated pharmaceutical industry which raises the tension between providers and patients. The need for Chinese people to assume greater financial responsibility for their health care has also resulted in the widespread assumption that direct care providers, specifically physicians and nurses, are reaping financial benefits by providing specific treatments and practices. The result is a lack of continuity in the provision of care.

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## **Using Teaching and Knowledge to Improve Health of Chinese People**

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*Bingxiang Yang, BSN, MSN, RN, China*

### Purpose

The purpose of this presentation is describe efforts to integrate nursing research findings in Chinese practice settings based on collaborative activities with American expert nurse educators.

### Target Audience

The target audience of this presentation is nurse educators and leaders interested in collaboration efforts to promote global nursing education.

### Abstract

Chinese educators relate the importance of integration of nursing research findings in practice settings. Examples include using established protocols for insertion of intravenous catheters, handwashing practice at the point-of-care, use of safety devices to prevent accidental injury, and teaching patients to assume increased responsibility for monitoring their chronic illness. Inconsistencies exist in the availability of supplies and equipment to maintain standards which further compromises outcomes of care.

The stigma of mental illness in the Chinese culture is widespread. Many students enter nursing education programs with no interest in working within a mental health setting due to this cultural belief. A lack of community mental health services adds to the difficulty of educating students about the role of nurses in mental health care. This same situation exists related to the provision of geriatric long-term care and hospice programs. Chinese nurse educators have limited opportunities to integrate clinical experiences for students in these areas that can promote a change in students' perceptions. The use of the only geriatric long-term care facility in Wuhan as a clinical practicum site for health assessment is an example of one way to change students' perceptions. Inviting nurses who have opened the only hospice facility in Wuhan as guest lecturers in the students' classroom is another example. The upcoming integrating of the comprehensive rehabilitation center and the 5 community clinics affiliated with this center will be another opportunity to enhance student learning.

Chinese nurse educators discuss their experiences in working with a diverse group of volunteer educators. In helping to interview, select and orient the volunteer educators who will be at Wuhan HOPE School of Nursing, Chinese nurse educator leaders establish priorities and focus the outcomes of the experience for themselves and the American volunteers. This allows for diversity in this collaborative exchange process. Chinese educators discuss changes they have integrated as a result of collaboration: improved test item writing, refinement of the strands of the undergraduate nursing curriculum, use of case studies, integration of evidence-based research findings in classroom presentations, as well as other approaches.

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## C 15 - RNs in Transition: From Concept to Practice

### Residency Foundations: Organizational Support and Enculturation

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*Larissa Africa, MBA, BSN, RN, USA*

#### Purpose

The purpose of this presentation is to provide participants with the foundations of developing a standardized, evidence-based residency program calling on organizational leadership and collaboration.

#### Target Audience

The target audience for this presentation includes nursing professional development staff, academic practice partners, clinical practitioners, and nursing leadership who are vested in providing safe practice environments for RNs in transition.

#### Abstract

The goal of every residency is to provide RNs in transition with a standardized, evidence-based program that contributes to an environment of excellence for nursing practice (Shinners, Ashlock & Brooks, 2014). Before an organization considers a residency program, needs and readiness to change assessments must be completed. During this time key stakeholders come together to identify their roles within the residency as well as the purpose, goals, and perceived challenges. It is critical to the success of the program that organizational leadership commits to providing the support needed to initiate and sustain a residency program. Leadership also provides direction and guidance throughout the course of the residency ensuring identified competencies and educational activities are relevant to the needs of the organization as well as advocating for fiscal, material, and personnel resources (ANCC, 2014).

This session uses case study to provide an exemplar where a large 7 facility health system implemented the residency to address critical concerns of high vacancy rates, turnover, and lack of preceptor and mentor pools (Shinners, Ashlock & Brooks, 2014). It provides participants with strategies to enculturate all stakeholders regarding organizational mission, vision and values and how they are assimilated into practice.

Using ANCC Magnet and Practice Transition Accreditation Program (PTAP) models, presenters will describe how the structure of a residency program supports a healthy work environment where RNs are provided with the tools and experiences to focus on professional development and quality care while transitioning to their role.

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### Residency Development, Design, and Implementation

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*Tammy Franqueiro, BS, BSN, RN, RN-BC, USA*

#### Purpose

The purpose of this presentation is to provide participants with the knowledge and skills to develop organization and unit specific competencies and curricula. It identifies residency stakeholders who are responsible for Resident support and the education needed to develop their roles.

#### Target Audience

The target audience for this presentation includes nursing professional development staff, academic practice partners, clinical practitioners, and nursing leadership who are vested in providing safe practice environments for RNs in transition.

### Abstract

This session provides an overview of processes, models, and effective design principles that were foundational in developing a successful residency program. In 1999, the residency development team used a DACUM process for initial role delineation. The results, along with Benner's (1984) Novice to Expert framework, provided the initial structure of the program. Presenters will describe how core and specialty competencies and supporting curricula have been identified and developed. As a competency-based program, the Competency Outcomes Performance Assessment (COPA) Model is used as a framework to identify and develop essential competencies needed for clinical practice. These competencies are then organized into categories and performance criteria using Quality & Safety Education for Nurses (Cronenwett, Sherwood, & Gelmon, 2009) as a framework and statement of objective. To ensure currency and relevance competency and curricula development also rely on national professional nursing organization scope and standards of practice.

The education and development of the interprofessional team is another key aspect of the residency described in this section. Subject matter experts, preceptors, mentors and debriefers are critical to the long term success of the program and have their own unique learning needs. The presentation will outline the education and support needed for these roles.

Lastly, a description of practice-based learning will depict tools and strategies used to support the residents learning experiences at the point of care for it is when working directly with patients and their families that learning takes place (Benner, Hooper-Kyriakidis, & Stannard, 2011).

Both initial and ongoing competency management are important aspects of the program. For residency stakeholders having the tools, support, and resources they need to support learning is essential for professional role development and the provision of safe patient-centered care.

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## **Residency Sustainability: Professional Development and Program Outcomes**

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*Jean S. Shinnors, PhD, RN-BC, USA*

### Purpose

The purpose of this presentation is to provide participants with potential professional development opportunities the residency offers stakeholders. It also discusses program outcomes and their role in residency evaluation and sustainability.

### Target Audience

The target audience for this presentation includes nursing professional development staff, academic practice partners, clinical practitioners, and nursing leadership who are vested in providing safe practice environments for RNs in transition.

### Abstract

This session provides participants with an overview of professional development opportunities created by a well designed and implemented residency and an overview of potential program metrics and outcomes.

NPD Scope & Standards of Practice (2010) state that nursing professional development is “the process of pursuing activities to enhance professional competence and role performance” with the ultimate outcome of “the provision of safe, quality care.” A recognized benefit of the residency is the provision of professional development opportunities for multiple stakeholders—not only the Resident, but other RNs and members of the interprofessional team who participate in the residency. Opportunities discussed include continuing education, certification, and support for academic progression.

To measure the success of a program it is necessary to include an ongoing evaluation process to analyze the impact and overall effectiveness in fulfilling program goals and objectives (Oermann, & Gaberson, 2013). Over the years residency programs have consistently demonstrated a positive effect on work and nurse satisfaction, competence, and retention (Ulrich, Krozek, Early, Africa, & Carman, 2010; Goode, Lynn, McElroy, Bednash, & Murray, 2013). Part of this session describes how an organization selects relevant outcome measurements that align the metric with the goals of the residency. Session participants will be provided with a tool to identify outcomes based on program goals and objectives. Outcome results will then provide insight into the overall impact of the program while showcasing successes, and providing guidance for change or revision.

Stakeholder engagement in the residency is a key component to ensuring sustainability. Participation in personal and professional development activities and working with program outcomes affect not only the Resident, but the unit, the organization, nursing as a profession and of most value, the patients which we serve.

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## C 22 - Million Hearts®: The Bridge between Academia, Practice, and Community

### Million Hearts: An Evidence-Based Method for Improving Population Health

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*Bernadette Mazurek Melnyk, PhD, RN, CPNP/PMHNP, FAANP, FNAP, FAAN, USA*

#### Purpose

The purpose of this presentation is to provide an overview of the Million Hearts initiative, its associated evidence based deliverables, and describe a nationwide partnership for promoting cardiovascular health within individual communities.

#### Target Audience

The target audience of this presentation is nursing faculty, bedside nurses, advanced practice nurses, or anyone interested in cardiovascular health.

#### Abstract

**Purpose:** Million Hearts is a national initiative to prevent 1 million heart attacks and strokes by 2017, empower and educate Americans to make healthy choices, and to target care by focusing on the “ABCs.” Appropriate aspirin therapy, blood pressure control, cholesterol management, smoking cessation, and stress management or the “ABCs” are the foundation of the initiative.

**Methods:** The Ohio State University College of Nursing has founded the National Interprofessional Education and Practice Consortium to Advance Million Hearts (NIEPCAMH) and has developed an online educational program to educate students, faculty and community members on cardiovascular disease prevention with the goal of them screening and educating people in their communities. Nursing students, interprofessional students, and community nurses are being educated on how to complete evidence based, accurate and focused Million Hearts screenings through an easy 4 step process. The assessments include biometrics (blood pressure, height, weight, body mass index, waist circumference), cholesterol, smoking, and stress screenings. Million Hearts screenings include patient education on normal and abnormal values and counseling/motivational interviewing on individualized preventive lifestyle modifications.

**Results:** Over 100 organizations are participating. Over 4,000 people have accessed the educational program and over 30,000 people have been screened.

**Conclusions:** This Million Hearts educational screening model takes a proactive approach to preventing cardiovascular disease in the community and allows health professions’ students to have a hands-on learning experience in promoting population health.

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### 30,000 People: What We Have Learned about Population Health

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*Kate E. Gawlik, MS, RN, ANP, USA*

#### Purpose

The purpose of this presentation is to review the results of a population health assessment and discuss implications for cardiovascular health promotion.

#### Target Audience

The target audience of this presentation is community nurses, nursing faculty, and primary care / cardiovascular advanced practice nurses.

### Abstract

**Purpose:** The Million Hearts® educational program revolves around users completing ten cardiovascular screenings in the community. The Million Hearts® screenings are meant to identify individuals with cardiovascular pre-disease, uncontrolled disease, and risk factors for the development of disease.

**Methods:** Screenings are a 10 step process based on the evidence based "ABCs" of care. De-identified data is collected on participants during Million Hearts® screenings and entered by users into the educational program via Checkbox® survey.

**Results:** Results from participants' screenings during the first 2 years of data collection indicate: (a) 51% had an abnormal blood pressure, (b) 45% were either overweight or obese, (c) 27% identified themselves as either a smoker or social smoker, (d) those with a Body Mass Index (BMI) of 25 or greater are more likely to have pre-hypertension, stage I, or stage II hypertension than those with a BMI under 25; (e) those who smoke are more likely to have pre-hypertension, stage I, or stage II hypertension than those who do not smoke; (f) Blacks, Latinos, and American Indians had higher rates of stage I and stage II hypertension than Caucasians; (g) Blacks, Latinos, and American Indians were more likely to be referred to a health care provider than Caucasians and Asian Americans; (h) 37% of participants were referred for follow-up with a health care provider and (i) 75% received counseling on their biometrics.

**Conclusions:** Significant opportunities exist in which to target blood pressure, smoking and obesity through lifestyle modifications. Increasing the rates of referrals and counseling are needed in order to ensure participants are provided with the tools and resources to improve and optimize their cardiovascular health.

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## **Advancing Million Hearts through Community Partnerships and Outreach**

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*Margaret C. Graham, PhD, FNP, PNP, FAANP, FAAN, USA*

### Purpose

The purpose of this presentation is to provide examples of community engagement through use of the Million Hearts platform.

### Target Audience

The target audience of this presentation is nurses, advanced practice nurses, nursing faculty, and anyone interested in cardiovascular outreach/engagement.

### Abstract

**Purpose:** The Million Hearts® initiative aims to increase awareness about heart disease prevention and to empower patients to take control of their heart health. The goals of this session are to provide examples for nursing and interprofessional colleges of Million Hearts outreach and engagement opportunities and to provide an overview of a 3 class community course designed for participants who screen positive.

**Methods:** The Ohio State University is currently participating in several Million Hearts community outreach activities include engaging local congregations, participating in community health fairs and corporate screenings, and initiating the Wellness On Wheels (WOW) Tour. WOW is a three city bus tour conducted by an interprofessional team of students and faculty focused on doing Million Hearts screenings and education. The Ohio State University College of Nursing is also partnering with OSU Extension to bring Million Hearts screenings and educational classes to rural Ohio. OSU Extension, in collaboration with the College of Nursing, has developed a curriculum centered around the "ABCs" that will provide further information on how to reduce cardiovascular modifiable risk factors and help people make healthy behavior changes. The curriculum centers around hands-on education such as food

preparation and sample tastings, how to monitor blood pressure, and stress reduction methods. Nursing students conduct the initial screenings and the Extension educators teach the classes.

**Findings:** There are endless possibilities to advancing Million Hearts® through community outreach. Community engagement and screenings are beneficial and well received by the community.

**Implications:** Colleges of Nursing can find many ways to engage the community and their students in Million Hearts® while contributing to national health promotion initiatives.

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## **D 14 - Improving Institutional and Student Outcomes by Transformation to a Culture of Care**

### **Transforming an Educational Culture through a Model of Care**

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*Susan L. Groenwald, PhD, MSN, BSN, RN, ANEF, FAAN, USA*

#### Purpose

The purpose of this presentation is to articulate the need for a caring culture in nursing education to enhance student success, and to describe the process one institution used to transform the college to a culture of care that led to improved student and institutional outcomes.

#### Target Audience

The target audience of this presentation is current and future academic leaders.

#### Abstract

A recent Gallup poll revealed that a primary factor in an individual's success in school and the workplace was having a faculty member who cared about them as a person; yet only 22 percent of those surveyed reported receiving such support in college. At many educational institutions, students are left on their own to figure out how to persevere and are expected to be self-sufficient. Though this environment works for some students, particularly at elite institutions, many college students feel lost, lonely, confused, inadequate and anxious.

To make matters worse, negative cultures at some institutions are discouraging graduates from becoming educators. At the January 2015 AACN Doctoral Forum, researchers reported a common theme across five studies funded by RWJF that evaluated DNP and PHD preparation: The majority of students in both programs do not want an academic career because of the negative cultures they experienced while pursuing their education.

At the institution that is the focus of this symposium, there exists a belief that if we take extraordinary care of our students, they are more likely to be successful – motivated instead of pushed down, encouraged instead of berated. We believe that if we model the kinds of values and behaviors we want in extraordinary nurses, students are more likely to develop those important values and behaviors. From these beliefs a model of student success was developed with three elements of care as the underpinning: care of self, care of students, and care of faculty/staff.

The presenter is the institutional president who led the transformation of the institution to a culture of care and service so that it would be part of the organization's DNA. The presenter will describe the steps in the transformational process and provide examples of specific initiatives focused on the care of faculty and students including specific results of those initiatives.

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### **Care for Faculty: Promoting Faculty Excellence to Improve Student Outcomes and Faculty Engagement**

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*W Richard Cowling, BSN, MS, PhD, RN, APRN-BC, AHN-BC, FAAN, USA*

#### Purpose

The purpose of this presentation is to describe and demonstrate the implementation of a master instruction program used for faculty development and pedagogical practices founded in a philosophy of care for faculty and students.

### Target Audience

The target audience for this presentation is academic leaders who wish to adopt innovative faculty engagement strategies that can measurably improve student learning.

### Abstract

Key components of the care model for student success are care for colleagues and care for students. The model begins with engaged, caring colleagues because care reflects the culture and provides the foundation for care of students.

The literature indicates that key factors in student engagement in learning are student perceptions of the quality of instruction and interactions with faculty in the classroom. As part of a larger initiative to inculcate care throughout the institution, we established a goal that faculty in the classroom (both online and onsite) would meet a set of expectations and exhibit behaviors that exemplify a “master level instructor”. A task force developed expectations of a “master instructor” using concepts from the book, “What the Best College Teachers Do” by Ken Bain, to develop criteria for teaching and learning. This presentation describes how academic leadership operationalized the larger institutional philosophy of care into faculty teaching practices and faculty development and support, as well as the positive impact the initiative had on faculty and student engagement. Preliminary results of program evaluation, lessons learned, and future plans will also be presented.

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## **Care for Students: Improving Student Success Using a Model of Care**

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*Mary Judith Yoho, PhD, MSN, BSN, RN, CNE, USA*

### Purpose

The purpose of this presentation is to describe the challenges presented in moving an intensive program from pilot to national implementation and present strategies academic leaders have employed to mitigate those challenges. Preliminary outcomes of the student success model will be discussed.

### Target Audience

The target audience of this presentation is nurse educators, academic leaders, and healthcare leaders.

### Abstract

Care for students is a primary component of the organization’s philosophy of service excellence. Care for students will facilitate their academic success, retention, and foster positive NCLEX-RN pass rates. In 2014, a small pilot that exemplified care for students was launched in a single-site baccalaureate program to identify students at risk and provide students with individualized academic and coaching support. Preliminary findings were so encouraging that academic leadership pushed to broaden the program and launch it nationwide to over 16 baccalaureate campuses. The broadened program includes identification of both academic and psychosocial potential barriers to success, comprehensive assessment of student progress, and individualized student support and coaching provided by collaborating national and campus-based teams. This presentation will discuss the challenges presented in moving an intensive program from pilot to national implementation and present strategies academic leaders have employed to mitigate those challenges. Preliminary outcomes of the student success model will also be provided.

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## **D 15 - Leveraging an Attitude of Gratitude: Innovative Strategies in Improving Health and Wellness, Enhancing Workforce Engagement and Participation in Professional Organizations**

### **An Attitude of Gratitude Program: Shining the Light on the Work Environment**

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*Ann Marie T. Brooks, PhD, MSN, MBA, BSN, RN, FAAN, FACHE, FNAP, USA*

#### Purpose

The purpose of this presentation is to discuss and share an innovative approach that can be applied in any work setting to improve communication, teamwork and interdisciplinary collaboration.

#### Target Audience

The target audience are all STTI members who are interested in improving recognition, teamwork and outcomes within their areas of influence.

#### Abstract

Building and sustaining a culture of safety, quality and accountability is a challenge in healthcare. Engagement data from national organizations oftentimes use questions about recognition and demonstrate that retention of staff is directly related to various types of recognition especially from their direct supervisor and those in authority. This program focuses on developing and implementing a simple yet straightforward program that encourage employees at all levels to recognize others for their work. This unique session started out as part of our Schwartz Rounds program to begin the new year. Based on positive feedback from the first year, we repeated the Attitude of Gratitude Program again a year later with a remarkable increase in participation and overwhelming positive feedback. Fostering a positive work environment requires continual improvement and this one approach to recognition has added value to teamwork and the patient experience.

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### **Attitudes of Gratitude: Innovative Strategies in Improving Health and Wellness**

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*Sharon M. Weinstein, MS, RN, CRNI, FACW, FAAN, USA*

#### Purpose

to document the effect of an attitude of gratitude on employee health and well-being. Research has shown that those who adopt an attitude of gratitude as a permanent state of mind experience significant health benefits and contribute to a healthier work environment.

#### Target Audience

The target audience includes all nurses across all care settings. The presentation is aimed at creating a dialogue about attitudes of gratitude and health, well-being and mindset that can be used to enhance the overall work environment and staff morale.

#### Abstract

Your attitude plays a large role in determining whether you can feel grateful in spite of life's challenges. According to gratitude researcher Robert Emmons, gratitude is just happiness that we recognize after-the-fact to have been caused by the kindness of others. Gratitude doesn't just make us happier; it is happiness in and of itself! According to Emmons, gratitude is defined by your attitude towards both the outside world and yourself. He suggests that those who are more aware of the positives in their lives tend to focus their attention outside of themselves. One of the most significant changes in today's healthcare

system involves the workforce, where career opportunities abound and work roles are evolving. The ability to fully engage a current and growing workforce across systems is a challenge at all levels of the organization. Building a culture of gratitude in the workplace is not easy, but research tells us that an attitude of gratitude is a **good health choice as well as a good management choice**. Gratitude may actually be the key to happiness and can contribute to a healthier mind, body, and spirit. Gratitude is a nutrient for one's health, and it contributes to a happier, healthier work environment. The benefits of gratitude go beyond a sense of self-worth, self-efficacy, and trust between employees. By practicing gratitude, we are celebrating what brings us joy, directs our actions, and influences our outcomes. One of the many benefits to expressing gratitude consistently and freely is that it fosters an environment where people experience a greater sense of purpose. It is an innovative, visible demonstration of how we can all make a difference and the benefits are far-reaching. Practicing gratitude can increase work satisfaction and happiness in general, strengthen the immune system, lower blood pressure, relax the body, increase energy levels, facilitate healthy sleep, foster better interpersonal relationships and become an integral part of an employee health and wellness program. The simple act of acknowledging things to be grateful for can influence our thoughts, action and mood. As an organization, the ability to foster an attitude of gratitude across the system can have a significant impact on the work environment. The presenter will share the evidence base related to attitudes of gratitude and health outcomes. She will address innovations related to mindfulness, engagement, journaling and positivity through a gratitude exercise.

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### **An Attitude of Gratitude: A Secret for Success**

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*Mary Alexander, MA, BS, RN, CRNI, CAE, FAAN, USA*

#### Purpose

The purpose of this presentation is to share how a professional organization has used an Attitude of Gratitude process to motivate members to participate in various events and activities.

#### Target Audience

The target audience of this presentation are STTI attendees who are interested in recruiting and retaining their professional organization members.

#### Abstract

As nurses transition through their professional careers, with many specializing within their practice, involvement with a nursing association is an important aspect of their professional development. In an age when there is competition for one's time, talent and money, how are professional nursing organizations to survive? Fostering an attitude of gratitude philosophy can impact the level of member engagement. Remaining true to the organization's mission while ensuring relevance and creating value are key elements needed to build sustainable capacity for success. Effective approaches need to be implemented in order to create momentum, engage volunteer leaders, and build organizational sustainability. This presentation will share strategies that have led one specialty nursing organization to experience years of success.

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## E 14 - Curbing the Use of Ineffective and Costly Healthcare: Nursing Evidence for Choosing Wisely®

### Choosing Wisely: The Role of Nurse in Reducing Unnecessary Healthcare

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*Pamela J. Bradshaw, MSN, MBA, RN, NEA-BC, CCRN, USA*  
*Lisa J. Woodward, DNP, RN, CENP, USA*

#### Purpose

The purpose of this presentation is to educate participants about the Choosing Wisely® campaign in an effort to improve nursing practice, patient-centered care delivery, quality of care, and safety.

#### Target Audience

The target audience of this presentation are direct care nurses and nurse leaders.

#### Contact

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### Choosing Wisely: The Role of Nurse Leaders in Reducing Unnecessary Healthcare

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*Pamela J. Bradshaw, MSN, MBA, RN, NEA-BC, CCRN, USA*

#### Purpose

The purpose of this presentation is to educate participants about the Choosing Wisely® campaign in an effort to improve nursing practice, patient-centered care delivery, quality of care, and safety.

#### Target Audience

The target audience of this presentation is nurse leaders and direct care nurses.

#### Abstract

The Choosing Wisely® campaign is an initiative of the American Board of Internal Medicine (ABIM) that is focused on improving communication between providers and patients. The campaign began in April 2012 with the goal of promoting communication that would help patients choose care that is supported by evidence, does not duplicate tests or procedures that have already been completed, does not cause harm and is truly needed to guide care ([choosingwisely.org](http://choosingwisely.org), n.d.). The ABIM Foundation challenged medical organizations to develop a list focused on their specialty. Currently, there are 58 health care provider organizations that have released a list of tests or procedures to consider and an addition ten organizations that plan to release a list in 2014 (ABIM Foundation, n.d.). There are 14 consumer groups that have collaborated with Consumer Reports that are supporting the Choosing Wisely® campaign, including AARP and the Leapfrog Group (ABIM Foundation, n.d.).

In a 2014 study funded by the Robert Wood Johnson Foundation and conducted by PerryUndem Research/Communication (2014), only one in five physicians were aware of the Choosing Wisely® campaign. In the same survey, three of four physicians indicated that a provider ordering unnecessary medical tests and procedures is a serious problem and more than half believe they are in the best position to address the problem (PerryUndem Research/Communication, 2014).

The American Academy of Nursing (AAN) was invited to participate in the Choosing Wisely® campaign to develop recommendations specific to the role of nursing. AAN is leading the nursing profession's recommendations and plays a critical role in the education of nurses nationwide regarding the recommendations ([choosingwisely.org](http://choosingwisely.org), n.d.). Texas has been selected to be the pilot state for

implementing nursing considerations for the Choosing Wisely® campaign. The first five nursing recommendations were released in October 2014 and include considerations regarding fetal monitoring, mobility for older adult patients, restraints, waking for routine care, and urinary catheters (AAN, 2014). AAN is working with multiple specialty organizations to develop additional nursing related recommendations.

Until AAN became involved with the Choosing Wisely® campaign, nursing did not actively participate with any of the recommendations. ABIM included AAN with the intent to broaden the campaign beyond just physicians and to include a wider array of healthcare providers, including advance practice nurses and registered nurses. Currently there are over 192,000 nurse practitioners (aanp.org, 2014) and approximately 2.7 million registered nurses (hrsa.gov, 2013) compared with approximately 894,000 active physicians in the United States (kff.org, 2014). Given that there are significantly more nurses than physicians, it is clear that nursing needs to be involved in discussions and decisions that impact health care consumers.

In October 2014, Texas was selected as the lead pilot state to implement the nursing components of the Choosing Wisely® campaign. The campaign will be implemented in two phases. Phase one of the pilot project is focused on the development of toolkits to educate advance practice nurses and registered nurses about the Choosing Wisely® campaign and to develop tools that evaluate the effectiveness of the education provided.

Phase two of the pilot project will be launched in collaboration with the national Campaign for Action: Future of Nursing led by AARP and the Robert Wood Johnson Foundation (RWJF). The Choosing Wisely® Campaign aligns with the goals of the Campaign for Action in that both campaigns are focused on changing healthcare in the 21st century (RWJF.org, n.d.). State action coalitions engaged in the Campaign for Action will be selected to participate in phase two. During phase two, the Choosing Wisely® campaign will be launched in the selected states.

The leaders of the pilot project have partnered with the Texas Commission on Nursing Workforce Studies (TCNWS). The TCNWS conducts studies in various health care settings each year, focusing on nurse staffing. This collaboration partners multiple organizations to determine the effectiveness of education provided as part of the Choosing Wisely® campaign. A modified version of the PerryUndem survey was developed and administered online during phase two of the pilot project. The goal of the survey is to measure baseline and progress of awareness and adoption of Choosing Wisely® recommendations by nurses.

As nurse leaders, it is our responsibility to understand and support adoption of evidence based recommendations. Most of the initial recommendations for nursing can be implemented by educating nurses at the bedside. Support from nursing leadership will encourage rapid adoption, resulting in improved outcomes for patients. Tools are available to assist leaders with education, including guidelines with explanation of the recommendation and supporting evidence. Collaboration with other health care professionals will enhance adoption.

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## **Choosing Wisely®: Building a Statewide Pilot Program**

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*Lisa J. Woodward, DNP, RN, CENP, USA*

#### Purpose

inform nursing leaders on how to build a coalition of key diverse stakeholders, including development of a steering committee and charter.

#### Target Audience

nursing leaders, both academic and administrative.

#### Abstract

Choosing Wisely®, an initiative of the American Board of Internal Medicine (ABIM) Foundation, released its first list of “Things Providers and Patients Should Question” in 2012. This campaign works with different organizations and specialties and is designed to spark conversations between providers and patients to ensure that the right care is delivered at the right time. Consumer Reports concurrently has developed and disseminated patient materials to assist in engaging in conversations with their health care provider, empowering them to ask questions about appropriate testing and procedures. To date, the Choosing Wisely® campaign has engaged nearly 100 national and state medical and nursing specialty societies, regional health collaboratives and consumer organizations, identifying over 300 tests and procedures that have been described as overused and inappropriate.

The American Academy of Nursing (AAN) announced in October 2014 their collaboration with the ABIM and release of their first five nursing focused statements. Texas was selected by the AAN to pilot the nursing initiative in 2015. The Texas model will then be replicated nationally.

The Texas Choosing Wisely® campaign is being funded in part by the Promise of Nursing for Texas Grant Program administered by the Foundation of the National Student Nurses' Association. Funding for the grant program was contributed by several hospitals and health care agencies in the Texas area, by Johnson & Johnson, and by national companies with an interest in supporting nursing education. The funds were raised at gala fundraising event sponsored by Johnson & Johnson.

As part of this initiative in Texas, the Texas Team Advancing Health through Nursing selected a core team that worked to build a coalition by seeking out a diverse group of stakeholders. The core team also developed a charter to guide and support the newly developed steering committee. This coalition and charter were developed and implemented to support the dissemination of the Choosing Wisely® information to all Texans, including healthcare providers and organizations, patients and families, payers, and policy makers.

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### **Leading the Adoption of Choosing Wisely Recommendations into Practice: Drawing on Principles from EBP**

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*Kathleen R. Stevens, RN, MS, EdD, ANEF, FAAN, RN, MS, EdD, ANEF, FAAN, USA*

#### Purpose

The purpose of this presentation is to equip nurse leaders with strategies to produce necessary change in adopting Choosing Wisely recommendations.

#### Target Audience

The target audience of this presentation are nurses in clinical, academic, and administrative leadership positions.

#### Abstract

Higher-quality care is a national goal for nurse leaders and is expressed by the National Quality Strategy to achieve better care for individuals, better health for populations, and greater value (lower per capita costs). The importance of choosing care that is supported by evidence (EBP) was raised to new heights in the IOM Quality Chasm and Future of Nursing reports. The new Choosing Wisely initiative examines the “flip-side” of evidence-based practice (EBP), that is, removing from practice those approaches for which there is evidence of ineffectiveness or harm. Unnecessary and ineffective procedures and interventions add to cost while desired health outcomes are not reached, eroding the value of care.

The Choosing Wisely campaign generates evidence-based recommendations to help providers and consumers engage in conversations to make informed decisions and avoid unnecessary and ineffective care. Such decisions are enacted by the healthcare team, with nurses playing a vital role. Many times ineffective clinical approaches are embedded in common practice, so targeted change initiatives are needed to remove them.

One Future of Nursing recommendation urges nurses to lead interprofessional teams to change care in achieving safety and quality. Just as nurse leaders employ principles to promote adoption of best practices, they can also draw on principles to remove useless practices from daily care. Practical principles can be derived from a number of sources commonly used in promoting adoption of best practices. These include principles of change management, team leadership, creating a sense of urgency, and empowering through capacity building. The new concept of “implementation” is defined as “the use of strategies to adopt and integrate evidence-based health interventions and change practice patterns within specific settings” (NIH, 2013, no pagination). Strategies include embedding change champions in care settings, garnering buy-in from executive and frontline nurses, and managing organizational culture. Additional strategies include promoting public awareness and engagement of patients and families, engaging policy agents in supporting these changes, and tracking the practices changes accomplished by the Choosing Wisely campaign.

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## F 14 - Transforming Liberia's Nursing Work Force through Pioneering Graduate Nursing Education, Leadership Development, with Exemplars from the International Ebola Response

### Experiences in Nursing, Nursing Education and Leadership in Liberia Before Ebola and Beyond

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*Harriette N. S. Mundaye, CM, RN-BSN, MSN-Ed, FWACN, RN, Liberia*  
*Edwin Beyan, BSc, MSN, RN, Liberia*

#### Purpose

The purpose of this presentation is to provide their experiences as nurse educators and leaders in Liberia. Both graduated in the first cohort of the MSN program. They share their experiences as nurse educators prior to attending the program and how the program transformed them and shaped their futures.

#### Target Audience

The target audience for the presentation is nurses who are interested in nursing education and nursing leadership in international contexts and the experiences of nurses in low resource countries.

#### Abstract

Nursing experiences in Liberia have been fraught with challenges because of the lack of infrastructure made worse by the civil war. Edwin's first years as a nurse at the John F. Kennedy Memorial Hospital, we were providing delicate nursing care, such as inserting naso-gastric tubes and administering blood transfusions without electricity, we just used candle and flashlight. We could work for months without pay; so nurses did not go to work on time and those on shift could not wait after their shift to turn over. There was a lack of drugs and medical supplies to provide nursing care to the patient. We knew what to do, but we lacked the resources to implement, so the patients just stayed in bed; some developing decubitus ulcers while others died slowly. I also had the experience of providing nursing care to patients in mass casualty situations during the civil war. We were providing nursing care to people with multiple injuries, most of them non-survivable. It was very agonizing to see your fellow men in this kind of situation. Walsh (2010) notes in her dissertation research, "the Liberian nurses' describe the frustration with the lack of supplies, equipment and wages."

Despite all of these challenges, being a nurse in Liberia was a dream come true for Harriette. I wanted to be a compassionate person who could make others healthier. Being a nurse was wonderful, then I thought I could do more and share my knowledge with others and be a teacher. I found myself in the classroom helping to prepare nursing pupils and realized that I was not prepared or trained as an educator to take on my new role. I was provided with the opportunity to attend a few workshops that actually helped with the classroom management and developing session plans.

Harriette and Edwin were fortunate that they both met Dr. Edna Johnson, a retired nursing professor from the United States who was working as a missionary in Liberia. Both Edwin and Harriette talked with her about their desire to attend a master's in nursing program and she told them about the Master's in Nursing Education program that would begin at Mother Patern College of Health Sciences in Monrovia in 2010. The program had received funding from USAID and World Learning that would provide scholarships to cover the cost of tuition and books. The students had to apply and be accepted to attend, their school of nursing needed to allow them to take a leave of absence with a contract to return for a defined time period. In addition, for a student like Harriette who lived in a rural area many miles from Monrovia, she had to leave her family for the 15 months duration of the program.

Critical thinking and evidence-based nursing are the two key words that came to light for Edwin, Harriette and their classmates in the MSN program. Today, it's clear to us that nurses should be critical thinkers when providing nursing care and when interacting with clients. Nurses should be involved in research so

as to provide evidence-based nursing care. Attending the MSN program greatly changed our thinking and understanding of educating nursing pupils, focusing on clinical teaching and student centered approach, rather than the old medical or traditional model of training. During the program it became clear that nursing is a distinct profession and competent nurse leaders are the best people to take charge of nursing education and leadership. As graduates of the MSN program we now have the education to work with the Liberian Board of Nursing and Midwifery to improve nursing education in Liberia.

During the Ebola outbreak all of Edwin and Harriette's job related activities were forcibly shut down by the Government due to the closure of the schools. Because of our roles as educators and as nurses we were sought out to provide health prevention education and training, as well as leadership during this crisis. Harriette participated in training mid-level health workers on Infection Prevention Control in Lofa County. I delivered the best of MSN education and the organizers of the training did like every presentation and methods of teaching and wanted me to join their organization as a full employee, but I refused because I was committed to her calling. Likewise, Edwin was given the position to supervise the National Catholic Ebola Infection Prevention and Control training workshops in the Monrovia archdiocese and Gbarnga diocese. As a training supervisor, I needed to know a lot about Ebola transmission and prevention of Ebola. My experience was that most of health care providers who got infected did so because of lack of previous knowledge about Ebola transmission. Up to 400 health care providers, according to report from the Infection Prevention Control Taskforce meetings got infected and half of that number died. At the initial most of the health care providers used standard precautions rather than the extended precautions. Additionally, some got infected with the Ebola virus while giving home-based treatment [without personal protective equipment] when their working areas were shut down because of Ebola. At the community level I realized that people got infected because of disbelief and mistrust in Ministry of Health and Social Welfare. These experiences also led me to potential career opportunities and I am now working as the Coordinator for the MSN program at Mother Patern College of Health Sciences in addition to taking on many other important duties there.

The experiences of Harriette and Edwin are reflective of the transformation of the graduates of the MSN program. They also highlight some of the findings of Curry, Taylor, Chen and Bradley (2012) who interviewed 17 health care leaders from four sub-Saharan African countries, including Liberia. One of their key findings was having a value-based vision for improving the future of the country, which these experiences reflect. Another finding was tending to relationships, which these experiences also highlight. The value of higher education and leadership development in transforming nursing cannot be underestimated.

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## **Transforming the Nursing Workforce through Leadership Growth**

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*Magdeline C. Aagard, BAN, MBA, EdD, RN, PHN, USA*

#### Purpose

The purpose of this presentation is to describe the complexities of leadership in the cultural context of Liberia and how this was taken into consideration in the development of a culturally relevant leadership curriculum.

#### Target Audience

The target audience for the presentation is nurse educators, nurse leaders and other nurses interested in global nursing.

#### Abstract

Leadership is considered a critical attribute in the enhancement and transformation of the nursing workforce of Liberia. As part of this leadership transformation, the Master's of Science in Nursing Education (MSN) program was created and delivered at the Mother Patern College of Health Sciences in

Monrovia, Liberia. The program was designed to create leaders through higher education in nursing, as well as specific leadership curricula, followed by practica and mentoring at the student's home Liberian nursing educational institution.

Looking to develop a culturally contextual leadership curriculum for the MSN program, the author looked to the literature and her experience in designing other culturally contextual and leadership curricula. Beginning with international leadership literature, surprisingly, there is a dearth of literature on the topic of international nursing leadership. What comes up in literature searches in CINHALL and PROQUEST are studies looking at what we in the United States are teaching about international leadership, but little on what nursing leadership means in other cultural contexts. Literature on leadership capacity building is focused on high income countries, rather than low-income, low resource countries (Curry, Taylor, Chen, Bradley, 2012). Programs aimed at developing leadership skills for nurses from and health professionals from low and middle income countries are limited (Wilson, Crooks, Day, Dawson, Gakumo, Harper, Jones, McCarty, Theus, 2013).

What was available was information from influential leaders such as the past president of STTI, Dr. Mansour Jumaa. In his 2007-2009 Address he noted that there are four key themes to international leadership, "being intentionally global, building knowledge resources, developing further leadership skills and creating greater emphasis on providing services." Another source of leadership themes came from the work of Curry, Taylor, Chen and Bradley (2012) who interviewed 17 health care leaders from four sub-Saharan African countries, including Liberia. The five themes they found were: having a value-based vision for improving the health of the country, being self-aware and having the ability to identify complementary skills in others, tending to relationships, using data to make decisions and a sustained commitment to learning. Incorporating these themes was important as part of the cultural context of leadership in Liberia.

As a nurse who has worked extensively internationally and created other contextually relevant curricula, the author sought other means to understand culturally relevant information to develop the leadership context. Talking with American Liberian nurses and reading books about Liberia gave information and insight in the role of nursing as a profession within the health care system in Liberia. It also gave context to gender roles in Liberia and the patriarchal societal structure, both of which impact the context of leadership. Another contextual component was the way in which decisions are made regarding who is placed in presumed positions of power and influence. These are sensitive social constructs and cultural mores that are long standing. Bringing them to light as topics of discussion in the context of leadership was challenging, especially for someone who was not of the culture. However, it was important for the leadership growth of the nurses in the MSN program who would be living with and be challenged by these very issues.

Three cohorts have graduated from the program. Some graduates have chosen to stay in their role as nurse educators, or deans of their respective schools of nursing. Others have moved into positions of increased leadership and responsibility because they have obtained their MSN. The unfortunate outbreak of Ebola led to the creation of new leadership positions and positions in education and training that opened up new job opportunities for our graduates. One of the themes of leadership is the desire for lifelong learning. Several of our graduates are looking to pursue their doctoral degree through online universities because Liberia doesn't have any doctoral programs. We are working hard to help them realize their dreams.

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## **Transforming the Nursing Workforce in Liberia through Graduate Education**

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*Dorcas E. Kunkel, DNP, RN, APHN-BC, LHIT-HP, USA*

Purpose

to describe an innovative curriculum delivery model for graduate nursing education to improve nursing work force capacity and transform nursing in Liberia.

#### Target Audience

Nursing leaders, nursing educators, and practicing nurses.

#### Abstract

Nursing education in Liberia, West Africa has been slowly recovering from the destruction of health care education institutions that was experienced during the horrific civil wars that took place from 1989-2003. There is a dearth of nurses prepared at the diploma or baccalaureate levels of education to meet practice needs and very few masters or doctoral prepared nurses to lead change to improve population health outcomes, public health and strengthen health systems (Flomo-Jones, 2013, Walsh, 2010). Health care financing is primarily provided by international humanitarian aid as Liberia is one of the poorest countries on the globe and thus there are limitations tied to donor interests (Flomo-Jones, 2013, Varpilah, 2011 ). Health care is delivered to the population as a package of basic health care, heavily weighted on preventive or health promotion services (Flomo-Jones, 2013).

The weaknesses in health system infrastructure, public health and health care worker capacity in West Africa were made extremely evident by the Ebola epidemic of 2014 – 2015, particularly in the developing countries of Liberia, Sierra Leone and Guinea. In addition, the vulnerability of global health was also made evident by events such as regional and international travelers being able to transport Ebola rapidly through land and air travel causing much concern in developed countries in North America and Europe. Nurses are the greatest number of health care workers in Liberia, but even so their numbers and professional competencies must be increased in order to meet the health needs of the population and to rebuild or establish public health systems that assure rapid detection and an effective early response to any future outbreaks (Flomo-Jones, 2013, Varpilah, 2011). While the potential global impact of under-capacitated health care workforces in developing countries has risen to international concern in 2014 because of the reporting of the Ebola epidemic by the media, in fact we have been working to improve nursing work force capacity in Liberia since 2010 through an innovative curriculum delivery model.

Currently there are only two graduate programs for nurses in Liberia. There is a Master of Nursing Management at Cuttington University (Flomo-Jones, 2013). In addition, a Master of Science in Nursing Education (MSN) program was developed in 2010 by expatriate nursing leaders who volunteered their time and expertise. This program is delivered at Mother Patern College of Health Sciences (MPCHS), one of five colleges that make up Stella Maris Polytechnic, all under the Catholic Archdiocese of Monrovia. No doctoral programs for nursing are available in Liberia, and very few doctoral-prepared nurses, so volunteer expatriates fill the faculty gap in the graduate program. Modeled on the National League for Nursing's core competencies for nurse educators, the MSN curriculum at MPCHS is taught by expatriate faculty, some who have past connections to Liberia and others with interests in international nursing. Some instructors who are not nurses teach courses on statistics, writing and technology. All are committed to advancing global health by improving nursing education and by preparing Liberian nursing and midwifery personnel for evidence-based practice.

The initial cohort had an enrollment of 17 students from eight Liberian schools of nursing, the Liberian Board of Nursing and Midwifery, and the Ministry of Health and Social Welfare. Six professors from the United States and one language instructor from England volunteered to teach in the first phase of the program over a period of 18 months. For the education practicum, students returned to their home institutions to put into practice the principles of teaching and learning. Sixteen students graduated in August 2012 and August 2013 and a third cohort of 15 students will graduate in August 2015. The program was developed and directed by Dr. Edna Johnson, PhD, RN, faculty emeritus, University of Connecticut to 2014. As of spring 2015, the MSN program is directed by Edwin Beyan, RN, BSc, MSN, graduate of the first cohort of students in the MSN program. The program is accredited by the Ministry of Education, Republic of Liberia and scholarships for students and related funding provided initially by FORECAST then handed over to WORLD LEARNING. These funding sources are both made possible through USAID (From the American People).

Dorcas Kunkel, BSN, MS, DNP has been a volunteer nurse faculty in the MSN for nurse educators curriculum at MPCHS in Monrovia, Liberia teaching two courses for each cohort of students in 2011, 2012 and 2014.

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## **F 15 - Evidence-Based Leadership: Key Strategies for Building a Sustainable EBP Culture to Improve Healthcare Quality, Safety, Patient Outcomes and Costs**

### **Evidence-Based Leaders and Leadership**

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*Bernadette Mazurek Melnyk, PhD, RN, CPNP/PMHNP, FAANP, FNAP, FAAN, USA*

#### Purpose

provide the participants with an overview of a recent study conducted with CNO/CNEs related to EBP and discuss major findings. In addition, discuss opportunities for leaders to leverage in creating and sustaining environments where EBP and best practice can be sustained.

#### Target Audience

leaders, managers, clinicians, advanced practice nurses

#### Abstract

Today's healthcare environment is increasingly complex and ever changing. Evidence-based practice (EBP) has been identified as a critical requirement to achieve the Triple Aim in healthcare. Although it is well established that evidence-based practice (EBP) improves healthcare quality and patient outcomes as well as reduces morbidities, mortality, medical errors, and costs of healthcare services, it is not standard practice by the majority health professionals in healthcare systems. Many healthcare providers, across the care continuum, continue to deliver care based upon tradition, outdated policies and procedures, and information learned years ago in their educational programs. It is essential for healthcare organizations to transform their institutions to evidence-based enterprises by deeply integrating EBP into their day to day operations, culture, and work environments to meet national goals, exceed benchmarks, and provide high quality care to patients, families, and the community. Many challenges related to implementing and sustaining EBP stem from a lack of EBP knowledge, skills, and attitudes in not only bedside clinicians, but in leaders as well. Nursing leaders are responsible to guide and support clinicians through the transformation to an evidence-based approach to care to ensure excellence and outstanding outcomes. This requires proficiency in traditional leadership practices as well as new knowledge and skills related EBP that must acquired, in order to create work environments/cultures that sustain evidence-based practice. Educational opportunities must be developed that resonate with contemporary nursing leaders and increase their confidence to lead, role model, and support and advance EBP throughout their organization. Leaders' innovative approaches to resource allocation and utilization (people, processes, technology) can be leveraged to create and sustain an EBP rich work environment. The unique possibilities that exist for leaders to utilize their style, position, resources, and their scope of influence to promote and sustain an EBP culture and environment will be explored.

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### **Helping Leaders Learn EBP and Recognize Their EBP Potential**

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*Lynn Gallagher-Ford, PhD, RN, DFPNAP, NE-BC, USA*

#### Purpose

share information about EBP educational programs that have been designed specifically for leaders and how they can be effectively implemented. In addition, leadership styles and how each can be leveraged to support and sustain EBP will be addressed.

#### Target Audience

leaders, managers, clinicians, advanced practice nurses.

### Abstract

Today's healthcare environment is increasingly complex and ever changing. Evidence-based practice (EBP) has been identified as a critical requirement to achieve the Triple Aim in healthcare. Although it is well established that evidence-based practice (EBP) improves healthcare quality and patient outcomes as well as reduces morbidities, mortality, medical errors, and costs of healthcare services, it is not standard practice by the majority health professionals in healthcare systems. Many healthcare providers, across the care continuum, continue to deliver care based upon tradition, outdated policies and procedures, and information learned years ago in their educational programs. It is essential for healthcare organizations to transform their institutions to evidence-based enterprises by deeply integrating EBP into their day to day operations, culture, and work environments to meet national goals, exceed benchmarks, and provide high quality care to patients, families, and the community. Many challenges related to implementing and sustaining EBP stem from a lack of EBP knowledge, skills, and attitudes in not only bedside clinicians, but in leaders as well. Nursing leaders are responsible to guide and support clinicians through the transformation to an evidence-based approach to care to ensure excellence and outstanding outcomes. This requires proficiency in traditional leadership practices as well as new knowledge and skills related EBP that must be acquired, in order to create work environments/cultures that sustain evidence-based practice. Educational opportunities must be developed that resonate with contemporary nursing leaders and increase their confidence to lead, role model, and support and advance EBP throughout their organization. Leaders' innovative approaches to resource allocation and utilization (people, processes, technology) can be leveraged to create and sustain an EBP rich work environment. The unique possibilities that exist for leaders to utilize their style, position, resources, and their scope of influence to promote and sustain an EBP culture and environment will be explored.

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## **Leading the Transformation to an EBP Organization with Planned, Strategic Integration of 3 Critical Resources; People, Processes and Technology**

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*Michelle R. Troseth, MSN, RN, DPNAP, USA*

### Purpose

discuss leaders' responsibilities to: recognize critical resources needed to create/ sustain a culture that supports EBP; use their position/role to attain and leverage these powerful resources effectively; provide the context where synergies of key critical resources can be seized to propel their organizations ahead in best practice and care.

### Target Audience

leaders, managers, clinicians, advanced practice nurses

### Abstract

Today's healthcare environment is increasingly complex and ever changing. Evidence-based practice (EBP) has been identified as a critical requirement to achieve the Triple Aim in healthcare. Although it is well established that evidence-based practice (EBP) improves healthcare quality and patient outcomes as well as reduces morbidities, mortality, medical errors, and costs of healthcare services, it is not standard practice by the majority health professionals in healthcare systems. Many healthcare providers, across the care continuum, continue to deliver care based upon tradition, outdated policies and procedures, and information learned years ago in their educational programs. It is essential for healthcare organizations to transform their institutions to evidence-based enterprises by deeply integrating EBP into their day to day operations, culture, and work environments to meet national goals, exceed benchmarks, and provide high quality care to patients, families, and the community. Many challenges related to implementing and sustaining EBP stem from a lack of EBP knowledge, skills, and attitudes in not only bedside clinicians, but in leaders as well. Nursing leaders are responsible to guide and support clinicians through the transformation to an evidence-based approach to care to ensure excellence and outstanding outcomes.

This requires proficiency in traditional leadership practices as well as new knowledge and skills related EBP that must be acquired, in order to create work environments/cultures that sustain evidence-based practice. Educational opportunities must be developed that resonate with contemporary nursing leaders and increase their confidence to lead, role model, and support and advance EBP throughout their organization. Leaders' innovative approaches to resource allocation and utilization (people, processes, technology) can be leveraged to create and sustain an EBP rich work environment. The unique possibilities that exist for leaders to utilize their style, position, resources, and their scope of influence to promote and sustain an EBP culture and environment will be explored.

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## G 15 - Person and Family Centered Care in a Global Context

### A World View of Person and Family Centered Care

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*Joanne Disch, PhD, RN, FAAN, USA*

#### Purpose

To differentiate the traditional concept of patient centered care from contemporary person and family centered care; explore the concept from the perspective of different countries; and provide a framework for assessing the cultural and social factors that must be considered when partnering with individuals and their families from different cultures.

#### Target Audience

clinicians, administrators, faculty, students who work directly with patients and families or who are responsible for designing and improving systems and structures for providing healthcare.

#### Abstract

Although substantial work is being done in many countries to advance the concept of person and family-centered care, there is no universal definition that has been adopted. The international Alliance of Patients' Organizations (2007, p. 2) uses the term patient-centred healthcare to "describe healthcare that is designed and practiced with the patient at the centre." However it has become clear over the past 20 years that this definition can encompass working with, doing for or doing to – with patients and their families having little say in the design, delivery or evaluation of their health care. The Institute of Medicine (2001, p. 40) has defined patient-centered care as: "a partnership among practitioners, patients and families to ensure that decisions respect patient wants, needs and preferences and that patients have the education and support they require to make decisions and participate in their own care." Rather than a specific definition, attention is being paid to key attributes such as the IAPO's recommendation of patient centered care including: respect, choice and empowerment, patient involvement in health policy, access and support, and information; or the Picker Institute's 8 Principles which include Involvement in decisions and respect for patients' preferences, and Continuity of care and smooth transitions.

The purpose of this presentation is to differentiate the traditional concept of patient centered care from contemporary person and family centered care; explore the concept from the perspective of different countries; and provide a framework for assessing the cultural and social factors that must be considered when partnering with individuals and their families from different cultures.

This session will differentiate the traditional concept of patient centered care from the contemporary view of person and family centered care; explore the concept from the perspective of several different countries and cultures; and provide a framework for assessing the cultural and social factors that must be taken into consideration when partnering with individuals and their families from different cultures.

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### Taking Charge: Engaging Patients as Full Partners

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*Mary Walton, MSN, MSE, RN, USA*

#### Purpose

This symposium will examine the concept of person and family centered care from a global lens, citing international efforts to extend this concept worldwide. Numerous examples of exquisite person and family centered care will be shared, as well as pragmatic strategies for establishing this in one's own organization.

### Target Audience

nurse leaders at all levels who are responsible for creating environments that support person and family centered care

### Abstract

A growing body of evidence demonstrates that improving the patient experience and developing partnerships with patients/families correlates with improved health outcomes. Patients who are more involved in their care are better able to: manage complex chronic conditions, seek appropriate assistance, have reduced lengths of stay, avoid readmissions and emergency department visits, and experience increased satisfaction. To achieve this, health care professionals need to engage patients and families in partnered relationships, and equip them with the relevant information, resources, access and support to fully engage in and/or direct their health care experience. This includes a focus on health literacy and educating people as to how they may become more active. Through the provision of tools, strategies, and support, people become informed and engaged healthcare consumers who are confident in their ability to make a positive impact on their own and their family members' healthcare quality and safety.

When people understand their role in the care process and have the know-how, skills and confidence to manage their healthcare, patient activation also means helping people to move from a traditional model of believing the clinician knows best toward willingly playing an active role in their care. Clinicians need to be adept at assessing patient-engagement levels and the interventions to increase patient participation in their care processes

To achieve this level of functioning, leaders and frontline clinicians must partner with consumers and other health professionals to intentionally lead the necessary culture shift by integrating the person and family voice into not only direct care, but also all improvement efforts, leadership committees, and newly designed programs. For nurses this means moving from the traditional "providing care" and "doing to" to a shared decision-making model where they partner with people so they can assume more responsibility for their care and health status.

Part of symposium submitted.

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## **The Leader's Role in Assuring Person and Family Centered Care**

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*Jane H. Barnsteiner, PhD, RN, FAAN, USA*

### Purpose

None

### Target Audience

None

### Abstract

The role of the leader in promoting person and family centered care is to create the systems, processes and structures for providing care that fully engages the person and family in the design, implementation and evaluation of health care. In addition to the above responsibilities, the Joint Commission (2009, p.3) notes: "...it is the leaders who establish the organization's culture through their words, expectations for action, and behavior – a culture that values high-quality, safe patient care, responsible use of resources, community service, and ethical behavior; or a culture in which these goals are not valued."

This responsibility may be one of the most important for leaders to undertake and yet it can be the most difficult. It requires unwavering commitment, redirection of resources, massive cultural change and a relentless reinforcement of the message. This session will highlight some of these challenges, review a

model for building the case for pursuing this course of action and securing organizational commitment, and offer several concrete strategies for creating environments that are person and family centered. Additional benefits of this work, if done well, is that it also can result in increased staff satisfaction and engagement and reduced costs.

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# H 13 - Leading a Team of Front-Line Staff to Own Their Outcomes: How One Unit Transformed the Culture and Significantly Improved Their Patient Quality Outcomes

## Improving HCAHPS in a Challenging Patient Population: Trauma and Burns

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*Meredith Palmer, BSN, CCRN, USA*

### Purpose

The purpose of this presentation is to describe a quality improvement project aimed at developing an orientation video for patients that would result in improved HCAHPS scores specifically in the domains of communication and overall experience.

### Target Audience

The target audience is any nurse, nurses leader, or administrator in an inpatient setting working to improve the patient experience.

### Abstract

**Introduction:** Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is a metric that represents the patient's perception of quality care received. Data supports that the patient's experience is linked to great clinical care, reduced medical error, and improved patient outcomes. HCAHPS is part of the value-based purchasing initiative that ties reimbursement to quality outcomes. Each individual patient's survey results matters. These questions measure frequency on a scale of never, sometimes, usually, and always. Three of the six categories of HCAHPS questions relate to communication: with doctors, with nurses, and about medications. The purpose of this presentation is to describe the development and implementation of a standardized orientation process for trauma and burn patients and its impact on the HCAHPS composites related to communication.

**Methods:** In an effort to increase the HCAHPS categories related to communication, a standardized orientation was created. A multidisciplinary team was formed including key stakeholders from the Trauma and Burn Intensive Care Unit (TBICU), Neuro Intensive Care Unit (NICU), Emergency Department (ED), Acute Care Trauma Unit, and the Trauma and Burn Unit. A review of current literature was completed and a best practice identified. The team decided to create a video that patients and families would view within the first 12 hours of admission. Key talking points were identified and distributed to all frontline staff. The team then decided to pilot the standardized orientation process on the Acute Trauma Care Unit. Education was provided to all members of the health care team. During this phase, documentation of the patient viewing the video within the first 12 hours was validated. Nurse leaders on the unit spoke to every patient in the first 24 hours of admission to answer any questions, ensure compliance with the new process, and address any concerns. Staff nurses were asked to complete a brief questionnaire about the new orientation process. HCAHPS survey results were evaluated by discharge date during the three month pilot phase.

**Results:** HCAHPS scores in the categories involving communication improved. Nurses involved in the pilot provided positive feedback with qualitative data supporting the consistency and effectiveness of the new process. The exact process is now being utilized in several other units where burn patients receive care and other specialty areas have used the process as a guide to create unit specific orientation videos.

**Conclusions:** A consistent patient and family centered orientation process, upon admission with individual one on one discussion with the bedside nurse, positively impacts the HCAHPS composites related to communication.

**Applicability of Research to Practice:** Success of the implementation of this initiative in practice relies on the commitment of key people within the organization to see activities through from planning to

implementation and ongoing evaluation. Involving key stakeholders in the project team, created buy in and provided support for sharing best practices throughout a large academic medical center. Additional research could be completed to evaluate the effectiveness of a video versus a written standardized orientation.

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## **Secretary Daily Rounding: It Works!**

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*Courtney Edwards, RN, MSN, CNL, USA*

#### Purpose

The purpose of this presentation is to describe a quality improvement initiative led by non-licensed staff to improve the overall patient experience on an acute trauma care unit at a large academic medical center.

#### Target Audience

The target audience for this presentation include front line staff and nurse leaders who are held accountable for patient outcomes.

#### Abstract

Introduction: Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is a metric that represents the patient's perception of quality care received. Data supports that the patient's experience is linked to great clinical care, reduced medical error, and improved patient outcomes. Each individual patient's survey results matters. These questions measure frequency on a scale of never, sometimes, usually, and always. Of the six categories, two measure the responsiveness of hospital staff and patient overall satisfaction with care. The purpose of this presentation is to describe the process for incorporating daily secretarial rounds on a trauma and burn unit and its impact on overall patient satisfaction and specifically their perception of staff responsiveness.

Methods: With the idea of increasing HCAHPS in patient satisfaction and improving response time in mind, an innovative approach was taken to utilize the front-line staff responsible for answering the call lights, unit secretaries. A review of current literature was completed and best practices identified. The team decided to incorporate daily secretarial rounding as a part of the patient and family-centered care model. Education was provided; a script highlighting key points was developed and distributed to staff. The objectives of the secretarial rounding is to inform the patients on who will be answering their calls, what needs they can and cannot assist with, and to ensure the patients that they will communicate any needs to the nurse that they themselves are not able to address.

Results: HCAHPS scores in responsiveness of staff and patient satisfaction improved. Patients provided positive feedback on how good it was to place a face with the voice on the other end of the call light when they needed assistance. Unit secretaries also provided positive qualitative information on the increased satisfaction they have for their position due to the amount of gratitude the patients shown them as a result of the rounding. The process has been largely accepted on the unit and will move as a standard of care across the organization.

Conclusions: Secretarial rounding can have a positive influence on patient satisfaction because it gives the patients confidence in knowing that staff is doing all they can to provide quality patient-centered care.

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## **Pain Management in the Post Surgical Patient: It Is Not All about Narcotics**

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*Kate McConathy, BSN, USA*

### Purpose

The purpose of this presentation is to describe the steps in the assessment, project design, implementation, and evaluation of an innovative approach to improve HCAHPS, specifically the pain management domain.

### Target Audience

The target audience of this presentation ranges from academia, new graduates, experienced nurses, leaders, and any other individual that comes in contact with the the patient during any hospitalization.

### Abstract

In response to the growing concern over patient safety, quality, and health care outcomes, the Clinical Nurse Leader (CNL) role was created. As the health care environment changes, it is critical that nurse leaders build upon the foundation of clinical expertise utilizing the CNL skill set in a variety of roles. The influence of the CNL on an acute care floor has created an environment of continual improvement. The staff, on the acute care trauma unit, at a large academic medical center, are constantly looking for opportunities to improve care delivery. Pain Management is always a challenge with the post-traumatic and burn patients the unit serves. The purpose of this presentation is to describe how, a new leader on the unit identified a need to improve how nursing staff addressed pain management on this post-surgical, traumatic, burn, unit. The assistant nurse manager identified quickly an opportunity to improve how well patient's pain was managed on the unit. She had reviewed the literature and evaluated our current practice only to recognize that the staff was doing minimal interventions to address pain. Yes, narcotics were being administered on time but could we not do more? , The lack of knowledge of non-pharmacological interventions to minimize pain was evident. The Assistant nurse manager and other passionate staff nurses created a curriculum to educate the staff on interventions to alleviate pain other than solely with narcotics. This curriculum included specific competencies, procedures, and experiences to be completed by licensed and non-licensed staff. The curriculum continues to be revised based on staff feedback. As the level of clinical expertise has vastly grown on the unit, the entire trauma service now is looking for innovative ways to optimize the nurse's influence across the entire service to improve pain management of their patients

The non-pharmacologic (no narcotic) menu provided to patients has decreased the total number of additional consults related to pain management, decreased the amount of narcotic consumed during hospitalization, and has greatly improved the patient's perception of how their pain has been managed in the inpatient setting, post operatively.

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# H 14 - Cultivating and Sustaining a Diverse Nursing Workforce: A Plan for Nursing's Future

## Planting the Seed: Identifying, Developing and Nurturing Diverse Student Nurse Populations

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*Ann Gakumo, PhD, RN, USA*

### Purpose

The purpose of this presentation is to bring awareness to increasing nursing education opportunities for individuals from diverse backgrounds from high school through matriculation in a baccalaureate nursing program. We will explain the Enrichment Academy for Nursing Success (EANS) program that prepares students by providing social, behavioral and academic support.

### Target Audience

Nursing faculty, administrators and students who are interested in developing a culturally sensitive and diverse pool of nurse clinicians and faculty.

### Abstract

The primary goal of the Enrichment Academy for Nursing Success (EANS) program is to increase the number of baccalaureate prepared RNs from educationally and economically disadvantaged and underrepresented racial and ethnic backgrounds by recruiting and enrolling pre-nursing students, associate degree nurses, and BSN nursing students and supporting them to matriculate and graduate from the University of Alabama at Birmingham School of Nursing (UABSON).

**Needs Assessment:** Minorities comprise 32 percent of Alabama's population, but only 16.7 percent of the nursing workforce in the state. Moreover, Alabama's state ranking of 44<sup>th</sup> in high school graduation further compounds its health disparities and workforce problems. Educationally and economically disadvantaged and minority students often enter college academically and psychosocially unprepared. For this reason, the EANS program was created to provide a high level of intensive intervention in providing social, behavioral and academic support to students from diverse backgrounds and assisting them in earning their BSN degrees. Once students graduate with a BSN, they will increase the diversity of the BSN workforce and can pursue advanced nursing education to impact quality and access to care.

**Preparing students:** The presenter will discuss opportunities provided for disadvantaged and minority high school and college pre-nursing students to learn about professional nursing as a career. EANS faculty and staff collaborated with high school programs to aid in strengthening math and science skills through early academic advisement and active participation in health science programs. Once entering the university, disadvantaged and minority pre-nursing majors are given an opportunity twice a year to apply to the program. This phase of the program further assists in the development of study skills, coping successfully with college life and its expectations, and acquisition of the necessary pre-requisites that will lead to admission to the UABSON BSN program. Once admitted, students continue with faculty mentoring in the retention program designed to support successful matriculation.

**Strategies implemented:** The presenter will share examples of strategies used to enhance student preparedness and retention throughout the various components of the program. Strategies included targeted outreach efforts to high schools, faculty support and mentoring, quantitative assessment and evaluation measures and tools to monitor student progress, networking opportunities, classroom observation experiences, and stipend and scholarship retention efforts.

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## **Growing Our Own: Mentoring Talented and Diverse Students Toward a Career in Nursing Education and Clinical Leadership**

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*Felesia Renee Bowen, PhD, RN, PC-PNP, BC, USA*

### Purpose

The purpose of this presentation is to provide a blueprint for recruiting and mentoring talented nursing students from diverse backgrounds. Presenters will explain how the Center for Urban Youth and Families is using community based opportunities to provide and develop practice and teaching skills of students and early career faculty.

### Target Audience

The target audience is nursing faculty, administrators and students who are interested developing a culturally sensitive and diverse pool of nurse clinicians and faculty.

### Abstract

**Abstract:** The Center for Urban Youth and Families (CUYF) aims to address health disparities through interdisciplinary research. We believe that an inter-professional research center is one way of making inroads to improving the health and future of our most vulnerable children and families. Center members disregard the boundaries of disciplines and work collaboratively with colleagues from other schools and community agencies to explore and develop best practice guidelines. Additionally CUYF acts as an incubator for future nurse clinicians, leaders and educators by recruiting, developing and mentoring students to address various problems of health disparity.

**Addressing Cultural Mis-match:** The presenter will address the lack of workforce diversity and how it impacts the health of minority citizens. In the United States, health inequities persist with African American and Latinos bearing the largest burden of negative health effects associated with chronic diseases. It's no secret that African Americans and Hispanics are underrepresented in nursing. There has been a steady decline in minority enrollment in basic nursing programs when compared to enrollment of Caucasian students. This phenomenon of declining enrollment continues to exacerbate the current patient-provider cultural mismatch. Cultural mis-match can result in continuing health disparities in access and quality health care for minority populations. Increasing the number for underrepresented students in nursing will address the root-cause issues of disparity as outlined in the Institute of Medicine's report, *Unequal Treatment*. We believe addressing this issue requires a two pronged approach. First, schools of nursing must make a conscious effort to recruit, retain and develop underrepresented students. Once students are in nursing programs it is incumbent upon administration to provide the necessary support for the students to be successful. Second, diverse faculty must be available to mentor and provide growth opportunities for these students. Again there must be a conscious effort on the behalf of administrators to recruit and retain faculty from diverse backgrounds.

**Providing Opportunities:** The presenter will discuss barriers to hands on research opportunities in undergraduate nursing programs. This is often the result of a packed nursing curriculum, and lack of opportunity to interact with faculty who are involved in research. Honors students are provided opportunities to work with faculty but in most cases African American and Hispanic students are very underrepresented in this cohort. Graduate nursing students are often educated in cohort programs where students come to campus for a full of day of academics and then they leave until the following week. Under represented students may find it difficult to connect with faculty who are culturally similar or they may be intimidated to reach out. Junior faculty may complain that they have limited time and resources for research activities and are therefore reluctant to work with undergraduate students because they do not have prior experience and require more "investment".

**CUYF Model:** The presenter will discuss the concept of up and down mentorship within the center. In this model, center fellows are mentored by senior faculty and researchers and they in turn mentor graduate and undergraduate students. CUYF fellows recruit underrepresented nursing students for involvement with center activity. Students are provided opportunities to learn about various research



opportunities that faculty are involved in (most are community based with vulnerable populations). Special invitations are sent to students in the Educational Opportunity Program that is comprised of underrepresented and disadvantaged nursing students. This approach has been extremely successful. Fellows also identify and recommend “stars” for special leadership opportunities with community partners and state agencies. We will discuss other programs that encourage and support the development of future nursing faculty and clinical leaders.

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## **Sustaining Nursing Diversity in Clinical Settings: Leadership and Minority Nurses**

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*Ronald Hickman, PhD, RN, ACNP-BC, USA*

#### Purpose

The purpose of this presentation is to explore the under-representation of minority nurse leaders and known barriers that encumber their obtaining positions of leadership. The presenter will discuss barriers and review evidence-based strategies that foster the requisite social and behavioral skills for leadership among minority nurses.

#### Target Audience

The target audience for this presentation is nursing faculty, administrators, clinician, and students who are interested in developing a culturally sensitive and diverse pool of clinical leaders.

#### Abstract

The alarmingly low representation of minority nurses in leadership positions poses significant public health concerns in the United States. As the demography of Americans continues to change, there has been minimal efforts to address the lack of diversity among its nurse leaders. Recognized for the potential to reduce health inequities, diversity in nursing leadership holds significant societal benefits for national and international communities.

**Prevalence of Minority Leaders:** The presenter will discuss prevalence of minority nurses in leadership positions in the United States. In 2012, the U.S. Census Bureau estimated that ethnic or racial minorities accounted for 37% of the American population and by 2043, ethnic and racially minority members will become a majority of the American population. Underrepresented racial minorities (e.g., Hispanic, Asian, African, and Native Americans) and men account for less than one-third of the American nursing workforce. According to the American Organization of Nurse Executives, less than 4% of American nurse executives were from an ethnic or racial minority group. National statistics on the prevalence of minority nurses in leadership positions will be presented.

**Known Barriers:** The presenter will discuss the known barriers that hinder racial minorities and other underrepresented individuals from assuming leadership positions in nursing. Nurses from underrepresented and disenfranchised groups face a sociocultural, institutional and systemic factors that contribute to discrimination. The discrimination that limits the numbers of underrepresented groups in nursing leadership is multilayered. In the case of ethnic minorities, primary education is often inadequate thus limiting access to higher education or success in rigorous nursing programs. The number of minority nurses seeking graduate degrees and successfully graduating from those programs is on the decline. The lack of ethnically diverse nurses with advanced degrees limits the available number of qualified diversity candidates in nursing leadership. Minority nurses have reported limited opportunities for leadership in nursing and other report being placed in leadership positions with minimal preparation and support. Guided by the minority leadership model of Bessent and Fleming (2003), sociocultural and behavioral barriers will be discussed.

**Strategies Implemented:** The presenter will share examples of strategies used to enhance the representation of minority nurses in leadership positions. Strategies included targeted outreach

efforts, faculty support and mentoring, quantitative assessment and evaluation measures, and recommendations for future programs. Additionally targeted program that prepare, develop and nurture minority nurse leaders will be explored. In particular the Leadership Enhancement and Development Project for Minority Nurses and the current and future Robert Wood Johnson Foundation's various nurse leadership programs.

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# Scientific Symposia

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## A 28 - Asian Women's Physical Activity: The Asian Women's Health Research Network

### Factors Influencing Physical Activity among Older Women with Type 2 Diabetes

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*Sun Ju Chang, PhD, RN, South Korea*

#### Purpose

The purpose of this study was to identify factors influencing levels of physical activity in older women aged over 65 with type 2 diabetes in South Korea.

#### Target Audience

Health care providers working with Asian populations, specifically Korean elderly women.

#### Abstract

**Purpose:** With the recent increase in the number of people aged 65 years and over in South Korea, the prevalence of chronic diseases and, hence, related medical costs have rapidly increased. Diabetes is one of the most prevalent chronic diseases among older adults. Approximately 20% of older women aged over 65 years were found to be diagnosed with diabetes in 2013 (Statistics Korea, 2013), and many older women with diabetes were determined to have uncontrolled diabetes. Since adherence to self-management behaviors such as physical activity is crucial to control blood glucose levels and to prevent diabetes-related complications in older women (Ministry of Health and Welfare, Korean Centers for Disease Control & Prevention, 2013), health care providers have focused on enhancing diabetes self-management behaviors, in particular, physical activity in older women. That is because the levels of physical activity in older Korean women are relatively low (Statistics Korea, 2013). The purpose of this study was to identify factors influencing levels of physical activity in older women aged over 65 with type 2 diabetes in South Korea.

**Methods:** A total of 118 older women, who (a) were 65 years or older; (b) had been diagnosed with type 2 diabetes; (c) were taking medications to control glucose levels; and (d) visited community welfare centers, were recruited for the study. To collect data, multiple instruments related to physical activity of older adults including the Self-efficacy for Exercise Questionnaire (Resnick & Jenkins, 2000), the Theory of Planned Behavior Questionnaire (Francis et al., 2004) for social normative beliefs, attitudes toward physical activity, intention to participate in physical activity, the Question on Past Behavior (Hagger, Chatzisarantis, & Biddle, 2001) for experience, and the Korean version of the Physical Activity Scale for the Elderly (Choe, Kim, Jeon, & Chae, 2010) for level of physical activity were used. In addition, six questions on age, education level, comorbidity, perceived health status, duration of diabetes, and current treatments received (oral hypoglycemic agents, insulin) were used to collect background information on the participants. The data were analyzed using descriptive statistics including mean, standard deviations and percentage, and inferential statistics including Pearson's correlation analyses and hierarchical multiple regression analyses.

**Results:** The mean age of the participants was 76.2 (SD=6.1) years, and the highest level of education in about 60% of the older women was middle school or less. Approximately 64% of the older women had one or more comorbidities such as hypertension, arthritis or depression, and 45% perceived that they were healthy. Regarding diabetes-related characteristics, the mean duration of diabetes was 10.1 (SD=9.8) years, and about 98% of the participants took oral hypoglycemic agents for glycemic control. The mean total physical activity score in older women was 86.0 and ranged from zero to 320.0. Specifically, the mean physical activity score for leisure-time, household-related, and job-related physical activities was 18.2, 59.5, and 8.3, respectively. The self-efficacy score had a statistically significant positive correlation with the physical activity scores ( $r=.21$ ,  $p<.05$ ). In addition, self-efficacy was a significant predictor of physical activity in older South Korean women with type 2 diabetes ( $\beta=.20$ ,  $p<.05$ ). These variables accounted for 6% of the total variances in physical activity in the regression model.

Discussion: The study concluded that the level of physical activity was relatively low compared with the results from a previous study (Stiggelbout, Hopman-Rock, Crone, Lechner, & van Mechelen, 2006). This might be due to the fact that the score of job-related physical activity in this study was lower than the one in the previous study (Stiggelbout et al., 2006). Furthermore, the findings of the study revealed the important role of self-efficacy in physical activity in older Korean women with type 2 diabetes. Therefore, health care professionals, including nurses, should encourage older women to participate in regular physical activity. To this, health care professionals, who are interested in developing diabetes education programs for increasing physical activity levels among older South Korean women with type 2 diabetes, should consider the important role of self-efficacy. In addition, health care providers should take into account the strategies for enhancing self-efficacy for physical activity. Finally, the findings of this study need to be tested in older Asian women with type 2 diabetes in other countries through international collaborative studies. It is because older Asian women tend to have low levels of physical activity and high levels of vulnerability in health care system not only in South Korea but also in other countries.

**Keywords:** Physical Activity, Type 2 diabetes, Older women

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## **Asian-American Midlife Women's Physical Activity and Sleep Related Symptoms**

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### Purpose

The purpose of this presentation is to explore the relationships between Asian-American midlife women's physical activities and their sleep-related symptoms, while considering other covariates in the study.

### Target Audience

The target audience of this presentation is health care providers and researchers who care for Asian-American women's health.

### Abstract

Background: Physical activities have been reported to improve the sleep quality of midlife women, a group frequently experiencing sleep-related symptoms commonly associated with the transition to menopause (Mansikkamaki et al., 2012; Tworoger et al., 2003). However, these findings have been inconsistent in relation to the types and levels of physical activity. Exercise or leisure-time physical activity was negatively associated with overall sleep duration although they were not significant predictors of the overall sleep duration (Tu et al., 2012). On the contrary, exercise intervention has been reported to improve the sleep quality of midlife women (Tworoger et al., 2003). When race/ethnicity is entered into

the equation on the relationship between physical activity and sleep, the dynamics become more complex (CDC, 2004). In addition, few studies have focused on Asian-American midlife women's sleep difficulties during the menopausal transition (Ramos et al., 2011).

**Purpose/Aims:** The purpose of the study is to explore the relationships between Asian-American midlife women's physical activities and their sleep-related symptoms, while considering other covariates in the study.

**Methods:** This is a secondary analysis of the data from a larger study that included four major racial/ethnic groups of midlife women in the United States (U.S.) (Whites, African-Americans, Asian-Americans, and Hispanics). In the original study, the data were collected nationally using an Internet survey method. Among 542 multi-ethnic midlife women, only 123 Asian-American midlife women were included in this analysis. The analysis utilized the data that were collected using the questions on socio-demographic characteristics, menopausal stages, and health conditions; the Midlife Women's Symptoms Index; and the Kaiser Physical Activity Survey. The data were analyzed using bivariate correlation analyses, hierarchical multiple regression analyses, and multiple logistic regression analyses.

**Findings:** Perceived general health and active living activities were negatively associated with the total number of sleep-related symptoms ( $p < .05$ ) while household/caring activities were positively associated with it ( $p < .05$ ). Similarly, household/caring activities were positively associated and active living activities were negatively associated with the total severity scores of sleep-related symptoms ( $p < .05$ ). Physical activities and other covariates in the study collectively accounted for 26% of the total variances in the total numbers of sleep symptoms ( $R^2 = .26$ ,  $p < .01$ ) and 27% of the total variances in the total severity scores of sleep-related symptoms ( $R^2 = .27$ ,  $p < .01$ ). Lower perceived general health, higher household/caring activities, and lower active living activities were significant factors associated with the total number of sleep-related symptoms ( $p < .01$ ) and the total severity of sleep-related symptoms ( $p < .05$ ).

**Conclusions:** Significant associations of physical activity to Asian American midlife women's sleep-related symptoms during their menopausal transition were found in this analysis. The increase in active living activities (leisure-time physical activities) improved Asian American midlife women's sleep-related symptoms; however, increases in household/caring activities and occupational activities were detrimental to sleep-related symptoms. These differences need to be taken into consideration in future research that aims at improving Asian-American midlife women's sleep-related symptoms. In addition, global collaborative research is necessary to determine the differences in sub-ethnic groups among Asian-American midlife women, to provide cultural comparisons with those in their original countries, and ultimately to help develop culturally sensitive sleep-related interventions.

**Keywords:** physical activity, sleep, midlife women, Asian American

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## Development and Preliminary Evaluation of a Culturally Tailored Web-Based Physical Activity Promotion Program (WPAPP)

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### Purpose

The purpose of this study was to develop and preliminarily evaluate a culturally tailored Web-based physical activity promotion program for Korean American midlife women (WPAPP) through a usability test and an expert review.

### Target Audience

Researchers and clinicians working with midlife women, especially Korean American midlife women.

### Abstract

Background: Many Web-based programs have recently been developed to promote physical activity. Wanner et al. (2009) developed and tested a Web-based physical activity intervention in general online population with positive results. Massoudi et al. (2010) developed a personal health record application that delivered a highly individualized, behaviorally based lifestyle physical activity intervention for sedentary adults, also with positive findings. However, none of these programs was aimed at Asian American midlife women. Rather, most of these programs were aimed at patients with diabetes, adolescents, or general adult populations. Only the intervention that was identified to include Asian Americans was the one by Dunton & Robertson (2008), but their intervention was not tailored to Asian Americans. Virtually no program has been culturally tailored to Asian Americans, including Korean American midlife women, while considering their cultural attitudes toward physical activity.

Purpose: The purpose of this study was to develop and preliminarily evaluate a culturally tailored Web-based physical activity promotion program for Korean American midlife women (WPAPP) through a usability test and an expert review.

Methods: This was a pilot intervention development and evaluation study. Based on the Midlife Women's Attitudes toward Physical Activity model (MAPA)(Im, Stuifbergen, & Walker, 2010), the WPAPP was developed. After development of the program, five Korean American midlife women were recruited for a usability test using a 1-month online forum. This type of early evaluation of a program (specifically targeting the information architecture, navigation, and overall design) requires 5 to 10 participants from among the target users (Lewis, 2006). Studies have indicated that 80-90% of usability problems can be identified by about 5-10 participants (Lewis, 2006). At the beginning of the online forum, participants were asked to visit the forum site, use the Web-based program and then post messages with their evaluation of the program within a week. On the forum site, a total of 7 topics related to specific areas for which the users' evaluation was needed were posted. Then, the participants were informed of the topic postings and asked to visit the project Web site. The topics included: (a) the overall structure of the WPAPP, (b) preferences for color, designs, and menus, (c) preferences for contents, (d) technical support and difficulties, (e) areas for additional content, (f) preferences for links to Internet resources, and (g) other issues that should be considered. Then, five experts were recruited for an expert review of the program using the Cognitive Walkthrough method. The experts were sent the Web address of the program and asked to provide their evaluation on the program. All the experts were given usernames and passwords that they needed to use to login the project Web site and use the program. Then, they were asked to provide their written feedback by email. Their evaluation was sought on: (a) components, (b) presentation style, (c) contents, and (d) any other concerns/issues. Five experts are an adequate number for this type of expert evaluations (Lewis, 2006). The data from the usability test and expert review were transcribed

and analyzed using a content analysis. Then, as a group, the research team made decisions on the refinement of specific areas, which were incorporated into further development of the program.

**Findings:** Among the major concepts of the MAPA model, three modifiable determinants (attitudes, self-efficacy, and perceived barriers) of physical activity were selected for development and refinement of the program. Menus were developed based on the three determinants. The program included interactive online message board, interactive online educational sessions, and online resources. Graphic User Interface controls were used, and the presentation styles were tailored to Korean American. All the experts positively evaluated the program and provided feedback on the content and structure (e.g., adding take-home messages, difficulties in using different web browsers, smoothing some Korean words in the translation). Korean American midlife women also positively evaluated the program and provided feedback on the menu, structure, display, and content. Based on the feedback, additional educational modules on detailed tips for various daily activities with some take-home messages have been added.

**Conclusions:** This study suggests that development of a culturally tailored Web-based program is feasible and that researchers need to make continuous efforts to develop and test culturally tailored Web-based programs for behavior modifications of ethnic minorities. Also, this kind of culturally tailored physical activity promotion programs could be easily adopted to international populations with similar cultural background and further tailored to other Asian American populations. Future international collaborative research developing and testing culturally tailored Web-based physical activity promotion programs could be planned.

**Keywords:** physical activity, web-based intervention, midlife women, Asian American

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## **B 28 - Integrative Strategies to Address Junior Student Stress and Self-Directed Learning in an Active Learning Environment**

### **Integrative Strategies to Help Students Lower Their Anxiety**

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*G. Jean Klein, PhD, PMHCNS, BC, USA*

#### Purpose

The purpose of this presentation is to identify strategies that students might utilize to lower their anxiety so that

#### Target Audience

The target audience of this presentation is prelicensure nurse educators.

#### Abstract

When students enter the junior year of this program, they begin their clinical experiences. At this time, faculty requests they begin to “draw on previous course & put it all together”. Many students have difficulty making the transition from theory laden course to “real nursing courses”. This transition to junior level nursing courses in conjunction with high stake testing often results in high levels of anxiety in the students. This anxiety is palpable in the nursing building & increases prior to testing times. Although the students are aware of their anxiety, sometimes it is beyond their control. Being sensitive to the student level of anxiety has initiated a variety of measures to help the junior nursing students to lower their anxiety. This section of the symposium will address some of these measures instituted to assist junior nursing students to lower their anxiety. Some of these measures include: relaxation & visual imagery, mindfulness, sighing & healing touch.

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### **Addressing Student Stress and Preparation for Upper Division Nursing Courses**

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*Susan C. Mills, PhD, RN, USA*

*Anne Marie Krouse, PhD, MSN, MBA, BSN, RN-BC, USA*

#### Purpose

The purpose of this session is to describe the results of focus group interview data from a study on stress, student engagement and self-directed learning in an active learning environment in upper division nursing courses.

#### Target Audience

The target audience of this presentation is nurse educators who are interested in student preparation for the stress students may feel in an active learning environment.

#### Abstract

Nursing students must be prepared to face a rapidly changing and increasingly complex health care environment. This preparation requires a challenging curriculum that is often accompanied by an increased workload and student stress regarding their academic progress. The purpose of the qualitative aspect of this mixed method study was to identify student perceptions of active learning practices incorporated into the junior year in a new curriculum. A descriptive qualitative design utilizing focus group interviews for data collection was employed to explore student perceptions of stress, engagement and self-directed learning in an active learning environment. Twenty-three students participated in focus group interviews lasting from 30 minutes to one hour during their junior year. Students were encouraged to discuss the learning and study strategies they used prior to junior year and compare them with how they prepared and learned in a more active learning environment. Interviews were recorded and

transcribed. The interviews were then analyzed by two experienced nurse researchers to identify common patterns of response to the incorporation of active learning strategies utilized in their junior year of nursing. The central theme that emerged from the data was overwhelming levels of stress. Although the quantitative data demonstrated moderate levels of stress when the students were interviewed they reported overwhelming stress in making the transition from lower division nursing courses to upper level clinical courses. Students described disturbing results from the stress they felt during the junior year nursing courses. Subthemes of stress included impacts to their physical and mental health, isolation and support, adversarial faculty/student relationships, and preparation for junior year of nursing school. Students described the various ways they learned to cope with the additional stress of the junior year of nursing school. Role modeling caring behaviors such as empathy and “looking out for” the student were considered helpful to the student in alleviating some of the stress. The students in the study wanted to know that the faculty were there as partners in their journey through the curriculum. Additionally, students described what they wished they had known prior to starting their junior year of nursing school. Many of the students voiced the need to be able to “go deeper” into their learning. Students reported relying on superficial learning strategies prior to junior year. The results of this study highlight how students responded to the increased stress of junior year nursing courses and the lessons learned by both the students and the faculty teaching junior year nursing students.

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### **Stress: Impact on Classroom Engagement and Self-Directed Learning**

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*Rose R. Schwartz, PhD, RN, BC-CNS, USA*

*G. Jean Klein, PhD, PMHCNS, BC, USA*

#### Purpose

The purpose of this presentation is to disseminate the results of a study measuring the relationship among student stress, classroom engagement and self-directed learning.

#### Target Audience

The target audience of this presentation is prelicensure nurse educators.

#### Abstract

The value of student engagement through active learning strategies is well known. Students who are engaged in content have better retention and improved problem solving skills. To meet the needs of these students, learning in higher education must shift from content focused, instructor-centered to a constructivist, learner-centered approach. Focused active learning activities promotes student engagement in their learning. However, students often face barriers that prevent active engagement learning. One such barrier to the student success in a nursing program is stress. Stress has the potential to effect memory, concentration, and problem solving ability that can lead to decreased student engagement and self-directed learning. . The purpose of this study was to examine the perceptions of stress, student engagement and self-directed learning in junior nursing students. Junior students were recruited from the Medical Surgical Nursing II class in the spring and the Medical Surgical Nursing I class in the following fall. Two cohorts consisted of 166 students total (11.6% male, 88.4% female) with a mean age 21.96 (SD= 3.709; range: 18 – 40). The students completed the Class-Level Survey of Student Engagement (CLASSE), the Perceived Stress Reactivity Scale (PSRS) and the Self Directed Learning Readiness Scale (SDLRS) in addition to a demographic questionnaire. The mean score on the PSRS was 22.96 (SD: 6.925; range: 5-40 with a total score range 0-46), CLASSE mean 96.96 (SD: 11.354; range: 68-121 total score range 0-136) and SDLRS mean 165.92 (SD: 14.248; range: 136-198 total score range 40-200). There were no significant differences between the two cohorts' scores on the scales or demographic data. The results demonstrate that the participants reported moderate levels of stress but were engaged in class and utilized self-directed learning strategies. This finding contradicts the literature that purports the negative impact of stress on learning. Nursing students may use the stress to motivate them to be successful in a rigorous program.

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## C 28 - Meeting Family Needs at the Bedside and across the Continuum: Theory, Research, Response

### Use of Art, Interview and Survey to Assess Family Needs at the Bedside of Hospitalized Oncology Patients in Acute Care and at the Bedside of Hospitalized Stroke Patients in a Rehabilitation Hospital

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Anita J. Catlin, DNSc, FNP, FAAN, RN, USA

#### Purpose

Purpose: To present two studies that were completed within a hospital system to determine the needs of family members who maintain vigil at the bedside of their loved ones as part of a larger symposium on Family Needs.

#### Target Audience

The target audience are attendees of the symposium Meeting Family Needs at the Bedside and Across the Continuum: Theory, Research, Response

#### Abstract

Background: Two studies were completed within a hospital system to determine the needs of family members who maintain vigil at the bedside of their loved ones. A movement worldwide, and specifically new to our hospital system, is the implementation of Patient and Family Centered Care. We conducted these two studies to be sure that we knew what needs were of our patients' families. Using an acute care oncology unit and a stroke rehabilitation unit, we conducted a triangulated study used the qualitative methods of interviews and art therapy, and a quantitative method, the Family Needs Inventory (FIN Scale), to ascertain family member's needs.

Method: Three-step process (open ended interview, use of the Draw a Bridge art therapy technique, and a survey eliciting family needs) was conducted with 19 family members of patients with a cancer diagnosis on our oncology unit and 12 family members of patients rehabilitating after a stroke.

Results: Themes of 31 interviews revealed needs for Physical Comfort, Emotional Support, Cultural Sensitivity, Recognition that Family Members Help and Pain Management. Art therapy accurately revealed the stress of caregiving and the need for family member support with interesting differences in the pictures between the two cohorts, oncology family members worried about pain relief and stroke family members worried about home care with a wheelchair. The Family Inventory of Needs, the interviews and the art revealed that care at home after discharge was a major worry.

Conclusions: Knowledge of family members' needs while their loved ones were in the hospital allowed our two facilities to better support family members at the bedside. We now provide maps, meals, shower facilities and other items to increase their comfort. The Case Management team is integrating changes based upon the findings.

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## Theoretical Perspective on Families at the Bedside

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Jeanine M. Carr, PhD, RN, USA

### Purpose

The purpose of the presentation, which is part of the symposium titled "Meeting Family Needs at the Bedside and Across the Continuum: Theory, Research, Response" is to describe a theory that was inductively developed from qualitative research data.

### Target Audience

The target audience is clinicians and researchers.

### Abstract

The family's close, protective involvement with hospitalized relatives, has become a common occurrence in U.S. inpatient settings. Prior to the 1960's, visiting policies restricted family presence at the bedside. However, in the 1960's and 1970's changes in visiting policies encouraged parents to stay with their hospitalized children. Family members are now often visibly present with hospitalized relatives in a multitude of acute care settings. Questions about the family's perspective of vigilance led this researcher to conduct three qualitative studies to explore the meanings, patterns, and day-to-day experience of family members staying with hospitalized relatives. The inductive development of a middle range theory of vigilance is a product of the three research studies. Concept synthesis will be discussed in relation to vigilance and its categories of meaning and defining characteristics. Statements about probable relationships that exist among categories of meaning will be presented and hypotheses will be suggested. Finally, direct and indirect linkages among categories and an overall pattern of relationships will be described through the process of theory synthesis. A systematic view about vigilance enhances professionals' understanding of vigilance, provides theoretical direction for interventions, and has implications for further research.

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## Meeting Family Needs at the Bedside and across the Continuum: Theory, Research, Response

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Anita J. Catlin, DNSc, FNP, FAAN, RN, USA

### Purpose

This is a symposium on Family Needs

### Target Audience

Target audience is staff nurses and administrative leaders.

### Abstract

The movement to incorporate Family Centered Care (FCC) models in the care of hospitalized patients has swept through North America. Previously limited access to loved ones who are hospitalized has changed over the years to a culture within institutions that now recognizes the importance of family involvement in patient care. This shift to a FCC approach is especially critical in a changing healthcare environment where patients are being discharged home with more complex needs and increased functional limitations, and family members are expected to assume the caregiving roles and responsibilities once performed by healthcare professions. Understanding the needs, preferences, and

capacity of the entire family unit for managing long-term chronic health needs of family members is essential to the health of patients and well-being of the entire family. This symposium includes theory and research presentations that provide evidence for the importance of recognizing and addressing the needs of family members. The first presentation is focused on development of a middle range theory of family vigilance. This will be followed by presentations of three research studies. The first two studies, one on an oncology unit and one on a stroke rehabilitation unit assessed family members' needs at the bedside. These two studies used data from art therapy, interviews and the Family Inventory of Needs to develop programs that responded to family members who maintained vigils at the bedside of their hospitalized loved ones. The third study describes the needs of stroke caregivers as their family members with stroke move through the care continuum from acute care to inpatient rehabilitation to home. Evidence will be provided to support the importance of including family members in discussions about patient care and treatment decisions. The symposium will conclude with suggestions for nursing interventions and implications for nursing practice.

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## **Assessing and Addressing the Needs of Stroke Survivors and Family Caregivers across the Care Continuum**

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*Barbara Lutz, PhD, MSN, MS, BSN, RN, CRRN, APHN-BC, FAHA, FNAP, FAAN, USA*

#### Purpose

The purpose of this presentation is to improve understanding of how to assess and address the post-discharge needs of stroke survivors and their family caregivers.

#### Target Audience

The target audiences of this presentation are clinical nurses working with families with debilitating illnesses and nurse researchers who are interested in studies focusing on the needs of family caregivers.

#### Abstract

**Introduction:** Patients who receive inpatient rehabilitation care have often experienced a sudden, life-changing disabling illness or injury that has long-term implications for the patient and family unit. An illness event (e.g. stroke) may elicit a crisis response, and feelings of grief and loss for both patients and family members. With improved survival rates and shorter inpatient stays for patients experiencing these events, family members are now assuming caregiving tasks that previously were only performed by formal caregivers, e.g. nurses and nursing assistants. Family members need assistance and support to help them deal with the event, make informed decisions about treatment, and assume their new roles and responsibilities. In order for family caregivers to successfully assume the caregiving roles and responsibilities post-discharge they need to be included and engaged in patient care discussions and treatment decisions throughout the care trajectory. Understanding the family dynamics, and assessing and addressing family members' needs, preferences, and readiness to assume the caregiving role post-discharge is critical for the long-term health the patient and family unit. The purpose of this presentation is to improve understanding of how to assess and address the post-discharge needs of stroke survivors and their family caregivers.

**Methods:** Using stroke as an exemplar, this presentation will combine findings from 2 grounded theory studies that focused on understanding the needs of stroke survivors and their family members as they moved through the stroke care trajectory. We interviewed 38 stroke patients and 41 family caregivers during inpatient rehabilitation and within 6 months post-discharge. Interviews focused on the impact of stroke and the perceived post-discharge needs and preferences of the stroke survivors and their family members. Data were analyzed using constant comparison and dimensional analysis. Two conceptual models were developed from the data analysis.

**Findings:** As stroke survivors and family members move through the stroke care trajectory their needs and preferences change. They move from the crisis of the stroke event to the hope of recovery to the crisis of discharge home and a beginning realization of how the aftermath of stroke may affect their lives long-term. The first model illustrates these experiences as stroke survivors and their family caregivers move through the stroke care trajectory from onset to inpatient care to home. Once discharged, family members often find themselves unprepared to assume the caregiver role, leaving them feeling isolated, abandoned, and alone. The second model focuses on the steps that are critical for assessing and addressing the post-stroke discharge needs of families as they transition home so they are better prepared to assume the caregiving role and adapt to their post-stroke lives.

**Conclusions:** In order to provide care that is family-centered, members of the inter-professional team need to understand the impact of stroke on the entire family. A comprehensive and systematic assessment should be conducted, not only of the patients' needs post-stroke, but also of the capacity of the family members who will be providing care, to identify gaps between the patients' needs and family members' abilities to assume the caregiver role post-discharge. Using the findings from the assessment, health care professionals can better tailor treatment plans to address the specific needs and preferences of the family unit throughout the stroke care trajectory.

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## D 28 - Planning the Nursing Education Research Network

### Getting Serious about Research in Nursing Education

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*Pam Ironside, PhD, MS, BA, RN, ANEF, FAAN, USA*

#### Purpose

The purpose of this session is to explore and discuss the critical questions facing nursing faculty, students, researchers and administrators in academic nursing programs, key data elements needed to address these questions and the training needed by faculty to analyze data.

#### Target Audience

Faculty, students, researchers and administrators in academic nursing programs

#### Abstract

Calls to advance the science of nursing education have become commonplace, but the literature shows that many studies in nursing education continue to rely on small, single-site studies and rarely are educational phenomena tracked over time. A collaborative Nursing Education Research Network would provide more robust data to answer compelling questions and to analyze trends in nursing education overtime. This session will explore critical questions a large database can answer, how trend data can inform current practice, and how this work can advance the science of nursing education. This session will be interactive with presenters and attendees exploring the most pressing questions facing the discipline, the critical data and training needs for using a large database to answer these questions and how a collaborative Network can be a resource to support local, regional, and national research projects.

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### Building a Database to Answer Pressing Education Issues

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*Michael Yedidia, PhD, MPH, BA, USA*

#### Purpose

The purpose of this interactive session is to present an overview of how large databases can support pedagogical decision-making, to discuss key issues with attendees, and to identify critical data and training needs.

#### Target Audience

The target audience for this session is faculty, students, and administrators in academic nursing programs

#### Abstract

To answer the pressing questions facing teachers, researchers, and administrators in nursing, an efficient and comprehensive approach to gathering and analyzing data from faculty, students, and schools is needed. This presentation will provide an overview of the kinds of data that can efficiently be collected via surveys, the questions a large database can then answer, and the analytic techniques that can be employed to that end. Following the overview, participants will engage with presenters to identify critical data needs, to provide input into key issues around data gathering, and to identify how analyses can be most useful in pedagogical decision-making.

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### Democratizing Data Access Via Web-Based Portals

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*Linda Flynn, PhD, RN, FAAN, USA*

Purpose

The purpose of this session is to explore how, via a web-based portal, large data sets can be accessed and used to support local and student research projects. Group discussion will identify key access and training issues in using web-based data sets.

Target Audience

Faculty, students, researchers and administrators in academic nursing programs

Abstract

A collaborative Nursing Education Research Network provides a mechanism for gathering, storing, and using large a large data set on nursing education. Making this data (raw and aggregate) in the Network widely available to faculty, students, researchers and administrators provides a means for everyone to use the data to answer questions of interest. As well, access to a large and longitudinal dataset provides a way for doctoral students to conduct more rigorous studies because they can readily access and use a nationally representative dataset. This interactive session will provide an overview of web-based portal access to large data sets and participants will discuss key access and training needs.

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## **Getting Serious about Advancing the Science of Nursing Education**

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*Theresa M. Valiga, EdD, RN, CNE, ANEF, FAAN, USA*

Purpose

The purpose of this session is to explore the pressing questions faculty and schools face as they prepare new nurses for practice. Through discussion attendees will explore the data and training needed to answer these questions and the ways such studies contribute to the science of nursing education.

Target Audience

Faculty, students, researchers and administrators in academic nursing programs

Abstract

Calls to advance the science of nursing education have been commonplace, but the literature shows that many studies in nursing education continue to rely on small, single-site studies and rarely are educational phenomena tracked over time. A collaborative Nursing Education Research Network would provide more robust data to answer compelling questions and to analyze trends in nursing education overtime. This session will explore questions a large database can answer, how trend data can inform current practice, and this work can advance the science of nursing education. This session will be interactive with presenters and attendees exploring the most pressing questions facing the discipline, the critical data and training needs for using a large database to answer these questions and how a collaborative Network can be a resource to support local, regional, and national research projects.

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## E 28 - The Effect of Teaching Demands on Research Productivity and Work-Life Balance of Doctoral Program Nursing Faculty

### A Profile of U.S. Nursing Faculty in Research- and Practice-Focused Doctoral Education

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*Nancy Sharts-Hopko, PhD, MA, BSN, RN, FAAN, USA*

#### Purpose

The purpose of this presentation is to document the profile of US nursing faculty engaged in research- and practice-focused doctoral education, in light of the IOM recommendation that the number of doctorally prepared nurses double by 2020.

#### Target Audience

The target audience of this presentation is administrators and faculty in schools of nursing with research- and practice-doctorate programs.

#### Abstract

**Purpose and Significance:** Growth in DNP programs has outpaced growth in PhD programs, and DNP graduates have moved into doctoral education in greater numbers than PhD graduates. This study aimed to ascertain characteristics of faculty teaching in DNP and PhD programs and of the schools in which they teach with particular attention to scholarly productivity.

**Methods:** Data were collected via an on-line researcher-developed survey distributed nationally and completed by 554 faculty teaching in PhD, DNP, or both types of programs. The survey was based on review of the literature and on data from two focus groups involving PhD and DNP faculty. It addressed relative commitments to teaching, research/scholarship, and service, doctoral faculty members' scholarly productivity, work-life balance, strategies to support research/scholarship activities and work-life balance, and characteristics of a successful faculty member. Data were analyzed using frequencies as well as tests of chi square and analysis of variance to compare faculty teaching only in PhD programs, faculty teaching only in DNP programs, and faculty teaching in both types of doctoral programs.

**Findings:** DNP faculty reported less prior experience and current productivity in scholarship than faculty teaching in PhD programs only or both types of programs, though a majority reported that they are expected to conduct and publish research. PhD faculty are more likely to engage in grantsmanship and spend more time on scholarship; in addition they reported more support for scholarship from their institutions.

**Conclusions/Implications:** Strategies are needed to ensure that doctoral programs are staffed by faculty who are prepared for doctoral education and that institutions are able to fulfill their research mission. Recommendations for strategies to address these issues will be discussed in the presentation.

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### The Effect of Teaching and Mentoring Doctoral Students on Their Work-Life Balance

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*Suzanne C. Smeltzer, EdD, MS, RN, ANEF, FAAN, USA*

#### Purpose

The purpose of this presentation is to discuss the results of a national study of work-life balance of doctoral program faculty who teach and mentor PhD, DNP or both PhD and DNP students

### Target Audience

The target audience of this presentation is nursing faculty, including those who teach or aspire to teach in PhD and DNP programs.

### Abstract

**Purpose and Significance:** Work-life balance (WLB), which refers to one's ability to achieve and maintain a "balance" or equilibrium between one's paid work and life outside work, whatever "life" involves for the individual, has been identified as one of the elements of a healthy work environment for nursing faculty. It may also be important in faculty members' intent to remain in or leave a position. As part of the larger study, this study examined WLB of doctoral program faculty and explored strategies they used to achieve and maintain a 'balance' between work and life outside work.

**Methods:** Data were collected via an on-line survey distributed nationally and completed by 554 faculty teaching in PhD or DNP programs. The survey was based on literature review and focus group data from PhD and DNP faculty. The focus groups addressed teaching/research/scholarship/service commitments, scholarly productivity, strategies to support research/scholarship activities and work-life balance. The 15-item Work/Life Balance Self-Assessment scale was used in this study to assess faculty's perception of WLB. They were asked to indicate the frequency of performance of specific behaviors on the scale during the past three months using a 7-point time-related scale. Data were analyzed using frequencies, analysis of variance, and hierarchical regression.

**Results:** Hierarchical regression revealed that current faculty position, hours spent weekly teaching, availability of research/teaching assistants, and the presence of an MSN program option explained 7.3% of the variance in WLB. After controlling for these characteristics, sacrificing time for self to fulfill work responsibilities, perception that family responsibilities are incompatible with work role, feeling that time spent focusing on doctoral students resulted in exhaustion, reporting that workload is detrimental to health and well-being, and experiencing fulfillment in performing the work role together predicted an additional 56.5% of the variance in WLB. Of note, younger faculty had poorer work-life balance than older, more seasoned faculty.

**Conclusions and Implications:** Although several factors found to be associated with WLB are a function of faculty members' age, faculty rank, and time in their faculty role, other factors can be modified to improve faculty members' WLB. With the increased wave of nursing faculty retirements anticipated in the next few years, strategies to improve faculty members' work-life balance so may be important in retaining experienced faculty to teach and mentor future doctoral students. The retirements of senior faculty will result in new, younger faculty members from generation X and generation Y who are less tolerant of the heavy workloads and lack of work-life balance than their colleagues, resulting in the need to address this issue in subsequent years.

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## **The Effect of Teaching and Mentoring Doctoral Students on Faculty Members' Research and Scholarship Productivity**

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*Mary Ann Cantrell, PhD, RN, CNE, USA*

### Purpose

The purpose of this presentation is report strategies that promote scholarship productivity used by doctoral nurse faculty, as well as perceptions about benefits and barriers to scholarship productivity among doctoral nurse faculty.

### Target Audience

The target audience is nursing faculty teaching or aspiring to teach doctoral nursing students.

## Abstract

**Purpose and Significance:** The Institute of Medicine identified an urgent need for a significant increase of doctorally-prepared faculty to address nurse and nurse faculty shortages. This need is accompanied by a concomitant call for these nurse faculty scholars to address national health care needs through scientific inquiry. These demands have implications on these nurse scholars' scholarly productivity. This study reports the findings of three aims of a larger study. Specifically, this study examined the scholarship productivity among nursing faculty teaching in doctoral programs and mentoring doctoral students, explored strategies that promote scholarship productivity used by these faculty, and identified their perceptions about benefits and barriers to their scholarship productivity.

**Methods:** Data were collected via an on-line researcher-developed survey distributed nationally and completed by 554 faculty teaching in PhD or DNP programs. The survey was based on review of the literature and on data from two focus groups involving PhD and DNP faculty. It addressed teaching/research/scholarship/service commitments, doctoral faculty members' scholarly productivity, work-life balance, and strategies to support research/scholarship activities and work-life balance, characteristics of a successful faculty member. Data were analyzed using frequencies, means, correlations and a regression analysis.

**Results:** Survey respondents reported spending a large amount of time engaged in research-related activities with 58.9% (n = 326) spending anywhere from 6 to 20 hours per week conducting research, writing research-based papers, giving presentations, grant writing or conducting evidence-based improvement projects. The results of the hierarchical regression analysis determined that the strongest predictor of scholarly productivity was the average number of hours spent on research/scholarship-related activities.

**Conclusions:** Scholarly productivity among the respondents was robust. Personal practices that most strongly supported faculty maintaining their level of scholarship productivity were the belief that engaging in scholarship made them a better teacher and the personal gratification in experiencing doctoral students' successes.

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## F 28 - Technology Enhanced Self-Management across the Illness Trajectory

### Internet-Based Intervention for Self-Management in Fibromyalgia Syndrome

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*Nada Lukkahatai, PhD, MSN, RN, USA*

#### Purpose

The purpose of this presentation is to report systematic review result of internet based interventions used in self managing fibromyalgia syndrome

#### Target Audience

Target audience of this presentation is nurses, researchers and nursing educators.

#### Abstract

**Background:** Fibromyalgia syndrome (FMS) is primarily characterized by widespread musculoskeletal pain, accompanied by fatigue, cognitive dysfunction and sleep deprivation; the etiology of FMS is unclear. Due to a lack of understanding of the disorder, patients often rely on technology, specifically the World Wide Web, as a resource for health information and support to manage symptoms (Fox, 2008). It has been used as a delivery platform for several chronic conditions (Cuijpers, van Straten, & Andersson, 2008).

**Purpose:** The purpose of this systematic review was to (a) identify web-based self-management interventions for adult patients with FMS, and (b) the effectiveness of these interventions.

**Methods:** A literature search was performed using PubMed and PsycINFO, for internet- or web-based interventions and fibromyalgia. After the initial results of 96 articles, studies that included children and/or used a descriptive study design were excluded from this review. Inclusion criteria included (a) interventions were delivered through the web or internet, (b) participants were adult (age 18 or older) diagnosed with fibromyalgia.

**Findings:**After an initial screen a total of 15 articles which met criteria were selected to be included in this analysis. Web-based interventions used to enhance self-management included (1) educational, (2) group support, (3) self-monitoring, (4) mindfulness, (5) situational feedback, and (6) cognitive behavioral therapy. Three of the 15 studies delivered the web-based intervention through a smart-phone. All studies suggested that web-based interventions increased patient's knowledge, improved self-management, and decreased the impact of fibromyalgia on quality of life. Studies reported that web-based self-management interventions reduced fibromyalgia symptoms such as pain, memory, depression, fatigue, and sleep difficulties over time.

**Conclusions/Implications:** Web-based interventions can be an effective resource for the delivery of patient education and support. This technology has a great potential to impact the global health care system by becoming a tool to deliver support for self-management. However, when developing a web-based intervention, patient involvement is recommended during the program development phase. Specifically, programs need to be tailored to meet individual needs.

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### Fibromyalgia: Implementation of Health Information Technology in Routine Care

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*Jennifer Kawi, PhD, MSN, APRN, FNP-BC, USA*

*Nancy N. Menzel, PhD, RN, PHCNS-BC, CPH, CNE, USA*

*Kendall Hartley, PhD, USA*

#### Purpose

The purpose of this presentation is to describe a process developed for implementing health information technology (FibroGuide©) into the routine care of patients with fibromyalgia and evaluate the overall impact of this health information technology before and after a 12-week implementation.

#### Target Audience

The target audience of this presentation are nurses, other healthcare providers, educators, and researchers.

#### Abstract

**Background:** Fibromyalgia is a global condition and its management remains complicated and challenging. Implementation of health information technology is an evidence-based non-pharmacological self and symptom management strategy that has application in fibromyalgia (Vanderboom, Vincent, Luedtke, Rhudy, & Bowles, 2014). However, there is a paucity of studies evaluating the feasibility of such technology in assisting toward the management of fibromyalgia patients in clinical practice. FibroGuide© is an example of an evidence-based, interactive, and computer-based program comprised of 10 educational modules on fibromyalgia (Williams et al., 2010).

**Purpose:** A process was developed for implementing FibroGuide© into the routine care of patients with fibromyalgia. The overall impact of this health information technology was evaluated before and after a 12-week implementation. Patient perspectives on using FibroGuide© to assist in self-management were also assessed.

**Methods:** In this pilot study, 35 participants with fibromyalgia were recruited from an Advanced Practice Registered Nurse's outpatient clinic. Using a descriptive design, quantitative and qualitative analyses were employed to address study aims.

**Findings:** Based on data collection pre- and post-intervention using paired samples testing, a statistically significant change ( $p = .017$ ) was observed in overall fibromyalgia impact (improved symptom severity, activity, and function). Majority of the participants felt that FibroGuide© was helpful as part of their routine care, and nearly half reported that it assisted in their self-management. Although 65% noted that technology was an effective and efficient way to receive education for fibromyalgia management, 57% preferred talking to their healthcare providers.

**Conclusions/Implications:** Health information technology like FibroGuide© has a global implication as a promising adjunct to clinical management of fibromyalgia. However, larger longitudinal studies are essential evaluating both statistical and clinical significance, while decreasing barriers to participant use of health information technology to facilitate engagement and sustain self and symptom management. Providers need to be well educated on supporting self-management strategies and health information technology toward potentially improving healthcare outcomes.

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## **Examining the Outcomes of Web-Based Interventions on Anthropometric Measurements**

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*Reimund Serafica, PhD, MSN, RN, USA*

*Jillian Inouye, PhD, APRN, FAAN, USA*

#### Purpose

The purpose of this presentation is to disseminate recent findings on the effectiveness of web-based interventions on anthropometric measurements to promote self-care lifestyles among adult individuals with various conditions

#### Target Audience

The target audience of this presentation are health care providers, nursing educators, and nursing researchers interested in knowing the current trends in promoting web-based interventions among adults with various health conditions.

#### Abstract

**Background:** Web-based interventions offer low cost and practical strategies to promote self-care for adult individuals with health related issues around the globe.

**Purpose:** The purpose of this systematic review was to summarize the current literature in examining the effectiveness of web-based interventions to promote self-care of lifestyles related to anthropometric measurements in adult individuals with various conditions.

**Methods:** The search terms included anthropometric measurements, web-based technology, effectiveness, and interventions were used to search four electronic engines including PubMed, Ovid, MEDLINE, the Cumulative Index of Nursing and Allied Health Literature (CINAHL), and Google Scholar. Inclusion criteria were primary randomized control studies published in English which utilized web-based interventions in relationship to actual measured anthropometric outcomes of adults with health related conditions. Further, interventions using web-based health education alone, or as a part of a complex intervention were also included in the review. Studies involving major health issues or psychiatric diseases, pregnancy, and children as participants were excluded, as were those involving self-reported anthropometric measurements. Ten articles were selected based on the criteria. The databases were searched from 2008 to December 2014. All studies were double reviewed for eligibility using the JADAD scoring system.

**Findings:** Six studies met criteria in this review and revealed significant associations between the utilization of web-based health promotion interventions on anthropometric measurements in adult populations with health related conditions. Four studies involving participants with obesity and overweight conditions experienced overall body weight reductions (Allen, Stephens, Himmelfarb, Stewart, & Hack, 2013). One study showed a significant reduction in waist circumference of participants with diabetes. Another study involving obese participants demonstrated reduction in BMI while one stand-alone web based intervention study did not show any significant changes on the anthropometric measurements of hypertensive patients (Shaya et al., 2013). Four of the six studies used a combination of social support, feedback from moderators and counseling in addition to web-based health promotion interventions.

**Conclusions/Implications:** Given the enthusiasm to the benefits of web-based interventions on healthy lifestyle to the anthropometric outcomes, most of these studies revealed that social support, feedback, and counseling also added to the effectiveness of these web-based technology interventions. The outcomes from this review may prove useful information of effectiveness of web-based programs along with social and motivational interventions relative to developing future innovative health promotion programs. These programs can inform transformative practice within the context of inter-professional and improvement of global health.

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## G 28 - Enhancing Social Support for Self-Management

### Self-Management and Weight Loss in Adolescents: A Systematic Review

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*Nada Lukkahatai, PhD, MSN, RN, USA*  
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*Jillian Inouye, PhD, APRN, FAAN, USA*

#### Purpose

To develop a better understanding of effective parental support in self-management weight loss strategies for overweight and obese youth.

#### Target Audience

Clinical practice and research

#### Abstract

**Background:** Evidence of parental support in weight loss of overweight and obese adolescents provide significant decrease in overweight adolescents compared to standard care or self-help in the short term and over the long term (Oude Luttikhuis et al., 2009). However, there is limited information on which parental components are effective in supporting the adolescent's self-management of weight loss.

**Purpose:** To develop a better understanding of effective parental support in self-management weight loss strategies for overweight and obese youth.

**Methods:** This integrative review evaluates the effects of current adolescent self-management weight loss interventions in racially and ethnically diverse adolescents aged 10 to 18 years. Studies published between 2010 and 2014 were identified by electronic database searches. The Jadad Scoring of Quality Reports of Randomized Clinical Trials was used to examine the quality of the studies. Three people independently reviewed the articles based on the Jadad criteria.

**Findings:** Ten studies, which met the inclusion criteria, were included in the final review. Jadad scores ranged from 7 to 11. Nine of the studies included a parental component. Educating parents on self-behavioral monitoring, mentoring, and role modeling are promising components for adolescents self-managing their weight loss.

**Conclusion/Implications:** This review found that parental components played an important part in sustaining adolescent's weight loss across time. Effective parental components that helped parents provide support of their child in weight loss and weight loss maintenance included educating parents on positive role modeling of eating and physical activity, motivational techniques, culturally appropriate meal planning, skills enhancing adolescent self-efficacy, assisting adolescent with realistic goal setting, and problem solving. Including parental components, such as the latter, increases support and decreases feelings of segregation that adolescents may acquire when treated separately from the family (World Health Organization, 2000). Researchers should evaluate associations between parental support components and changes in adolescent Body Mass Index. By implementing parental components effective in supporting the adolescent that is self-managing weight loss could reduce the global prevalence of obesity among adolescents.

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### Effects of Dance in Chronic Illness: A Systematic Review

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*Alona Angosta, PhD, APRN, NP-C, USA*  
*Patricia K. Gatlin, PhD, USA*  
*Reimund Serafica, PhD, MSN, RN, USA*

### Purpose

The purpose of this presentation is to explore clinical trial studies on dance and its impact in chronic illness.

### Target Audience

The target audience of this presentation includes: nurse researchers, nurse practitioners, and registered nurses who work in clinical settings.

### Abstract

**Background:** Dance is a social and physical activity. It has been used therapeutically for thousands of years and was thought to influence healing (Ritter & Low, 1996). Research in dance therapy has substantially increased in recent years particularly research related to cancer and among healthy individuals. However, it is unknown whether dance impacts health-related outcomes among individuals with chronic illness. Additionally, empirical studies need to be evaluated to determine the effectiveness of dance as evidence-based intervention.

**Purpose:** This systematic review explored studies on dance and its impact in chronic illness.

**Methods:** A literature search was conducted utilizing electronic searches using PubMed, EBSCO, and CINAHL databases. When the keywords “dance,” “chronic illness,” “chronic disease,” “diabetes,” and “cardiovascular disease” were entered, there were 147 studies found. However, only 10 articles met the inclusion criteria of: (a) randomized control trial studies, (b) written in English, (c) published between 2005 and 2014. The Jadad scale (Berger & Alpers, 2009) was used for reporting the quality of the published studies. Three faculty researchers reviewed the studies separately and reached consensus using the scoring criteria.

**Findings:** Based on the Jadad scoring system, the scores ranged from 7-11 out of 13 points. Dance had positive effects on quality of life (QOL), pain, fatigue, and functional capacity among individuals with fibromyalgia and congestive heart failure (Baptista, Villela, Jones, & Natour, 2012; Belardinelli, Lacalaprice, Ventrella, Volpe, & Faccenda, 2008; Carbonelli-Baeza et al., 2010; Kaltsatou, Kouidi, Anifanti, Douka, & Deligiannis, 2014). Dance had positive effects on QOL, balance, and physical function among individuals with depression, anxiety, and Parkinson’s disease (Eyigor, Karapolat, Durmaz, Ibisoglu, & Cakir, 2009; Foster, Golden, Duncan, & Earhart, 2013; Hackney & Earhart, 2009; Mavrovouniotis, Argiriadou, & Papaioannou, 2010; Pinninger, Brown, & Thorsteinsson, 2012). Dance improved the blood pressures of individuals with hypertension (Maruf, Akinpelu, & Salako, 2013).

**Conclusions/Implications:** This systematic review provides a summary of the current state of research on the effects of dance in chronic illness. This review suggests that dance may be a safe and effective intervention in improving QOL, physical function, blood pressure, fatigue, depression, and anxiety in different populations worldwide.

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## **The Effects of a Diabetes Support Group among Underserved: A Feasibility Study**

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*Patricia K. Gatlin, PhD, USA*  
*Jillian Inouye, PhD, APRN, FAAN, USA*

### Purpose

The purpose of this presentation is to present the results of a feasibility study regarding the effects of a diabetes support group on underserved individuals with type 2 diabetes at a Federally Qualified Health Care Clinic.

#### Target Audience

The target audience of this presentation is nurse scientist and clinical nurses working in the areas of self-management, self-care and/or diabetes.

#### Abstract

**Background:** Diabetes is a global health care problem with increasing number in all countries. Particularly, underserved diverse individuals in the United States are among the hardest hit by diabetes, having higher rates of diabetes and poorer outcomes (Black, 2002; Hu, Shi, Rane, Jinsheng, & Chen, 2014; Lanting, Joung, Mackenbach, Lamberts, & Bootsma, 2005; Mokdad et al., 2001; Saydah & Lochner, 2010; Wild, McKnight, McConnachie, & Lindsay, 2010). Good self-management can improve glucose control and improve diabetes complications. However, this can be challenging to achieve due to multiple factors among the underserved (Black, 2002; Hu et al., 2014; Lanting et al., 2005; Mokdad et al., 2001; Saydah & Lochner, 2010; Wild et al., 2010). Peer support has been shown to improve glucose control and provide an avenue to develop self-care activities to promote health (Philis-Tsimikas, Adelaide, Lieva-Ocana, Walker, & Gallo, 2011; Thom et al., 2013; Wulp, de Leeuw, Gorter, & Rutten, 2012).

**Purpose:** The purpose of this study was to test the feasibility and examine the effects of a diabetes support group on underserved individuals with type 2 diabetes at a Federally Qualified Health Care Clinic.

**Methods:** The study used a pretest/posttest design to examine diabetes knowledge, diabetes attitude, and empowerment, after a 6-week support group intervention. Feasibility and acceptability of the support group intervention was assessed by examining ease of recruitment, retention rates, and overall satisfaction.

**Findings:** Successful recruitment of participants came from the providers at the clinic via flyers and word of mouth. Thirteen individuals initially attended the support group with 10 individuals (average age 53 years) completing the designed program, yielding a retention rate of 76.9%. Of the three participants that dropped out of the support group, one moved out of state due to financial reasons, one due to hospitalization and the other was due to unknown reasons. Overall satisfaction with the support group was 100%. Paired sample t-test indicated that participants' demonstrated significantly higher levels of knowledge about diabetes ( $p < .0005$ ), a significant increase in diabetes attitude score ( $p < .006$ ), and a significant increase in empowerment scores/self-efficacy ( $p < .0005$ ) following the intervention of the diabetes support group.

**Conclusions/Implications:** Findings from this feasibility study suggest that a diabetes support group can have a positive effect on underserved individuals and may result in increased diabetes knowledge, positive changes in attitude over the disease and increased empowerment/self-efficacy. Also, peer support programs can have global implications by improving diabetes self-care.

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## H 28 - Cognitive-Behavioral Skills Building to Promote Healthy Lifestyle Behavior Change in Adolescents and Their Parents

### Evidence to Support Adolescents as Healthy Lifestyle Behavior Change Agents for Their Families

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*Bernadette Mazurek Melnyk, PhD, RN, CPNP/PMHNP, FAANP, FNAP, FAAN, USA*

#### Purpose

Purpose of presentation is to disseminate results of this random controlled trial.

#### Target Audience

Target audience is all who will attend this conference.

#### Abstract

Background: There are numerous studies in the literature that support the key role of parents in facilitating healthy lifestyle behavior change in their children and families. However, evidence is lacking to support whether children and adolescents can be active change agents for healthy lifestyle behavior change in their parents and families.

Aims: The purpose of this presentation is to: (a) describe the healthy lifestyle behavior changes that occurred in parents and families of high school teens who were participating in a randomized clinical trial to test the efficacy of a 15-session cognitive-behavioral skills building program (COPE: Creating Opportunities for Personal Empowerment) on the teens' physical, mental health, social skills and academic outcomes, and (b) discuss implications for clinical practice and future research.

Methods: A randomized controlled trial was conducted with 779 culturally diverse high school adolescents enrolled in 11 high schools in the southwest United States. Adolescents who were taking a health course within these high schools received either the 15-session COPE Healthy Lifestyles TEEN (Thinking, Emotions, Exercise, Nutrition) program or an attention control program that covered common adolescent health issues, such as dental hygiene, acne, and motor vehicle safety. The COPE program consisted of 7 cognitive behavioral skills building sessions and 8 sessions focused on nutrition and physical activity. Each of the 15 COPE sessions, approximately 50 minutes in length and taught once a week by the health course teachers, had 20 minutes of physical activity integrated into the session. As part of the COPE program, teens were asked to take a newsletter home to their parents four times during the 15-week program that covered topics that they were learning and to review the newsletter with their parents. Parents completed an evaluation at the end of the 15-week program that asked questions regarding the program's helpfulness and what behaviors if any they changed based upon the program. For this analysis, post-intervention evaluation data from the parents of the teens in the COPE group was reviewed and analyzed. Frequencies were calculated, and string data was analyzed and categorized.

Results: One hundred-thirty four (82%) of the 169 parents of COPE teens who completed the post-intervention evaluation reported that the teens shared the informational newsletters with them. Of the parents who responded, 126 (82%) said the information was helpful to them. One hundred eight parents (69%) indicated they had changed their behaviors as a result of the teen sharing the program material with them. The most common behaviors changed by the parents were an increase in activity (33.2%), improvements in nutrition (24.3%), and an increase in healthy choices and lifestyles (20.1%).

Conclusions: Adolescents can indeed act as agents of healthy lifestyle behavior change for their families. Clinicians who care for adolescents to facilitate healthy lifestyle behavior change should recognize that they can be key in promoting healthy lifestyle behavior change in their parents. Schools should incorporate parent health promotion newsletters in their health curricula and assign homework to the teens to review this information with the parents. Additional randomized controlled trials are needed to build a body of evidence regarding teens as agents of healthy lifestyle change for their families.

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## **Evidence of Cognitive-Behavioral Skill Use after a Physical and Mental Health Promotion Intervention (COPE for TEEN)**

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*Stephanie A. Kelly, PhD, FNP-C, USA*

### Purpose

Purpose of presentation is to discuss cognitive-behavioral skills and describe use of this technique.

### Target Audience

Any researcher who wants to develop their expertise in cognitive-behavioral skills based strategies.

### Abstract

Background: COPE (Creating Opportunities for Personal Empowerment) Healthy Lifestyles TEEN (Thinking, Emotions, Exercise, Nutrition), a cognitive-behavioral skills building intervention, strives to develop lifelong healthy behaviors to enhance physical and mental health. Healthy lifestyle behaviors are difficult to attain and sustain. Evidence suggests behavior change may be sustainable when cognitive-behavioral skills are taught and used as the technique for change. Such strategies include: goal setting, cognitive reframing, problem-solving, relaxation techniques, social interaction and communication skills, mood monitoring, emotional regulation, and self-regulation.

Aims: The purposes of this presentation are: (a) to discuss cognitive-behavioral skills building as a technique for changing and sustaining healthy lifestyle behaviors to promote physical and mental health and (b) to describe evidence of use of cognitive-behavioral change strategies after a physical and mental health promotion intervention (COPE Healthy Lifestyles TEEN).

Methods: COPE Healthy Lifestyles TEEN was a large multi-site blinded randomized controlled trial in the southwest United States with 790 teens. For this analysis, post-intervention evaluation data of the COPE (intervention) group (n=318) was reviewed and analyzed. Frequencies were measured for dichotomous outcomes. String data was analyzed and categorized.

Results: Self-report evaluation data indicated 184 (57.9%) teens had changed their behaviors as a result of the program at post-intervention. Changes in behaviors were identified stemming from use of multiple cognitive-behavioral skills including positive thinking, setting goals, stress management, emotional regulation, communication and self-regulation. Behaviors changed included healthier nutrition choices, more physical activity, enhance communication, and healthy coping strategies for stress and anger.

Conclusions: The COPE Healthy Lifestyles TEEN intervention using cognitive-behavioral skills building techniques fostered healthy lifestyle behavior change in teens at post-intervention. Teens utilized a variety of skills suggesting teaching many skills may be more beneficial than just including one or two skills in an intervention. Interventions using cognitive-behavioral skills building techniques show great promise to assist teens in adopting healthy lifestyles.

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## **“Real World” Adolescent Intervention Research Meets Randomized Controlled Trial Methodology: Lessons Learned**

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*Diana L. Jacobson, PhD, RN, PNP-BC, USA*

### Purpose

Purpose is to disseminate findings and practical tips for conducting successful intervention research within school settings with adolescents.

### Target Audience

Target audience would be anyone interested in learning how to do intervention research within school settings.

### Abstract

The purpose of this presentation is to delineate some practical factors inherent in conducting successful healthy lifestyle intervention research within school settings with adolescents. Implementation of the Creating Opportunities for Personal Empowerment (COPE) Healthy Lifestyles TEEN (Thinking, Emotions, Exercise and Nutrition) Program was challenged by a number of delivery and setting issues. The development of the COPE intervention components and delivery methodology are guided by Cognitive Theory (Beck, 1979) which postulates that cognitive distortions, learned misconceptions and/or exposure to unhealthy environments can negatively influence an individual's emotions and behaviors. Utilizing cognitive behavior skills building techniques, behavior change is supported by increasing the adolescent's evaluation of his or her own emotional responses and behavior and by correcting misconceptions to help guide the adolescent to choose more adaptive, realistic attitudes in response to negative thoughts, emotions and behavior. Therefore, it is vital that intervention researchers examine how the critical inputs of the planned intervention and theorized mediating processes are linked to selected measured outcomes and implementation processes in order to be able to explain the study's results (Braden, 1998). Major points for discussion will focus on implementation challenges that center on recruitment and training of high school teachers to deliver the intervention with fidelity; presence of the problems of interest in the participants at baseline (i.e., overweight and obesity; depressive and anxiety symptomology); the emphasis on intervention components that facilitate negative schema change (i.e., homework completion; problem solving utilizing case scenarios; creation of positive self-statements); the creation and delivery of the comparison group, Health for Teens, attention control intervention; techniques utilized to increase parent involvement; and adaptation of the study team to school and health class scheduling, semester breaks and obtaining student information from the school districts (i.e., attendance, grades, and number of in or out of "house" suspensions). Approaches found to be successful in resolving some of the dilemmas and challenges encountered will be discussed.

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